

## Highlights of this issue

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### ADOLESCENCE: ADHD, SUBSTANCE MISUSE AND PSYCHOSIS

Attention-deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder of childhood, which can persist into adult life and can then be associated with significant drug and alcohol misuse and in some cases with antisocial behaviour. Two editorials in this issue reflect contemporary views on ADHD; Thapar and colleagues (pp. 1–3) emphasise the multifactorial aetiology including not only the role of genetic susceptibility and environmental factors, but also their mutual interactions, whereas Asherson *et al* (pp. 4–5) highlight the need for adequate recognition of ADHD in adults and the value of using appropriate medication, predominantly stimulant drugs. Substance misuse among adolescents is a prominent health issue, with potential for long-term difficulties; a prospective longitudinal study from Taiwan identified ADHD, conduct disorder and sibling tobacco use as predictive factors for substance misuse, whereas good academic grades and having two parents at home were protective factors. Gau *et al* (pp. 42–48) conclude that there may be potential to modify some of these psychosocial risk factors, particularly in vulnerable groups during adolescence. Despite the widespread introduction of early-intervention services for psychotic illness, there is little reliable epidemiological data on adolescent-onset psychosis. Boeing *et al* (pp. 18–26) report a low prevalence of this disorder, with most patients admitted to adult in-patient wards and the level of care falling below recommended standards. They suggest that a national framework integrating all the responsible agencies, including mental health

and social services, education and the voluntary sector, offers the optimal way forward.

### PSYCHOSOCIAL INTERVENTIONS IN SELF-HARM AND SCHIZOPHRENIA

Reducing the suicide rate is a priority for any society. Interventions can be guided at the population level, such as only dispensing small amounts of medication that are commonly used in attempts, or identifying high-risk groups and providing input to reduce risk. Crawford *et al* (pp. 11–17) review the utility of the latter approach, examining the outcome of offering psychosocial interventions to those who have made a self-harm attempt. They found that the intervention did not have a significant effect on reducing the subsequent suicide rate, and suggest that a broad range of policies to reduce risk need to operate, both at population and high-risk levels. Psychosocial interventions that are successful in one country may not be equally effective within a different culture. Xiang *et al* (pp. 49–56) report that patients with schizophrenia in China were able to benefit from a standardised social skills training programme, devised in California, with improvements in social functioning, insight and even psychiatric symptoms.

### NEUROIMAGING AND MIGRATION

Auditory hallucinations are associated with activation of the auditory cortices in patients with schizophrenia; Hubl *et al* (pp. 57–62) use electroencephalographic measures to demonstrate that external sounds can compete with this internal

activation. This supports the hypothesis that the auditory activation contributes to the experience of the hallucination and is not a consequence of attentional processing. Electroconvulsive therapy for depression results in altered blood flow to several cortical areas including the anterior cingulate gyrus and medial prefrontal cortex. Takano *et al* (pp. 63–68) suggest that decrements in blood flow to these regions may be associated with positive clinical response, and point to similar decreases in response to antidepressant and psychological therapies. Mood disorders are relatively common and can be viewed as lying on a continuum with schizophrenia. Swinnen & Selten (pp. 6–10) perform a meta-analysis of studies examining the effect of migration, a risk factor for developing schizophrenia, in the development of mood disorder. They found no conclusive evidence of migration being a risk factor for mood disorder, although there may be an increased risk of bipolar disorder within certain migrant groups.

### DISCRIMINATION AND CONSULTANTS' MENTAL HEALTH

Patel & Kim (pp. 77–78) demonstrate that only a very small percentage of research published in leading psychiatric journals is from less affluent countries, despite their accounting for over 80% of the population. They also note that there has been little change in this figure, over a 6-year period, despite increased attention to this issue. European journals including the *British Journal of Psychiatry* had much higher representation compared with American journals. Frequent experiences of discrimination are associated with increased psychological distress; Wamala *et al* (pp. 75–76) suggest that socio-economic disadvantage could explain a quarter of this relationship, with chronic stress and lack of social relations being possible mediators in the relationship between discrimination and poorer health.

We take this opportunity to wish a happy, peaceful and scientifically stimulating New Year to the readers of the *Journal*.