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HIGHLIGHTS IN THIS ISSUE

Psychological treatment in primary care. This issue features four papers on psychological treatment in primary care. An editorial by Scott & Sensky (pp. 191–196) also discusses the methodology of such studies. Bower *et al*. (pp. 203–215) report a meta-analysis of controlled trials of counselling. There are benefits but they are modest. Consistent with this, Simpson *et al*. (pp. 229–239) report a controlled trial of psychodynamic counselling in chronic depression, with little benefit over routine GP treatment. Proudfoot *et al*. (pp. 217–227) report benefit from an innovative computerized interactive cognitive-behavioural program for depression and anxiety. Gabbay *et al*. (pp. 241–251) report on agreement on baseline problems between patient, GP and therapist from a controlled comparison of cognitive-behavioural therapy and non-directive counselling.

Chronic fatigue. A second group of four papers deals with chronic fatigue, a problem of considerable public prominence. An editorial by White (pp. 197–201) discusses these further. McCrone *et al*. (pp. 253–261) studied the economic costs in the UK of chronic fatigue and chronic fatigue syndrome. They find substantial average costs (£3515 over 3 months) for the full syndrome, although less for the symptom. Costs are particularly due to informal care provided by friends and family, and lost employment. Sullivan *et al*. (pp. 263–281) report on fatigue in a large sample of twins. They find two broad clusters of correlates: depression, anxiety and neuroticism; ill health beliefs with alcoholism and stressful events. They also find evidence of aetiological heterogeneity in twin analyses. Chalder *et al*. (pp. 283–287), in analyses from a controlled trial of cognitive therapy or counselling, find better outcome predicted by psychological mindedness. Rangel *et al*. (pp. 289–297) compare psychiatric adjustment in childhood chronic fatigue and a chronic disease control group of juvenile idiopathic arthritis. Psychiatric disorders and impairment from them were more common in chronic fatigue syndrome, indicating that they are not simply due to chronic disease.

Social factors in onset and course. Four papers examine the influence of social factors on psychiatric disorder. Pevalin & Goldberg (pp. 299–306) report consistent effects of such factors as poor social support, separation or divorce, unemployment on onset and on recovery from episodes of the milder disorder, which is often termed common mental illness. Brugha *et al*. (pp. 307–318) find associations between poor social support and specific symptom type, particularly depression, in a large British epidemiological study. Kivimäki *et al*. (pp. 319–326) in Finland find workers who perceive themselves to be treated unjustly at work (organizational inequity) more likely to develop psychiatric disorder subsequently. Myin-Germeys and colleagues (pp. 327–333) in patients with remitted psychoses find previous life events to increase subsequent emotional reactivity to daily activities and events, which may be involved in vulnerability to onset or persistence of psychotic experiences.