

IN THIS ISSUE

This issue's major focus includes two different groups of reviews and articles on the topics of suicide and ADHD. This issue also contains several articles examining various aspects of psychosis.

Suicide

One of the two reviews in this issue, by Rehkopf & Buka (pp. 145–157), examines the interesting and complex question of the association between rates of completed suicide in geographical regions and measures of socio-economic status. Prior reports have found direct and inverse relationships. Their methodologically oriented systematic review clarifies this confusing literature, suggesting that much of the heterogeneity of previous findings is due to the nature of the region and the measures of socio-economic status that are used.

Three articles examine various aspects of suicide. In the first article, Berk *et al.* (pp. 181–189) examined suicide data in the Australian population and found a range of associations between macroeconomic indicators and suicide rates. Of substantial interest, male suicide rates tended to increase with increasing evidence for economic adversity, while the opposite pattern was seen with females. Differences were also seen across age cohorts.

In the second article, Brezo *et al.* (pp. 191–202) examine suicide from a very different perspective. Using a cohort of 1140 young adults from Quebec, they examined the prediction of suicide attempts and history from a range of personality traits. The traits that predicted attempts and ideation were somewhat different. The impact of personality on these outcome measures was moderated by a range of variables including psychiatric diagnosis, gender and prior traumas.

In yet a different perspective on this problem, Vuorilehto *et al.* (pp. 203–210) examined suicidal behaviors amongst depressed patients studied in primary-care practices. Consistent with prior studies, they found high rates of suicidal ideation and attempts in these subjects. Several clinical features including severity of depression and co-morbid personality disorders predicted the occurrence of suicidal behavior in these depressed individuals.

ADHD

The second review article, by Faraone and colleagues (pp. 159–165), examines, using meta-analytic techniques, published data on follow-up studies of ADHD. While rates of persistence at a fully syndromal level into early adulthood are modest (~15% at age 25 years), a much higher percentage continue to demonstrate some ADHD symptomatology.

In a directly relevant regular article from the same research group, Biederman *et al.* (pp. 167–179) report a 10-year follow-up study of 140 clinically ascertained children with ADHD and a matched control group. The main outcome variables were psychiatric and substance use disorders. Compared to the controls, those with ADHD were at substantially increased risk for all psychopathologic outcomes, with the greatest odds ratios being seen for major psychopathology (mood disorders and psychosis) and antisocial disorders.

Psychosis

Four articles in this issue examine various aspects of psychosis. Using data from Danish national registries, Pedersen (pp. 211–219) examined differences in risk for schizophrenia associated with rural *versus* urban birth over a 76-year interval. The excess risk for schizophrenia associated with urban birth was temporally stable over the period examined.

Raune *et al.* (pp. 221–230) examined the association between the thematic content of psychotic illness and the experience of recent stressful events. They found several significant connections

including an association between intrusive events and persecutory delusions, in addition to danger events and depressive delusional themes.

Scott and colleagues (pp. 231–238) explored the demographic correlates of positive responses to screening items for psychosis in the CIDI in a large Australian national survey. One or more positive responses was common (11.7%) and related to the same demographic risk factors (e.g. single status, low socio-economic status, urban environment) as psychosis itself.

Morgan *et al.* (pp. 239–247), using data from catchment areas in two English cities, explore whether the period of untreated psychosis in first-episode patients differs by ethnicity. Contrary to expectation, no differences were seen in the duration of untreated psychosis in White *versus* Afro-Caribbean or Black African patients.

Additional papers

Two articles in this issue examine aspects of mental health in China. Lee *et al.* (pp. 249–255) look at the psychometric properties of the well-known General Health Questionnaire (GHQ) in a sample of 1401 residents of rural villages in the Shandong province. When administered by trained interviewers, they found the GHQ to be culturally acceptable and to produce reasonable levels of specificity and sensitivity.

Shen *et al.* (pp. 257–267), by contrast, focus on urban Chinese populations, reporting results from CIDI interviews with populations from Beijing and Shanghai. Compared to studies in other populations using comparable methods, rates of mental disorders were low – for example with a 12-month prevalence of major depression estimated at 2.0%. The general pattern of major risk factors was similar to those seen in other populations but rates of treatment-seeking were especially low.

The final article in this issue by Ekéus *et al.* (pp. 269–276) examines, using Swedish national registers, the intriguing question of the relationship between parental age and risk for psychiatric disorders. Controlling for a range of potential confounders, young parental age was significantly associated with risks for hospitalization for suicide attempts and alcoholism, while older parental age was associated with risk for schizophrenia.