

## IN THIS ISSUE

This issue contains a review on child-onset bipolar disorder. Other sets of papers examine various aspects of bipolar disorder, depression and suicide, anxiety, and chronic fatigue, and four individual papers examine a variety of topics.

### **Child-onset bipolar disorder**

Kyte *et al.* (pp. 1197–1211) review the literature on the clinical, neuropsychological and neuroanatomical characteristics of childhood- and adolescent-onset bipolar disorder (BPD), focusing particularly on similarities and differences with adult-onset BPD, attention deficit hyperactivity disorder (ADHD) and conduct disorder (CD). They draw two tentative conclusions: (1) childhood-onset BPD is a variant on the adult disorder, with similar neurobiological characteristics; and (2) that there is little evidence of overlaps with ADHD and CD, particularly at the neural level.

### **Adult-onset bipolar disorder**

This issue contains two papers on adult-onset BPD. Farmer *et al.* (pp. 1213–1218) examined responses to a positive mood-inducing task (the Go task) in 15 euthymic bipolar subjects and 19 matched controls, in order to assess whether differences in response might increase understanding of how mania develops. In this pilot study, the authors found that a positive mood could be induced in subjects using the Go task. The only difference observed between cases and controls was on the visual analogue scales over time.

Øgendahl *et al.* (pp. 1219–1224) investigated the relationship between a number of indicators of fetal growth and risk of BPD, using a nested case-control design. Subjects were drawn from the Danish national register. In contrast to what has often been reported in relation to schizophrenia, the authors found no associations between any of the indicators of fetal growth (e.g. birth weight, birth length) and BPD. The authors conclude that this supports the suggestion that the aetiologies of schizophrenia and BPD are, in part at least, distinct.

### **Depression and suicide**

Five further papers address aspects of depression and of suicide. Hegerl *et al.* (pp. 1225–1233) report findings from a 2-year evaluation of a community-based, four-level intervention designed to reduce rates of suicidal acts. In the intervention area (Nuremberg, Germany), the authors report a 19% reduction in suicidal acts in the first year, and a 24% reduction in the second, both significant compared with a control area.

Fairweather *et al.* (pp. 1235–1245) investigated the factors that distinguished suicide ideators from suicide attempters in a sample of 522 subjects drawn from the PATH Through Life Project (Canberra, Australia). Of the 522 suicide ideators, around 10% attempted suicide. The authors found that poor physical health, unemployment and problematic social relationships were stronger predictors of suicide attempts than depression or anxiety.

Martiny *et al.* (pp. 1247–1252) examined whether the effects of bright-light therapy (BLT) are sustained over time in non-seasonal major depression. Using data from a randomized controlled trial of BLT and antidepressants, the authors found that the positive effects noted at the end of a 5-week intervention diminished over the subsequent 4 weeks. The authors conclude that BLT accelerates, rather than augments, subjects' initial responses to antidepressants.

Goel & Etwaroo (pp. 1253–1263) compared the effects of BLT, high-density negative air ions and auditory stimuli on mood in 118 college students. The authors found that all three stimuli produced rapid mood changes compared with a low-density placebo. This held for both subjects identified as depressed ( $n=35$ ) and non-depressed ( $n=83$ ). The authors conclude that these stimuli can be used to improve mood in normal populations.

In the final paper on aspects of depression and suicide, Harwood *et al.* (pp. 1265–1274) present data from one the largest ever studies of suicide in older people using the psychological autopsy method. In an analysis of 100 cases aged over 60 who died through suicide and 54 matched controls who died through natural causes, the authors found that physical illness (62%), interpersonal problems (31%) and bereavement (25%) were most commonly related to suicide. More specifically, case-control analyses identified long-term problems

related to bereavement and problems with accommodation, finances and retirement as risk factors for suicide in older people.

### Anxiety

In the first of two papers on aspects of anxiety, Newman & Bland (pp. 1275–1281) investigated whether generalized anxiety disorder (GAD) aggregated in families in a community-based sample of 160 probands with GAD, 764 controls and 2386 first-degree relatives. They report mild to moderate evidence for familial aggregation of GAD, with odds ratios ranging from 1.4 to 2.8. These figures are lower than in previous studies. The authors suggest this may be due to previous studies being based on less representative samples.

Angst *et al.* (pp. 1283–1292) address the question of whether the 6-month criterion for a diagnosis of GAD in DSM-III-R and DSM-IV is meaningful. Using data from the Zurich Cohort Study, the authors compared subjects with GAD ( $n=105$ ) separated into four groups according to duration: 2 weeks, 1 month, 3 months, 6 months. Few differences were observed between the groups, and duration of episode was the least important predictor of receipt of treatment. The authors conclude that the 6-month criterion for GAD is not clinically meaningful.

### Chronic fatigue

This issue contains two papers on aspects of chronic fatigue. Leone *et al.* (pp. 1293–1300) report findings from a study of predictors of occupational and other outcomes over 4 years in a sample 127 fatigued employees on sick leave at the time of entry to the study. At follow-up, the authors found that 26% of subjects were receiving work disability benefits. The strongest predictors of poor occupational outcome were old age and lower levels of physical functioning.

Smith *et al.* (pp. 1301–1306) investigated all-cause and suicide-caused death rates in a sample of 1201 chronically fatigued patients followed for an average of 9 years. They found that all-cause mortality was no higher than expected. However, suicide death rates were elevated for both patients meeting criteria for chronic fatigue and chronic fatigue syndrome (CFS), although this reached statistical significance only for chronic fatigue patients who did not meet full criteria for CFS.

### Other topics

This issue concludes with four papers examining a variety of topics. Lokugamage *et al.* (pp. 1307–1312) examined the relationship between parental death and parental divorce in childhood, adult psychiatric disorder, and risk of breast cancer. Using data from the UK Medical Research Council National Survey of Health and Development, the authors found no overall associations with these variables and risk of breast cancer. However, those exposed to both early parental separation and adult mental disorder did have an elevated risk (hazard ratio = 2.68).

Bennett (pp. 1313–1320) used data from the British Household Panel Survey, a yearly survey of 5000 households, to investigate the relationship between marital status, change in marital status over time, and physical health. Bennett found that both marital status and changes in status were associated with physical health, although the patterns of association differed for each category of marital status. For example, health service use was most strongly associated with being newly widowed while health limitations were associated more with being newly divorced.

Van der Wee *et al.* (pp. 1321–1326) investigated saccadic abnormalities in a group of 14 psychotropic-naive patients with obsessive-compulsive disorder (OCD) and 14 matched controls. In contrast to some previous studies, the authors found no evidence of higher error rates in OCD cases on saccade trials, but there was an increased latency of response on the antisaccade task. The authors conclude that these data do not support the suggestion that OCD patients have gross impairment of oculomotor inhibitory capacities.

In the final paper in this issue, Friederich *et al.* (pp. 1327–1335) examined motivational processing of disorder specific and standard emotional cues in subjects with anorexia ( $n=15$ ), bulimia ( $n=15$ ) and healthy controls ( $n=30$ ) using startle eye blink modulation. Differences were noted between the two groups of patients. For example, compared with those with anorexia, bulimic subjects showed greater appetitive responses (i.e. startle inhibition). The authors conclude that different patterns of emotional response in bulimic and anorexic subjects may reflect different aetiologies, with important implications for treatment.

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