

Highlights of this issue

BY KIMBERLIE DEAN

CONSEQUENCES OF TRAUMA

Two papers in the *Journal* this month report on investigations of the impact of traumatic experiences on samples drawn from the general population. Rubin *et al* (pp. 350–356) examined perceptions of stress, threat and changes to travel behaviour in a sample of Londoners 7 months after the 7 July 2005 bombings. Although not necessarily representing any ongoing clinical need, the authors found evidence of a residual level of distress in the form of 11% of the sample reporting 'substantial stress', 43% reporting perceived threat to self, and 19% reporting a reduction in travel as a result of the bombings. Scott *et al* (pp. 339–343) also conducted a study of trauma in a community sample but focused on the potential association with delusional experiences. Exposure to any traumatic event was found to be associated with delusional experiences, with the strength of the association increasing with the number of events experienced. An association between meeting diagnostic criteria for post-traumatic stress disorder and delusional experiences was also found in this Australian study.

POPULATION LEVELS OF UNMET NEED AND QUALITY OF LIFE

Alonso *et al* (pp. 299–306) examined data from the European Study of Epidemiology of Mental Disorders project to determine

levels of unmet need for mental healthcare. Across the six countries included in the survey, 3.1% were found to have an unmet need for mental healthcare, a figure representing almost half of those identified as having a mental health need. Interestingly, 13% of visits to services were made by individuals without mental health morbidity. In a Finnish sample, Saarni *et al* (pp. 326–332) found that on an individual level, dysthymia, generalised anxiety disorder and social phobia were associated with the largest loss of health-related quality of life, even after adjustment for comorbidity. On a population level they found that depression, anxiety and alcohol dependence each accounted for substantial loss of quality-adjusted life-years.

TWO VULNERABLE GROUPS – LOOKED-AFTER CHILDREN AND CAREGIVERS

Ford *et al* (pp. 319–325) found that compared with children living in private households, those looked after by local authorities in Britain had higher levels of psychopathology, educational difficulties and neurodevelopmental disorders. These differences were found even when looked after children were compared with deprived children living in private households. Roick *et al* (pp. 333–338) compared levels of burden for relatives caring for a family member with schizophrenia in Germany and Britain. They found that British caregivers reported more burden than German

caregivers even after patient and caregiver attributes were taken into account. The authors conclude that such national differences may reflect differences in healthcare provision.

DEPRESSION: COMORBID ANXIETY AND FOLLOW-UP ASSESSMENTS

Andreescu *et al* (pp. 344–349) found that the negative impact of comorbid anxiety on response to antidepressant medication holds true in later life both in terms of acute treatment response and subsequent recurrence during the maintenance phase of treatment. The authors conclude that there is a need to identify and aggressively treat comorbid anxiety symptoms in late-life depression. Posternak & Zimmerman (pp. 287–292) conducted a meta-analysis of double-blind, placebo-controlled antidepressant trials in order to estimate the impact of follow-up assessments on placebo response rates. They found that extra follow-up visits were associated with reductions in depressive symptomatology among those randomised to placebo. The therapeutic impact of such extra visits represented 34–44% of the total placebo response during the time period assessed.

A PROBLEM-SOLVING INTERVENTION FOR PERSONALITY DISORDER

Huband *et al* (pp. 307–313) conducted a pragmatic randomised controlled trial of group problem-solving combined with brief psychoeducation for adults with personality disorder living in the community. Compared with those allocated to the waiting-list control group, those receiving the intervention were found to have better problem-solving skills, higher social functioning and lower anger expression. No differences were found in terms of service use between the two groups, however.