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Highlights of this issue

By Kimberlie Dean

Intergenerational patterns of psychopathology

Two papers in the *Journal* this month examine the range of psychopathology presenting in offspring with parental history of mental disorder. Utilising data from the WHO World Mental Health Surveys, McLaughlin *et al* (pp. 290–299) found significant associations between the vast majority of parental and offspring disorders but little evidence for specificity of association. Population-attributable risk proportions for parent disorders were higher in high- and upper-middle-income countries and higher for behavioural than for other disorders. The authors concluded that parental psychopathology represents a significant but non-specific predictor of offspring mental disorder and that future research needs to take account of parental comorbidity. In a study of children at high risk for schizophrenia, bipolar disorder and unipolar major depression, Morgan *et al* (pp. 282–289) identified an elevated risk for intellectual disability. The authors also found evidence for an elevated risk of pervasive developmental disorders, including autism, in children of mothers with bipolar disorder and of epilepsy in those born to mothers with unipolar depression. In a linked editorial, Owen (pp. 268–269) comments on the accumulating evidence of shared risk, both genetic and environmental, for a range of disorders thought to be neurodevelopmental in origin.

Sleep and memory deficits in schizophrenia

Wulff *et al* (pp. 308–316) undertook a systematic exploration of circadian time patterns in individuals with schizophrenia presenting with recurrent sleep disruption and found evidence of sleep/circadian disruption in all participants, severe disruption being evident for half the sample. The authors comment that the sleep abnormalities occurred despite mood and mental state stability and could not be explained by functional status. In a linked editorial, Wilson & Argyropoulos (pp. 273–274) note that two specific anomalies in sleep function have recently been identified in schizophrenia – an abnormality of circadian rhythm and a finding of reduced sleep spindles on electroencephalogram. The authors highlight the potential link between such anomalies and cognitive impairment, likelihood of treatment success and therapy engagement.

In an editorial in the *Journal* this month, Borgwardt & Fusar-Poli (pp. 270–272) call for psychiatric neuroimaging in early schizophrenia to move beyond investigations of underlying neurobiology towards studies that can be translated into clinical utility. They highlight the potential of the findings reported by Bodnar *et al* (pp. 300–307) regarding the functional magnetic resonance imaging correlates of memory encoding which differentiated those with first-episode schizophrenia who later achieved remission from those who did not. In this study, those in the non-remitted group displayed positive activation in the posterior cingulate when encoding semantically related images. Behavioural data differences in related image encoding and overall recognition memory were also found between the remitted and non-remitted groups.

Anxiety after myocardial infarction and DSPD evaluation

In the context of an established literature supporting an association between depression and cardiovascular disease outcomes, Roest *et al* (pp. 324–329) found that among those with acute myocardial infarction, the presence of generalised anxiety disorder was associated with an increased rate of subsequent adverse events. The authors also found that the link between anxiety and adverse outcomes was independent of demographic factors, depression and other clinical factors.

Having previously reported on the costs and outcomes of the dangerous severe personality disorder (DSPD) assessment programme, Barrett & Byford (pp. 336–341) have subsequently evaluated the longer and more resource-intensive DSPD treatment programme. The authors found that the cost of the intervention programme per serious offence prevented was over £2 million. However, there was some evidence that if delivered in a lower-cost prison environment, the programme had the potential to become cost-effective. The authors conclude that while reoffending remains the outcome of interest for such programmes, the costs of hospital-based interventions are likely to remain greater than the benefits for dangerous offenders with a personality disorder.