

## IN THIS ISSUE

This issue contains one review, on predicting costs of mental health care. Other sets of papers examine various aspects of psychosis.

### **Predicting costs of mental health care**

Jones *et al.* (pp. 467–477) reviewed 16 studies designed to predict future costs of mental health care. They found that a range of clinical and non-clinical variables were predictive, notably a history of previous service use. However, in most of the studies reviewed, the variables considered could only predict between a quarter and a half of costs, suggesting that much of the variations in costs were due to unknown factors. The authors conclude that there is a need for more research, particularly on groups such as children and older people.

### **Psychosis (1): Risk factors**

This issue contains five papers on risk factors for psychosis. In the first, Thorup *et al.* (pp. 479–484) used linked data from Danish population registers to estimate the age- and gender-specific incidence and cumulative incidence rates for schizophrenia in those aged 15–71 years. They found a significant age by gender interaction. The incidence in males was greater than in females in the 15–40 years age group; this was reversed in the 50–71 years age group. The cumulative incidence was greater in males (1.6%) than in females (1.2%), a finding in line with recent reviews and which, the authors conclude, suggests male sex is a major risk factor for schizophrenia.

Cantor-Graae & Pedersen (pp. 485–494) used data from the same Danish population registers to investigate whether the high incidence of schizophrenia in second-generation immigrants was explained by urban residence. They found elevated risk in those with one (RR 1.93) and both parents (RR 2.96) born abroad. These associations were only slightly attenuated when urban upbringing and other factors related to parentage were adjusted for.

Morgan *et al.* (pp. 495–503) investigated the relationship between long-term separation from, and death of, a parent before the age of 16 and risk of psychosis in different ethnic groups, using data from the UK-based Aetiology and Ethnicity in Schizophrenia and Other Psychoses (AESOP) study. They found that both parental separation and death were 2–3 times more common in cases with psychosis compared with controls, findings which held for all ethnic groups considered. However, separation due to family breakdown was more common in the Black Caribbean population, suggesting this may be one factor contributing to the previously reported high rates of psychosis in this group.

Lundberg *et al.* (pp. 505–512) examined delusional ideation and manic symptoms in potential future emigrants from Uganda and controls. In their purposively selected sample of 129 subjects, the authors found that aspiring emigrants, but not those with more concrete plans, had greater levels of delusional ideation than controls. There were no significant differences in manic symptoms. The authors conclude that those who are able to achieve emigration, rather than merely aspire to it, are not more likely to experience psychotic-like symptoms, a finding that does not support the proposition that high rates of psychosis in migrant groups are due to pre-migration selection of those more at risk.

In the final paper in this group, Cougnard *et al.* (pp. 513–527) tested the hypothesis that psychotic-like experiences would become abnormally persistent when synergistically combined with exposure to cannabis use, trauma and urban residence, using data from two large prospective cohort studies (NEMESIS and EDPS). The authors found that, in both samples, persistence of psychosis over time was progressively greater as exposure to baseline environmental factors increased, findings which support the authors' hypothesis.

### **Psychosis (2): Psychosis and mothers**

In the first of two papers on psychosis and mothers, Tschinkel *et al.* (pp. 529–536) investigated the incidence, and clinical characteristics, of postpartum psychosis in two cohorts from North Wales: a historical cohort (1875–1924) and a recent cohort (1994–2005). They found that the incidence of psychosis with first-onset in the postpartum period was much greater in the earlier than the later cohort (RR 8.1). The incidence of

psychosis in those with pre-existing mental illness was similar in both cohorts. The authors conclude that psychosis with onset in the postpartum period may be disappearing.

Wan *et al.* (pp. 537–546) examined whether poor mother–infant interactions previously observed in mothers with schizophrenia could be accounted for by severity of illness or adverse social circumstances. They observed 13 mothers with schizophrenia and 25 with an affective disorder interacting with their infants during a 1-week period pre-discharge from a mother-and-baby unit in the UK. As in previous research, they found that mothers with schizophrenia were rated to have poorer interactions with their infants. In particular, they were more likely to be physically and psychologically remote. These findings were not accounted for by the clinical or social variables considered.

### Psychosis (3): Other topics

This issue concludes with six papers examining further aspects of psychosis. Dean *et al.* (pp. 547–557) investigated the correlates of aggressive behaviour at first contact with services for a psychosis using data on 495 cases from the AESOP study. They found that almost 40% were perceived as being aggressive at first contact, and that around half of these had been physically violent. The factors associated with aggression were: younger age, African-Caribbean ethnicity, and manic symptoms. Of the aggressive cases, those who were violent were more often men, of lower social class, and more often had a history of violent offending.

Lee *et al.* (pp. 559–567) investigated false memory (i.e. memory for a non-presented event) in patients with schizophrenia and controls in two experiments. In the first, a comparison of 18 cases and 18 controls, patients with schizophrenia performed worse on recall and recognition of studied words, and had higher rates of false recall recognition for semantically unrelated words. In the second, a comparison of 15 cases and 15 controls, patients with schizophrenia gave fewer ‘old’ responses to non-studied semantically related words, a finding the authors suggest indicates an impaired gist memory in schizophrenia. The authors conclude that these findings are consistent with the storage deficit view of semantic memory in schizophrenia.

Versmissen *et al.* (pp. 569–576) examined the hypothesis that defective self-monitoring may be a relevant mechanism in the development of psychotic symptoms, particularly hallucinations, in 41 patients with psychosis, 39 first-degree relatives, 39 general population subjects with high levels of psychotic experiences and 52 controls. All subjects completed speech attribution tasks. The authors found no differences in error rates on the tasks between any of the four groups. The authors conclude that the data fail to provide support for abnormalities in self-monitoring as a relevant mechanism in the onset of psychosis.

Allen *et al.* (pp. 577–582) investigated whether skin conductance (SC) abnormalities, previously reported for patients with schizophrenia, were associated with hallucination proneness, delusional ideation, anxiety and self-focused attention in a group of 43 healthy volunteers. Slow SC habituators ( $n=15$ ) had higher levels of delusional ideation and hallucination proneness than normal SC habituators ( $n=28$ ). Slow habituation was particularly associated with delusional conviction. There were no differences in levels of anxiety and self-focused attention. The authors conclude that these findings provide evidence that common mechanisms may contribute to psychotic experiences in clinical and non-clinical samples.

Hoy *et al.* (pp. 583–594) examined the cortical origins of motor overflow (i.e. the involuntary movement that sometimes accompanies voluntary movement) in 20 patients with schizophrenia and 20 controls, using a series of transcranial magnetic stimulation protocols. All three experiments conducted independently supported the contention that the overflow originated in the hemisphere contralateral to the involuntary movement. The authors conclude that the origins of overflow in schizophrenia are produced by the same mechanisms as in healthy controls.

In the final paper, Mizrahi *et al.* (pp. 595–601) investigated theory-of-mind (TOM) deficits in 71 patients with psychosis, and the effect of antipsychotics on these deficits over time in a subgroup of 17 drug-free patients. They found that Positive and Negative Syndrome Scale (PANSS) negative and general, but not positive, scores were associated with TOM deficits. In the longitudinal study, both PANSS positive scores and TOM improved with medication. However, these changes were not associated with each other. The authors conclude that medication impacts independently on psychotic symptoms and TOM, suggesting a dissimilar cognitive and neurobiological substrate for the two.

CRAIG MORGAN  
*Institute of Psychiatry, London, UK*