

## Highlights of this issue

BY ELIZABETH WALSH

### DEVELOPMENTS IN OLD AGE PSYCHIATRY

This month's *Journal* is largely devoted to updates on the major developments and challenges in the field of old age psychiatry, and is introduced by Burns & McKeith (pp. 97–98). Five selective reviews focus on different types of dementia: Alzheimer's disease (Holmes, pp. 131–134), vascular dementia (Stewart, pp. 152–156), subcortical dementia (Turner *et al*, pp. 148–151), frontotemporal dementia (Snowden *et al*, pp. 140–143) and dementia with Lewy bodies (McKeith, pp. 144–147). Bullock (pp. 135–139) reviews drugs for Alzheimer's disease, both current and under development. The most consistent therapeutic effect has been seen with inhibitors of the enzyme acetylcholinesterase. Three of these compounds have now been licensed for treatment of Alzheimer's disease: donepezil, rivastigmine and galantamine. Other compounds that may prove useful include vitamin E, oestrogen and anti-inflammatory agents, but further evidence is needed to support their routine use. Burns *et al* (pp. 161–167) provide guidance on an array of rating scales used by old age psychiatrists and Jacoby (pp. 116–119) reviews the issue of capacity with reference to recent case law and proposed statute law.

### PERSONALITY DISORDER AND MENTAL ILLNESS

Kendell's (pp. 110–115) interesting review on the distinction between personality

disorder and mental illness will usefully inform the readership on one of the most hotly debated issues in psychiatry today.

### DEPRESSION – IMPROVING TREATMENT ADHERENCE

Pampallona *et al* (pp. 104–109) systematically review factors associated with adherence and adherence-enhancing interventions in the pharmacological treatment of depression. Results reveal adherence to be a major problem, with one in three patients not completing treatment. A large variety of interventions were considered but no clear indication emerged as to which specific intervention or combinations thereof contribute to improve adherence, although evidence suggests that it can be improved.

### ... BIO-SOCIAL ORIGINS

It has been suggested that social adversity increases the risk for depression by increasing cortisol secretion resulting in impaired serotonin neurotransmission. Strickland *et al* (pp. 168–173) test this hypothesis in a case-control study of community-based females. Depression in the community was not associated with increased cortisol concentration but was associated with abnormal serotonin function.

### ... VASCULAR BASIS

Baldwin & O'Brien (pp. 157–160) review the evidence for the existence of a subtype of depression termed 'vascular depression'. Occurring most often – although not exclusively – in later life, it can be diagnosed by a combination of reduced depressive ideation, greater psychomotor disturbance, apathy, executive dysfunction on neuropsychological testing, and neuroimaging abnormalities in the basal ganglia and white matter on magnetic resonance imaging.

### OUTCOME MEASURES NOT USED BY UK PSYCHIATRISTS

A survey conducted by Gilbody *et al* (pp. 101–103) reveals that the majority of psychiatrists do not use outcome measures in their day-to-day practice. Considering their central role to the National Service Framework for Mental Health, barriers to their use identified here will need to be overcome before successful implementation.

### ETHNIC VARIATIONS IN HALLUCINATIONS

Johns *et al* (pp. 174–178) analysing data from the Fourth National Survey of Ethnic Minorities report the prevalence of hallucinatory experiences in a general population sample, estimate ethnic differences and evaluate the extent to which these experiences are associated with mental health problems. During 1 year, 4% of White respondents reported experiencing a hallucination compared with nearly 10% of the Caribbean group and 2.3% of the South Asian group, showing ethnic variation. Of those who reported hallucinatory experiences, only 25% met the criteria for psychosis.