Highlights of this issue

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MILITARY SERVICE AND MENTAL HEALTH

The impact of military service on mental health is highlighted in the *Journal* this month. Wessely (pp. 459–466) describes the evolution of the diagnosis of post-traumatic stress disorder (PTSD) in the context of modern military history and addresses the preoccupation with risk currently dominating both military and civilian society. In a study of the psychiatric evacuation of UK military personnel serving in the recent Iraq conflict, Turner *et al* (pp. 476–479) find that most evacuees were non-combatants, many had prior contact with mental health services and only 3% had an acute combat stress reaction. Hacker Hughes *et al* (pp. 536–537) find no deterioration in General Health Questionnaire scores in British soldiers before and after deployment to the same conflict; in fact, a significant improvement in scores is reported. Iversen *et al* (pp. 480–486) investigate the mental health needs and treatment experiences of a vulnerable cohort of British ex-service personnel assessed long after leaving the forces. Depression, not PTSD, is reported to be the most common diagnosis, and of the 45% with a psychiatric diagnosis, just over half were seeking help. Among those seeking help from a specialist PTSD clinic for US combat veterans, Frueh *et al* (pp. 467–472) find that 94% were diagnosed with PTSD but only 41% had objective evidence of combat experience according to military records. In light if this, Wessely, in an invited commentary (pp. 473–475), encourages clinicians to consider war stories as complex narratives.

PTSD IN CIVILIAN SOCIETY

North *et al* (pp. 487–493) finds the prevalence of PTSD to be similar for two cohorts exposed to separate terrorist bombings – the 1998 US Embassy bombing in Nairobi and the 1995 Federal Building bombing in Oklahoma. However, differences are found with regard to coping strategies and treatment experiences – reliance on social supports and the church is seen more often in the Nairobi sample while use of alcohol and medication is more common in the Oklahoma group. The nature and severity of the event giving rise to later PTSD has been a source of controversy and is addressed in a paper by Mol *et al* (pp. 494–499), who find that life events can give rise to at least as many PTSD symptoms as can traumatic events.

PERSONALITY IN EATING DISORDER AND OBSESSIONS IN ASPERGER'S

Thompson-Brenner & Westen (pp. 516–524) find evidence to validate three personality subtypes previously identified in patients with eating disorders – emotionally dysregulated, constricted and high-functioning/perfectionistic. In their sample, personality subtype is found to predict levels of functioning, therapeutic intervention and outcome. Obsessive–compulsive symptoms, known to be common in autistic-spectrum disorder, are found by Russell *et al* (pp. 525–528) to be similar in frequency to those experienced by patients with primary obsessive–compulsive disorder, although symptoms in the latter group are more severe.

BIPOLAR DISORDER

The previously outlined advantage of augmenting medication with cognitive–behavioural therapy in the prevention of relapse in bipolar I disorder is also cost-effective (Lam *et al*, pp. 500–506). Jones & Craddock (pp. 453–454), in light of an inquiry into the death of a psychiatric colleague, discuss the importance of identifying risk of bipolar relapse in the early post-partum period.

IRRITABLE BOWEL SYNDROME AND PSYCHIATRIC DISORDER

Not only is psychiatric disorder common in irritable bowel syndrome, but depressive, panic and neurasthenic disorders also contribute to poor outcome in this group (Creed *et al*, pp. 507–515). Almost half the sample in this study reach the threshold for at least one psychiatric disorder and a dose–response relationship is found between the number of psychiatric disorders present and the degree of impairment.

PATHWAYS TO CARE IN EASTERN EUROPE AND SELF-HARM IN OLD AGE

In the first study to come from the Eastern European Psychiatric Scientific Initiative (E-EPSI), Gater *et al* (pp. 529–535) report that more than half of new patients in six of the centres sought direct access to psychiatric services rather than presenting to primary care. Dennis *et al* (pp. 538–539) compare 48 adults with depression aged over 65 years who had presented with self-harm with a similar group of 50 referred to local services with a depressive episode and find that the former are more likely to have a poorly integrated social network and are more hopeless.

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