

HIGHLIGHTS IN THIS ISSUE

This issue features groups of papers on Gulf War syndrome, health service outcome assessment, somatization, personality disorders and depression.

Gulf War syndrome has been the subject of much scientific research and public controversy. Two research papers, both from the group at the Institute of Psychiatry in London report studies. David *et al.* (pp. 1357–1370) find cognitive abnormalities in Gulf War veterans compared with military controls, most attributable to mood disturbances, except for impairment of constructional ability. Everitt *et al.* (pp. 1371–1378) employ the statistical technique of cluster analysis to search for a unique syndrome in Gulf War veterans but fail to find it. In an accompanying editorial two authorities, from the USA and Canada, examine the issues.

Routine assessment of quality of life is sometimes advocated as part of clinical care. Gilbody *et al.* (pp. 1345–1356) have undertaken a systematic review of controlled studies and found little evidence that outcomes are improved by this process. In an editorial examining wider routine assessment of outcome Slade (pp. 1339–1343) finds an absence of good evidence regarding costs and benefits.

In a unique paper Hakala and colleagues (pp. 1379–1385) report a PET study of patients with severe somatization and find lowered glucose metabolism rates in both caudate nuclei, left putamen and right precentral gyrus compared with normal controls. In a study of a large series of 264 patients with so called multiple chemical sensitivity or idiopathic environmental intolerances, Bornschein *et al.* (pp. 1387–1394) find that 75% satisfy DSM-IV criteria for a psychiatric disorder, most commonly a somatoform disorder, confirming this view of the aetiology in many cases, with toxic chemicals the most likely cause in only five subjects.

There has been much recent interest in the neuropsychology of personality disorders. In a study of borderlines Bazanis *et al.* (pp. 1395–1405) find impairments on decision making involving maladaptive choices and impulsive gambling on outcome of decisions, and also impairments of planning. These findings implicate the frontal lobes, and can also be related to the behavioural abnormalities shown by this group of subjects. In a study of antisocial behaviour in the general population Galbaud du Fort *et al.* (pp. 1407–1416) find considerable similarity between spouses, suggesting assortative mating.

Two papers concern depression. Frankle *et al.* (pp. 1417–1423) find a median length of episode of around 2 months. Antidepressant treatment neither influenced episode length nor induced a higher switch rate to elevated mood. McCarthy and colleagues report on symptom course in seasonal affective disorder subjects who completed repeated self-reports. Physiological symptoms preceded negative cognitions and may have activated them but symptoms occurred earliest in those with low self-esteem and low perceived social support suggesting that these act as risk factors.