

## Highlights of this issue

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### Volume 200: abortion, anxiety and somatoform disorders

This month is the first issue of the 200th volume of the journal first published as the *Asylum Journal* in 1853; Tyrer & Craddock (pp. 1–4) take this opportunity to reflect on the origin of the *Journal*, both the changes and the recurring themes over this time, and the core values inherent in the *Journal* as it moves forward. There has been an extensive correspondence related to recent publications examining the association between abortion and mental ill health. Kendall *et al* (pp. 12–14) review these data, and the meta-analytic method, in the context of research in an area where the data are imperfect but also subject to strong personal, ethical, religious and political interests. Their conclusion is that the individual needs of women with unwanted pregnancy should be the focus for practice and research rather than how the pregnancy is resolved. Self-help interventions for many disorders are increasingly accessible. Lewis *et al* (pp. 15–21) review those aimed at treating anxiety disorders and find that self-help interventions are effective in the treatment of social phobia and panic disorder. They suggest that the incorporation of these into a stepped care model seems appropriate, with further work still required on the self-help approaches for treating other anxiety disorders such as post-traumatic stress disorder and generalised anxiety disorder. Patients with medically unexplained symptoms, including pain and bodily disability, are relatively common in medical practice and are often difficult to treat, although some benefits have been reported with psychotherapy. Sattel and colleagues (pp. 60–67) demonstrate that brief, 12-week psychodynamic interpersonal psychotherapy improved these patients' quality of life, reduced somatisation and that patients retained more of this benefit over time than those offered enhanced medical care.

### Depression: brain stimulation, antidepressant treatments and bipolar disorder

Depression that is not responsive to conventional treatments remains a difficult therapeutic problem. Two research papers and two additional commentaries address different aspects of this topic. Loo and colleagues (pp. 52–59) describe a study of transcranial direct current stimulation in patients with depression and find that there was an improvement in ratings of mood after this treatment – although not in the rates of responders – compared with a control group. A reappraisal by Allan *et al* (pp. 10–11) reviews the wider field, including older therapies such as electroconvulsive therapy and the more experimental contemporary therapies such as deep brain and vagus nerve stimulation. In the middle of this spectrum are transcortical

magnetic stimulation and transcranial direct current stimulation; they conclude that the former produces small to medium effect sizes in patients not responding to an antidepressant, and that the latter may offer a more portable and practical alternative. How many patients presenting with depressive illness change their diagnosis to bipolar disorder? Li and colleagues (pp. 45–51) found that the rate of change to bipolar disorder diagnosis in patients with a depressive illness who are unresponsive to antidepressants, was far higher than that evident in antidepressant-responsive patients. They suggest that this lends support to the idea that unrecognised bipolar disorder is a frequent contributor to treatment-resistant depression. An accompanying editorial by Goodwin (pp. 5–6) reviews the literature on therapeutic options in the treatment of depression, within a dimensional approach to affective illness, and concludes that where patients have a clinical pattern of illness suggestive of bipolarity and they do not respond to first-line antidepressant therapy, the possibility of bipolar illness needs to be included in their future management plan.

### ADHD, prisons, psychosis and prodromes

The rates of adult attention-deficit hyperactivity disorder (ADHD) are high in the prison population, possibly as high as 45%. A treatment study in a prison population with ADHD and comorbid disorders suggests that treatment with methylphenidate over a 1-year period led to an improvement in ADHD symptoms, but also positive change in global functioning. The authors suggest that this could be a safe treatment in this highly contained environment. Is it possible to prevent the progression to a first episode of psychosis? Bechdolf *et al* (pp. 22–29) describe a study of an integrated psychological intervention in a group of young people presenting with cognitive and perception deficits, and demonstrate significantly lower rates of transition to psychosis at both 1- and 2-year follow-up. They suggest that this intervention is more acceptable to this group of people than the option of antipsychotic medication. A study of thalamic brain volumes in teenagers shows that thalamic volume is smaller in patients with early-onset psychosis and that this reduction is greatest in subregions within the right anterior mediiodorsal and pulvinar regions. Janssen *et al* (pp. 30–36) discuss these changes in the context of the extensive interlinking of these subregions with prefrontal cortical functional and structure; prefrontal impairment has long been associated with psychosis. Treatment with antipsychotic medication often carries a significant side-effect burden and one symptom that may be overlooked is nocturnal enuresis. In their editorial, Barnes & Paton (pp. 7–9) review the frequency and timing of enuresis and the association with different antipsychotics' putative mechanisms, and conclude that patients prescribed clozapine and other antipsychotics should be routinely monitored for nocturnal enuresis.

We take this opportunity to wish the readers of the *Journal* a very peaceful and harmonious New Year.