

IN THIS ISSUE

This issue features groups of papers on neuroimaging and neuropsychology of psychiatric disorders, suicidal behaviours, depression, together with additional papers.

Neuroimaging

In the lead review article, Roffman *et al.* (pp. 1385–1398) review functional imaging studies of effects of psychotherapy and cognitive-behavioural therapies. They find convergent regional and cortical-subcortical circuit changes, with some specificity to disorders and differences from the changes associated with pharmacotherapy. Three research papers report studies using structural MRI, two of them using familial designs. Rijdsik *et al.* (pp. 1399–1409) report brain volumes in concordant and discordant twin and sibling schizophrenic pairs and normal controls. They find substantial heritability for whole brain volumes, which also show significant genetic correlation with schizophrenia while lateral ventricle volumes show substantial common environmental effects, and individual specific correlation with schizophrenia. They also find familial effects for hippocampal and third ventricle volumes, but the data do not resolve whether these are genetic or environmental. Palmen *et al.* (pp. 1411–1420) report a variety of regional volumes in non-affected parents of autistic probands, and find no differences from normal controls. Lindauer *et al.* (pp. 1421–1431) report smaller hippocampal volumes in patients with PTSD compared with traumatized controls without PTSD and find that these abnormalities do not change after psychotherapy, in spite of symptom remission.

Neuropsychology

Two papers report neuropsychological studies of psychiatric disorders. Barnett *et al.* (pp. 1433–1443) report subtle impairments in visuospatial memory in children with ADHD, suggestive of problems in encoding rather than retrieval, probably due to attentional deficits, and suggesting possible remedial strategies. Kéri *et al.* (pp. 1445–1455) report deficits of perceptual organization, rapid visual processing and magnocellular but not parvocellular visual pathway functioning, and raise the possibility that magnocellular pathway dysfunction may be the primary abnormality.

Suicidal behaviours

Two papers report findings from a major WHO cross-cultural study of suicidal behaviours from sites in Brazil, China, Estonia, India, Iran, Sri Lanka, South Africa, and Viet Nam. Bertolote *et al.* (pp. 1457–1465) report community surveys of at least 500 subjects from each of these sites and additional sites in Australia and Sweden. They find very wide differences in prevalences for suicidal ideation (2.6–25.4%), suicidal plans (1.1–15.6%) and suicide attempts (0.4–4.2%), the ratios between the three phenomena, and, less surprisingly, the extent to which suicide attempts receive medical attention. The findings raise major questions as to the factors which determine evolution of suicidal phenomena onward from ideation. Fleischmann *et al.* (pp. 1467–1474) report on characteristics of attempted suicides seen in general hospital emergency-care settings in the eight core study countries. Self-poisoning is found consistently to be the most common method, but with pesticides being the main poison ingested at the Chinese, Indian, and Sri Lankan sites, with particularly high danger to life.

Depression

Four papers concern depression. In the cross-cultural frame, Parker *et al.* (pp. 1475–1483) report a comparison of depressive symptoms in Chinese and non-Chinese patients attending general practices in Sydney, Australia. They find few differences between Chinese subjects completing

questionnaires in English and non-Chinese subjects, but Chinese subjects who prefer to complete questionnaires in Chinese report less lifetime depression, although more current state depression, and more tendency to somatic attributions, together with some other differences. They conclude from these findings, and from scores on an acculturation questionnaire, that acculturation attenuates the differences found in Chinese. Lovisi *et al.* (pp. 1485–1492) report 19% prevalence of depression in pregnant women attending a public hospital maternity clinic in Rio de Janeiro, Brazil, and associations with socio-economic deprivation, violence, loss of intimate relationships, and previous history of depression. In a longitudinal study of adolescents, Lewinsohn *et al.* (pp. 1493–1503) find depression in parents associated with a variety of disturbances and psychosocial impairments in their adolescent offspring. Also in a longitudinal study, Franko *et al.* (pp. 1505–1513) find depressive symptoms in adolescence predictive of obesity by age 21, in both black and white girls.

Additional papers

In a cohort study, Aro *et al.* (pp. 1515–1521) find no evidence that claimed psychological factors such as depression, trait anxiety, cynical distrust or coping mechanisms are associated with breast cancer over the next 6–9 years. In a clinical sample of 138 subjects with depersonalisation disorder, Sierra *et al.* (pp. 1523–1532) report a factor analysis revealing four well-determined factors, labelled anomalous body experience, emotional numbing, anomalous subjective recall, and alienation from surroundings.