

Highlights of this issue

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OUTCOMES AFTER TRAUMA – PREDICTORS AND INTERVENTIONS

Avoiding the problems inherent in retrospective assessment of pre-disaster health, Dirkzwager *et al* (pp. 144–149) found that pre-existing psychological problems were predictive of both self-report and general practitioner-recorded health problems (both psychological and physical) among survivors of a major explosion at a fire-works depot in The Netherlands. They also found poor post-disaster outcomes for those with a greater degree of exposure to the disaster, for those forced to relocate and those with an immigrant background. In examining the constituent elements of post-trauma debriefing, Sijbrandij *et al* (pp. 150–155) found no benefit of either emotional ventilation or psychoeducation on symptoms of post-traumatic stress disorder, anxiety or depression. Emotional debriefing appeared to have an adverse effect among the subgroup of participants with baseline hyperarousal symptoms.

MEMORY IMPAIRMENT IN SCHIZOPHRENIA AND THE IMPACT OF CANNABIS USE IN PSYCHOSIS

Using a test of everyday memory in a sample of individuals with schizophrenia, Al-Uzri *et al* (pp. 132–136) found a high prevalence of memory impairment (81%) compared with controls despite the fact that those taking part were relatively young, free from psychotic symptoms and with no documented comorbidity. Cannabis use is well known to be both prevalent among those with psychosis and to have a negative impact on illness outcomes. Hides *et al* (pp. 137–143) were able to identify the frequency of cannabis use as a predictor for

psychotic relapse in their sample even after controlling for other predictors of poor outcome. They also found evidence for an association in the opposite direction – an increase in psychotic symptoms predicted relapse to cannabis use, while medication adherence reduced such risk.

BIPOLAR DISORDER – MOOD SWITCH AND SYMPTOMS OVER THE COURSE

Post *et al* (pp. 124–131) conducted a 10-week randomised trial of three antidepressants in a sample of out-patients with a diagnosis of bipolar disorder currently in the depressed phase. Overall response and remission rates were similar across treatment groups but differences were found in the rate of mood switch, with venlafaxine being associated with a higher rate of switch into hypomania or mania compared with either bupropion or sertraline, particularly among those with a rapid-cycling disorder. In the first UK longitudinal study of bipolar disorder, Paykel *et al* (pp. 118–123) found that subsyndromal residual symptoms were common over 18 months of observation, being present for twice the duration of major symptoms. The authors argue for greater clinical vigilance in monitoring for and treating such symptoms.

HEALTH SERVICE USE IN EUROPE AND PHARMACOTHERAPY USE OVER TIME

McCracken *et al* (pp. 161–167) found much variation in health service use patterns for individuals with depressive or adjustment disorders when they compared groups in five European countries. Interestingly, individual factors such as severity of depression, perceived health status, social

functioning and level of social support were better able to explain the variation than were national factors. Using data collected over 22 years from a national birth cohort, Colman *et al* (pp. 156–160) found that although the prevalence of antidepressant, anxiolytic or hypnotic use had increased significantly from 1977 to 1999, the proportion of those with common mental disorder using such pharmacotherapy remained low.

GENDER AND REOFFENDING

Maden *et al* (pp. 168–172) found that, compared with men, women were half as likely to be reconvicted up to 2 years after discharge from medium-secure units in England and Wales. Gender differences were, however, substantially reduced by inclusion in the model of other factors such as history of self-harm, number of previous convictions and history of drug problems.

SOCIO-ECONOMIC POSITION LINKED TO MENTAL DISORDER?

Little evidence for a link between objective measures of socio-economic status and follow-up occurrence of an episode of common mental disorder was found in a study conducted by Skapinakis *et al* (pp. 109–117). The authors call for greater emphasis on more-subjective measures of such status if effective prevention and treatment for depression and anxiety is to be achieved.

KETAMINE AND THE GLUTAMATE HYPOTHESIS OF SCHIZOPHRENIA

When given to a sample of healthy volunteers by Pomarol-Clotet *et al* (pp. 173–179), ketamine was found to have central nervous system depressant/intoxicating effects, cause perceptual alterations, produce referential ideas, and result in negative-type symptoms. The authors conclude that, although ketamine certainly did not reproduce the full picture of schizophrenia, it may prove useful in exploring specific symptoms, particularly delusions.