

Highlights of this issue

BY ELIZABETH WALSH

IS SCHIZOPHRENIA INCREASING?

Some recent evidence has suggested a decline in the incidence of schizophrenia over the past 50 years. Boydell *et al* (pp. 45–49) examine the incidence of schizophrenia in Camberwell, south London, over a 33-year period from 1965 to 1997. They report the incidence to have doubled over the past three decades although they cannot assess whether migration into the area has contributed to this.

PERCEIVED DISCRIMINATION AND VICTIMISATION

Discrimination may be a social risk factor for delusional ideation and reports of excess risk of psychosis among ethnic minorities may be confounded by experience of discrimination. In a large Dutch follow-up study, individuals in the general population who experienced perceived discrimination were significantly more likely to develop delusional ideation (but not hallucinations) at 3-year follow-up (Janssen *et al*, pp. 71–76). Moving to victimisation, Sequeira & Hollins (pp. 13–19), in a review, suggest that the psychological reactions of people with learning disabilities to sexual abuse are similar to those in the general population, but further evidence is needed.

PSYCHOSIS, SEX AND PREGNANCY

Individuals with schizophrenia experience high rates of sexual dysfunction. Macdonald *et al* (pp. 50–56), in a case-control study, find that 82% of men and 96% of women with schizophrenia report at least one dysfunction. There was no association between sexual dysfunction and type of antipsychotic medication. Howard *et al* (pp. 63–67), investigate the antenatal care, obstetric outcomes and subsequent health

of babies born to mothers with a history of psychosis. A significant increase in risk for stillbirth and neonatal death was noted. This finding underlines the need for optimal antenatal care in this group. Although some women had parenting difficulties, the physical health of babies who live with mothers with psychotic disorders is not significantly different from others.

HEART DISEASE, THE LEADING CAUSE OF DEATH IN PEOPLE WITH MENTAL ILLNESS

Ischaemic heart disease, rather than suicide, was the major cause of excess mortality in psychiatric patients, in an Australian population-based record-linkage study (Lawrence *et al*, pp. 31–36). Despite this high mortality, hospital admissions for heart disease were no more common among people with mental illness than in the general population, whereas procedural interventions were much less frequently recorded. The authors conclude that people with mental illness do not receive an equitable level of intervention for heart disease.

GUIDELINES FOR PSYCHIATRIC MANAGEMENT IN PRIMARY CARE?

The World Health Organization proposed a general diagnostic classification for use in primary care and recommendations on management. Croudace *et al* (pp. 20–30) developed a process for local adaptation and dissemination of the guidelines, intending to engender shared ownership between primary and secondary care practitioners, and evaluated this in a cluster randomised controlled trial. Results showed participation in this process failed to change

practitioner behaviour or influence patient outcomes.

CHILDHOOD SOCIAL IMPAIRMENT AND SCHIZOPHRENIA

Increased rates of premorbid developmental and social impairments are well documented in adult schizophrenia. Hollis (pp. 37–44) examining such impairments in child- and adolescent-onset psychosis, found premorbid social impairments to be more marked in child- and adolescent-onset schizophrenia than in other psychoses. Overall, impaired premorbid development, enuresis and incontinence during psychosis were specifically associated with the negative psychotic symptom dimension.

IN DEBATE

The *Journal* starts the New Year with an exciting new 'In Debate' column. This will offer a forum for timely (and provocative) discussion of important topics of general interest in psychiatry. Each month two protagonists will succinctly argue the case for and against a topic chosen by the editors. The contributors do not get a chance to see each other's piece before the proof stage. The articles are published together with a short introduction written by the editorial team. This month Dr Kamaldeep Bhui, author of a Maudsley discussion paper on separate services, and Professor Sashi Sashidharan, who is currently working on a national plan for ethnic minority psychiatry in the UK, debate the topic: 'Should there be separate services for ethnic minority groups?' Comments and suggestions for motions for future debates are welcome and should be sent to the In Debate Editors, Mary Cannon, Kwame McKenzie and Andrew Sims at the *Journal*.

RAMIFICATIONS OF PERSONALITY DISORDER IN CLINICAL PRACTICE

. . . is the subject of a special supplement accompanying this issue.

AND FINALLY . . .

The Editor and Editorial Board wish all our readers a Happy New Year.