Highlights of this issue

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AUTHORSHIP, ACADEMIA AND INDUSTRY

As the proportion of psychiatric research funded by the pharmaceutical industry continues to increase, an interesting question is whether this influences the focus of the research and the publications resulting from it. Research publications directed by the pharmaceutical industry are more likely to be placed in more prestigious journals and to attract more prominent academic authorship. Healy & Cattell (pp. 22–27) examined articles on the therapeutic use of sertraline, published between 1998 and 2000, and compared those coordinated by an industry-funded medical communications agency with the rest. The agency-coordinated publications achieved a higher mean citation rate (20 *v.* 4), and included authors with more Medline-listed publications. They recommend increased transparency, in particular to allow unrestricted access to the raw data generated by industry-funded research. In an accompanying editorial Lagnado (pp. 3–4) stresses the limitations of examining such a broad question with data regarding only one drug and the lack of information about actual author contributions to these articles, while applauding the attempt to provide data in a contentious, anecdote-ridden area. He makes the point that authorship within academic medicine is also far from perfect, citing a recent study that reported that 39% of named authors of Cochrane reviews had contributed little or nothing to the research or the manuscript.

PSYCHOLOGICAL DEBRIEFING

The debate on the value of psychological debriefing illustrates the necessity of evaluating the data from literature reviews carefully. Both Wessely and Deahl (pp. 12–14) refer to the same Cochrane systematic review to make opposing cases. Wessely highlights the detrimental effects of non-specific debriefing and how it may act to impede the normal utilisation of a person's own social networks. Deahl observes the flaws in the studies included in the review and the rejection from the review of naturalistic studies that, although not randomised, might be better able to illustrate clinical reality. Both authors agree that 'one size fits all' one-off debriefing sessions are probably not useful and that individually tailored psychological intervention is likely to be helpful.

PRESENTATION TO A&E AND SUBSEQUENT SUICIDE

It has been widely recognised that a significant number of people have contact with health workers prior to committing suicide, and that this may provide a focus for preventive measures. However, these data, largely enumerating contact with mental health services, may omit contacts with accident and emergency (A&E) services. Gairin *et al* (pp. 28–33) retrospectively examined the A&E contacts of all probable suicides in Leeds over a 3-year period: 39% had been seen by A&E in the previous year, 15% with self-harm. The median time between contact and suicide was 38 days; surprisingly, a significant percentage of patients presenting with self-harm were recorded as not being in contact with mental health services when assessed retrospectively during subsequent inquiries. This emphasises the need for skilled assessment and coordinated record-keeping of all patients presenting with self-harm to A&E.

DYSKINESIA IN SCHIZOPHRENIA

Antipsychotic drug treatment has often been thought to cause dyskinesia and parkinsonism in patients with schizophrenia. McCreadie *et al* (pp. 45–49), having previously shown that dyskinesia is common in never-treated patients with schizophrenia, found that 14% of the relatives of patients had dyskinesia and 3% had parkinsonism. Interestingly, the relatives of patients with schizophrenia and dyskinesia had significantly higher rates of movement disorder than the relatives of patients with non-dyskinetic schizophrenia. This was not the case for parkinsonism. They suggest that dyskinesia may run in families and that this may be associated with a subtype of schizophrenia with dyskinesia.

TREATMENT FOR PARENTS OF ABUSED CHILDREN

The association between childhood sexual abuse and the development of subsequent psychopathology is well recognised, but the role of the non-abusing parents, often the expected source of support, has not been comprehensively assessed. Forbes *et al* (pp. 66–72) describe preliminary data suggesting that a structured psychological intervention to (non-abusing) parents and children can reduce initial high levels of psychopathological symptoms in both.

NEW EDITOR

This *Journal*'s main priority is the 'dissemination of new ideas and knowledge in mental science' – Peter Tyrer (pp. 1–2) sets the tone for his editorship of the *Journal* and invites readers to contribute to a new topical feature, 'From the Editor's desk'. It is in all our interests that the *Journal* fulfils these aspirations and we wish him well for his editorship.

https://doi.org/10.1192/bjp.183.1.1-a3 Published online by Cambridge University Press