

Highlights of this issue

By Kimberlie Dean

Depression: neuropathology, neuropsychology and the impact of early retirement

In a community-derived sample of individuals without dementia as assessed during life, Tsopelas *et al* (pp. 109–114) examined the relationship between the presence of late-life depression and a range of neuropathological correlates. Depression was associated with the presence of subcortical Lewy bodies, neuronal loss in the hippocampus and some subcortical regions, but not with cerebrovascular or Alzheimer pathology. Douglas *et al* (pp. 115–122) examined neuropsychological changes in relation to treatment response in a sample of in-patients with severe depression and found that, despite significant impairment at baseline, most measures failed to differentiate treatment responders from non-responders at either 10–14 days or 6 weeks. The only positive findings were for simple reaction time, verbal working memory and recognition of angry facial expressions when measured at 6 weeks. The authors concluded that their findings cannot support the hypothesis that neuropsychological tasks identify early changes in individuals with severe depression who will go on to respond to treatment. Schofield *et al* (pp. 123–128) found that individuals in Australia who retire early owing to depression or other mental illness are disadvantaged in terms of wealth accumulation compared with those of the same age, gender and education who remain within the labour force without ill health. They also found that the former are more likely to have wealth in the form of cash assets rather than high-growth asset investments. The authors comment on the impact of such disadvantage for future living standards, health status, quality of life and the consequences for the state in terms of financial burden.

The impact of stressful life events and conflict deployment on mental health

The role of the serotonin transporter gene in moderating the association between stressful life events and risk of depression has recently been called into question by the negative findings of two systematic reviews. Fergusson *et al* (pp. 129–135) utilised data from a 30-year New Zealand birth cohort, the Christchurch Health and Development Study, to test the hypothesis again and found no evidence to support a gene \times environment interaction between the 's' alleles of 5-HTTLPR and increased responsivity to life stressors, after considering four mental health outcomes observed at four ages using 13 measures of life-course stress.

Reservists deployed to both the Iraq and Afghanistan conflicts have been found to be at greater risk for developing mental health problems than their regular soldier counterparts. In a US study by Riviere *et al* (pp. 136–142), unique post-deployment social and material concerns were found to be associated with depression and post-traumatic stress disorder (PTSD). For example, job loss was associated with depression and PTSD at 12 months post-deployment (at 3 months also for depression), and the negative effect of employment absence on co-workers was found to be associated with PTSD at both time points.

Aggression: treatment with mood stabilisers and risk of assault on in-patient staff

In a systematic review and meta-analysis by Jones *et al* (pp. 93–98), the pooled analysis indicated a significant reduction in the frequency/severity of repetitive or impulsive aggressive behaviour among those treated with mood stabilisers *v.* placebo in adults without intellectual disability, organic brain disorder or psychosis. However, the authors also found evidence of substantial heterogeneity among studies and when the analysis included only those studies assessed as having a low risk of bias, no significant effect on aggression was found. In a data-linked longitudinal study of 13 acute psychiatric hospitals in Finland, Virtanen *et al* (pp. 149–155) found that ward overcrowding was associated with an increased risk of violence towards staff but not of violence towards ward property. The authors also found a high prevalence of overcrowding, with 46% of hospital staff working in wards with a more than 10% excess bed occupancy rate.

Population studies of mental health and access to services

Using data from the UK Adult Psychiatric Morbidity Survey 2007, Chakraborty *et al* (pp. 143–148) found that those who self-identified as non-heterosexual were more likely to report a range of mental health problems and were more likely to have had primary or community care contact for mental health reasons during the previous year. In addition, discrimination on the grounds of sexual orientation was found to predict some neurotic disorder outcomes. Using data from another population-based survey conducted in 2007, this time in Australia, Harris *et al* (pp. 99–108) examined the impact of the Better Access programme, a publicly funded initiative designed to improve access to psychological services for individuals with affective and anxiety disorders. In contrast to concerns raised about the programme, the authors found no evidence that Better Access is over-servicing individuals without need or contributing to social inequalities in mental healthcare.