

Highlights of this issue

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Anxiety disorders – risk factors and care models

Tambis *et al* (pp. 301–307) used data from a sample of Norwegian twins to investigate genetic and environmental contributions to the comorbidity of the major forms of anxiety disorder. Confirmatory factor analysis found evidence for a single common factor making a significant contribution to lifetime anxiety disorder comorbidity. In addition, the latent liability common to all disorders was found to be substantially heritable. Testing an optimised care model intervention for anxiety disorders aimed at primary care physicians, König *et al* (pp.308–317) found no evidence for a cost-effectiveness advantage over usual care. There was also no advantage found for the general practitioner education-based intervention in terms of impact on patients' anxiety symptoms or quality of life.

Mental disorder and parenting

Hobson *et al* (pp. 325–330) found that mothers with borderline personality disorder were more likely to show evidence of disrupted affective communication with their year-old infants using the Strange Situation Test, compared with both women with depression and women without mental disorder. The former were also more likely to exhibit fear/disorientation responses to their potentially needy and distressed infants. Bywater *et al* (pp.318–324) examined the long-term effectiveness of a parenting intervention for children at risk of conduct disorder and found that improvements in child behaviour, parent behaviour, parental stress and depression, and observed child and parent behaviours were sustained up to 18 months from baseline. Child contact with health and social services was also found to be reduced over the period.

Age at onset and cognition in schizophrenia

Rajji *et al* (pp.286–293) conducted a meta-analysis in order to estimate and compare the severity of cognitive deficits in individuals with adult-onset (first-episode), youth-onset and late-onset schizophrenia. The authors found that those with youth-onset and first-episode schizophrenia had large deficits on

most cognitive measures, the former group demonstrating larger deficits than the latter on arithmetic, executive function, IQ, psychomotor speed of processing and verbal memory. Those with late-onset schizophrenia were found to have a number of relatively preserved cognitive functions. Kravariti *et al* (pp.336–345) compared individuals with first-episode psychosis with intellectually matched controls and found that the former had deficits in executive function, processing speed and verbal memory. The authors suggested that these key deficits may reflect independent pathophysiological processes. Using diffusion tensor imaging, Kyriakopoulos *et al* (pp.346–353) found evidence for a differential effect of age at onset of schizophrenia on regional white matter abnormalities – a fractional anisotropy decrease in parietal regions among those with adolescent-onset illness and reductions in frontal, temporal and cerebellar regions among those with adult-onset illness.

Research priorities in LAMI countries and a study of Holocaust survivors

Sharan *et al* (pp.354–363) conducted a survey of researchers and stakeholders in order to identify mental health research priorities in the low- and middle-income (LAMI) countries of Africa, Asia, Latin America and the Caribbean. Evidence of broad agreement between researchers and stakeholders, and across regions, was found. Priorities appeared to be consistent with burden of disease estimates. In the first community-based study of psychiatric disorders among Holocaust survivors, Sharon *et al* (pp.331–335) found higher lifetime and 12-month rates of anxiety disorders, current sleep disturbance and emotional distress. The findings were not modified by how old individuals were at the time of the Holocaust.

Antenatal substance misuse and adolescent psychosis

Using data from the ALSPAC birth cohort, Zammit *et al* (pp.294–300) found an increased risk of adolescent psychotic symptoms among those exposed antenatally to maternal alcohol and tobacco use but no association was found with maternal cannabis use during pregnancy. A dose–response relationship was identified for the association between maternal smoking and adolescent psychotic symptoms, whereas the increased risk of psychosis associated with maternal alcohol use was almost exclusively present in the offspring of women drinking heavily.