

## Highlights of this issue

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### DRUGS, PSYCHOPATHOLOGY AND OFFENDING

Exploring the relationship between psychosis and drug dependence in prisoners, Farrell *et al* (pp. 393–398) found the prevalence of psychosis to be more than 20 times that reported in the general population. Severe dependence on cannabis and psychostimulants were associated with the highest risk of psychosis. The authors emphasise the importance of warning vulnerable individuals of the detrimental effects of cocaine in particular. In a long-term follow-up of patients discharged from special (high-security) hospitals, Jamieson & Taylor (pp. 399–405) found that 20% of individuals never return to open community living. Mental illness, old age and being male, rather than offending history, tended to prevent this.

### CHRONIC EFFECTS OF PSYCHIATRIC DISORDER

Difficult-to-place long-stay patients will not disappear with the closure of psychiatric hospitals, since a large proportion of them are new long-stay. As part of the TAPS Project, Trieman & Leff (pp. 428–432) followed 72 long-stay difficult-to-place patients for 5 years. Slow-stream rehabilitation in specialised facilities produced sufficient improvement in over 40% to enable moves to community homes. They conclude that the consequent saving of money in the long term justifies the investment in such rehabilitation units. Despite the introduction of atypical antipsychotic drugs, movement disorders remain significant problems for patients. Halliday *et al* (pp. 422–427) measured the prevalence of common movement disorders in 136 patients with psychosis in Scotland and found the prevalence of tardive dyskinesia to have doubled in 20 years; 43% had probable tardive dyskinesia,

35% had parkinsonism and akathisia was found in 15%.

### HOME TREATMENT NOT BETTER IN USA?

North American studies of home treatment for mental disorders find greater reductions in hospitalisation than European ones. Burns *et al* (pp. 375–382), in a meta-analysis, explore the possible explanations for this discrepancy between continents. Results suggest that American patients in the experimental groups spend no less time in hospital than those in the European experimental groups but that the difference lies in the control groups with which they are compared. It is suggested that the control services in Europe may be closer to their experimental counterparts, possibly in their emphasis on visiting patients at home.

### OUTCOME OF ADHD IN GIRLS

The adult outcome of attention-deficit hyperactivity disorder (ADHD) in girls has never been studied. Using the Danish Psychiatric Central Register, Dalsgaard *et al* (pp. 416–421) traced the adult psychiatric status of 208 children who had been admitted and treated with stimulants between the ages of 4 and 15. Overall, 23% had an adult psychiatric admission, with girls at greater risk than boys. Girls with ADHD and conduct problems had a very high risk of adult psychiatric admission, the most common adult diagnoses being personality and mood disorders.

### DEPRESSION, COGNITIVE DECLINE AND THE CEREBELLUM

Depressive symptoms are associated with cognitive decline in the elderly, but the

temporal relationship remains unclear. Paterniti *et al* (pp. 406–410), in a longitudinal study, found that initially high levels of depressive symptoms predicted cognitive decline at 4-year follow-up in an elderly population of 1003 people with good cognitive functioning at recruitment. Cognitive decline was more likely in those reporting persistent rather than episodic depression. Smith *et al* (pp. 411–415), in a functional magnetic resonance imaging study, report that abnormal cerebellar function could be a marker of vulnerability to recurrent depression.

### NEURODEVELOPMENT AND SCHIZOPHRENIA

Neurological soft signs are common in people with schizophrenia and appear to have a developmental origin which could result from physical illness in childhood. Leask *et al* (pp. 387–392) explore this in a longitudinal study and find that, although some childhood illnesses are associated with increased rates of neurological soft signs, there are few consistent associations between childhood illness and adult psychiatric disorders. Cotter & Pariante (pp. 363–365) review the evidence for and against the neurodevelopmental hypothesis of schizophrenia. They argue that it alone is insufficient to explain the unfolding neuroanatomy of the disorder, which now seems likely to involve both early developmental and later atrophic changes.

### SURVIVING DISASTER

Hull *et al* (pp. 433–438) assessed 36 survivors of the Piper Alpha oil platform disaster, which killed 167 men in 1988. Twenty-one per cent met the criteria for post-traumatic stress disorder (PTSD), and development of the disorder was associated with physical injury, personal experience and survivor guilt. On a positive note, 61% reported that some good had come from the trauma, including enriched emotional relationships and financial security. Davidson (pp. 366–368), in an accompanying editorial, provides an excellent overview of the early identification, prevention and treatment of PTSD.