

IN THIS ISSUE

This issue contains two reviews, one on chronic fatigue syndrome and one on suicide and the menstrual cycle. Other sets of papers examine various aspects of suicide, addictive behaviours, and depression, and three individual papers examine a variety of topics.

Chronic fatigue syndrome

Huibers & Wessely (pp. 895–900) review the evidence concerning the impact of labelling chronic fatigue syndrome (CFS), addressing the question: is it enabling or disabling? They found that the limited available evidence suggests both negative (e.g. becomes a self-fulfilling prophecy) and positive (i.e. provides a meaningful explanation of symptoms) effects. In the absence of more definitive evidence, they conclude, decisions about diagnosis should balance the potential negative impact of labelling CFS too early against the need for patients to have a framework for understanding and managing their symptoms if they persist over time.

Suicide

This issue contains three papers on various aspects of suicide. In the first, Saunders & Hawton (pp. 901–912) review evidence for an association between suicidal behaviour and phases of the menstrual cycle. From their descriptive review of 44 studies, they conclude that the more methodologically robust of these provide evidence for an association between aspects of the menstrual cycle, particularly those phases when oestrogen levels are lowest, and suicide attempts, but not completed suicides. The authors further note that there is evidence of a link between suicidal behaviour and the premenstrual syndrome.

Shahar *et al.* (pp. 913–922) investigated the nature of the relationship between hopelessness, depression and suicidality in a sample of 332 patients drawn from a RCT of problem-solving therapy for suicidal young adults. They found evidence for synchronous, but not causal, associations between these variables. These findings, they conclude, raise the question of whether, in severely disturbed young patients, hopelessness, depression and suicidality converge into a single, hard to treat syndrome, ‘suicidal depression’.

Kõlves *et al.* (pp. 923–930) present data from a case-control study of alcohol abuse/dependence (AAD) and suicide in Estonia. They found a strong association between AAD and suicide, particularly in older males. They further report evidence that GPs under-diagnose AAD, and consequently suggest that training GPs in the diagnosis of AAD should be an important part of suicide prevention in the former USSR republics.

Addiction

Four papers continue the theme of substance use disorders and addictive behaviours. Saha *et al.* (pp. 931–941) report findings from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) using item-response theory to address the question of whether the DSM-IV criteria for alcohol abuse and dependence form a continuum of severity. From analyses of over 22 000 subjects they found that abuse and dependence criteria were arrayed along a continuum of severity, which, they argue, calls into question the DSM-IV categorical distinction between abuse and dependence. They further found that these criteria tapped the more severe end of the alcohol use continuum, suggesting other criteria need to be identified to capture the mild to intermediate range of severity.

Blanco *et al.* (pp. 943–953), again using the NESARC sample, report on sex differences in the prevalence of subclinical and pathological gambling. They found that the prevalence of pathological and subclinical gambling were both 2–3 times greater in men than women. They found further gender differences within the subclinical and pathological gambling groups. Men, for example, smoked and drank more heavily and women were more likely to have a lifetime diagnosis of mood or anxiety disorder.

Kendler *et al.* (pp. 955–962), using data on 1386 young adult twin pairs ascertained from the Norwegian Institute of Public Health Twin Panel, investigated the contribution of genetic factors to

individual differences in the use, abuse and dependence of substances. The significance of this study is that it is the first to investigate this question in a country with a relatively low prevalence of substance use. The authors found evidence of a substantial genetic contribution, of a similar magnitude to that reported in studies from countries with a relatively high prevalence of substance use.

Pergadia *et al.* (pp. 963–972) investigated genetic influences on nicotine withdrawal in a sample of over 5000 twins drawn from the 1989 Australian Adult Twin Cohort. They report heritability estimates for most symptoms of nicotine withdrawal of between 26 % and 43 %; the only exceptions to this were depressed mood on withdrawal, with genetic influences being stronger in men, and decreased heart rate, with a heritability estimate of 9 %. The authors conclude that some people may become dependent on nicotine in part because of vulnerability to nicotine withdrawal.

Depression and anxiety

In the first of three papers focusing on aspects of depression and anxiety, Solomon *et al.* (pp. 973–985) used data from the Oregon Adolescent Depression Project to investigate the question of whether unipolar depression differs categorically from limited depressive complaints. Their analyses of over 1400 participants provide evidence for a taxonic (rather than dimensional) structure for unipolar depression. The authors conclude that the question of whether clinical depression and unhappiness lay on a continuum or are categorically distinct remains unresolved, and they urge more research in large unselected samples.

In the third paper using the NESARC sample, Smith *et al.* (pp. 987–998) report on analyses of race/ethnic differences in the prevalence of mood and anxiety disorders and the co-occurrence of substance misuse. The authors found major variations between race/ethnic groups. Broadly, the prevalence of mood and anxiety disorders was highest among Native Americans and lowest among Asians. The co-occurrence of alcohol and drug dependence (but not abuse) and mood disorders was common across all groups; co-occurrence of substance use disorder and anxiety was common in all groups except Native Americans.

Villamil *et al.* (pp. 999–1009) report findings from the British Psychiatric Morbidity Survey relating to the prevalence of depression and anxiety in later life. They found marked reductions in the prevalence of depression and, to a lesser degree, anxiety in men and women around the statutory retirement age in the UK. No other studied risk factor could explain this finding, and the authors conclude that further research on this issue may increase understanding of the role of non-genetic factors in depression and anxiety.

Other topics

This issue concludes with three papers examining a variety of topics. Clarkson *et al.* (pp. 1011–1021) present data from a RCT of integrated specialist assessment for older people *versus* care management assessment in the UK. They report that integrated specialist assessment resulted in fewer recommendations for residential placements, though this ultimately resulted in a delay in such placements rather than a reduction. The authors conclude that delaying placement is positive as it results in benefits, not least cost savings.

De Groot *et al.* (pp. 1023–1032) investigated the question of whether pregnancy and early motherhood are associated with cognitive performance using a case-control design to compare pregnant women with non-pregnant women over time. They found that memory performance was lower both during pregnancy and at 32 weeks after birth. They also found that information processing was slower during early motherhood, but not during pregnancy.

Nes *et al.* (pp. 1033–1042), in the second paper in this issue using subjects from the Norwegian Institute of Public Health Twin Panel, investigated the influence of genetic and environmental factors on stability of subjective well-being (SWB) over time. They found that additive genetic factors accounted for around 80 % of the observed stability of SWB over time. Conversely, the authors found that environmental influences were primarily time-specific in their effects (80 %).

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