

## Highlights of this issue

By Kimberlie Dean

### Self-harm and suicide in young people

Oldershaw *et al* (pp. 140–144) conducted a qualitative study to obtain parental perspectives on adolescent self-harm. Using an interpretative phenomenological approach, they identified four key themes relating to: the process of discovery of the behaviour; making sense of the behaviour; the psychological impact of self-harm on parents; and the effect of adolescent self-harm on parenting and family. The authors conclude that teachers and primary healthcare providers need to be aware of the needs of parents of adolescents who self-harm, and should consider the benefits to parents of reducing the time from discovery to referral. Brezo *et al* (pp. 134–139) prospectively followed a school-based cohort to examine correlates and moderators of suicide attempts among young adults with a history of childhood abuse. Individuals abused by an immediate family member were at increased risk, as were those exposed to repeated abuse. The authors also found evidence of differences in the level of risk associated with the type of abuse (physical *v.* sexual *v.* both) and of gender-based heterogeneity.

### Weight and work for those with psychosis

On the basis of a systematic review and meta-analysis of randomised controlled trials, Álvarez-Jiménez *et al* (pp. 101–107) conclude that non-pharmacological weight-management interventions should be prioritised early in the course of antipsychotic treatment. They found that a range of interventions were effective in reducing or attenuating the weight-increasing effects of antipsychotic medication and that treatment effects were maintained over time. No advantages were found for individual over group interventions or for approaches using cognitive-behavioural therapy over nutritional counselling. Individual placement and support (IPS) was found to have potential advantages for vocational outcomes in a randomised trial involving individuals with first-episode psychosis (Killackey *et al*, pp. 114–120). Those receiving IPS had better levels of employment, were working more hours per week, had acquired more jobs, and remained in employment longer than those randomised to treatment as usual.

### Post-seizure confusion and transient global amnesia

Kirov *et al* (pp. 152–155) found that a 100 Hz magnetic transcranial stimulator could be used to elicit seizures in the majority of patients, and was associated with a shorter time to recovery and less confusion when compared with electroconvulsive therapy (ECT) in the same group. The authors conclude that on the basis of these encouraging preliminary results, further research is indicated to determine the effectiveness and safety of 100 Hz magnetic seizure therapy for severe major depression compared with ECT.

In a neuropsychological study of individuals presenting to an emergency department with transient global amnesia, Noël *et al* (pp. 145–151) found that this type of amnesia was characterised not only by memory impairment, but also by acute changes in mood and anxiety levels. The authors also conclude that these changes in mood and anxiety had a negative impact on memory performance, and they recommend verbal reassurance to manage anxiety in the acute phase of transient global amnesia.

### Cingulum integrity in bipolar disorder and psychological determinants of blood pressure

Using diffusion tensor imaging and a region-of-interest methodology, Wang *et al* (pp. 126–129) found evidence of structural abnormalities in the anterior, but not posterior, cingulum in those with bipolar disorder compared with controls. The authors highlight the role of the anterior cingulum in providing connections between frontotemporal structures involved in emotion regulation. In a Norwegian cohort, Hildrum *et al* (pp. 108–113) found that elevated baseline levels of anxiety and depression predicted low systolic blood pressure 11 years later. They also found an inverse association between increasing levels of anxiety and depression from baseline, and follow-up blood pressure.

### Homicide over 50 years and genetic risks for psychopathy

Large *et al* (pp. 130–133) examined the proposition that rates of homicide due to mental disorder remain stable over time, making use of four sets of official statistics for England and Wales over the past 50 years. They note that until the mid-1970s, the rates of both homicide and homicide due to mental disorder rose but that after this point the pattern changed, with the rate of homicide due to mental disorder falling while rates of other types of homicide continued to rise. In a study of men with alcohol dependence, Ponce *et al* (pp. 121–125) found an association between specific polymorphisms of two genes (*DRD2* and *ANKK1*) and scores on the Psychopathy Checklist – Revised. Similarly, an association was noted between the risk genotypes and the frequency of dissocial personality disorder. There was also evidence for genetic interaction influencing the expression of psychopathy and dissocial personality disorder in the sample.

### 360-degree assessment of consultant psychiatrists

With the intention of developing and testing a method for assessing the non-technical qualities of consultant psychiatrists, Lelliott *et al* (pp. 156–160) focused on assessment of ‘relationships with patients’ and ‘working with colleagues’, two of the seven core domains defined by the General Medical Council. Using data from multisource feedback and self-ratings, the authors conclude that reliable 360-degree assessment of humane judgement is feasible. In line with evidence from the use of similar instruments in different settings, colleague and patient ratings correlated well but did not correlate with self-ratings.