*Psychological Medicine*, 2005, **35**, 3–4. © 2004 Cambridge University Press
DOI: 10.1017/S0033291704004064 Printed in the United Kingdom

# IN THIS ISSUE

This issue particularly features papers on treatment, including randomized controlled trials, studies derived from them, and follow-up studies. Further papers and an Invited Review deal with neuropsychology and cognition in schizophrenia, and genetic studies.

## Controlled trials in affective disorders

In the lead research paper Simon *et al.* (pp. 13–24) report an important controlled trial of a systematic care management programme compared with usual care alone in 441 patients with bipolar disorder. Care management produced a significant reduction in mania ratings and time spent in manic episodes, and suggestive improvement in depression. Vergouwen *et al.* (pp. 25–33) report a trial comparing two interventions to improve treatment of depression in primary care, a depression care programme, and a less intensive follow-up programme with follow-up visits scheduled and structured. Both programmes produced similar outcomes. All patients were treated with SSRIs and showed good adherence. In a further study of primary-care treatment of depression, non-randomized but employing before–after comparisons, Levav *et al.* (pp. 35–45) examine effects of a major WHO initiative in training 107 physicians, in five Latin American countries, with more than 3000 patients evaluated. The programme slightly improved physicians' knowledge and attitudes, but had little effect on actual practice. In a randomized controlled trial in out-patients with major depression, all treated with pharmacotherapy and receiving in addition either 8 or 16 sessions of psychotherapy, Dekker *et al.* (pp. 47–58) found more rapid improvement with the briefer therapy course.

## Cognitive therapy in affective disorders

Two papers derive from controlled trials of cognitive therapy. Paykel *et al.* (pp. 59–68) report a follow-up from a controlled trial in subjects with residual symptoms after major depression. Prevention of relapses continued for $3\frac{1}{2}$ years after the termination of CBT, indicating a valuable lasting benefit. Lam *et al.* (pp. 69–77), in a further analysis from a controlled trial in bipolar disorder, find less benefit from CBT in subjects who showed a hyper-positive self-evaluation at baseline, suggestive of subclinical hypomania.

## Follow-up studies of treatments in other clinical groups

Two studies concern follow-up outcome of treatments, not from trials, in other groups. Stevenson *et al.* (pp. 79–87) find persistence of improvement, 5 years after out-patient psychotherapy for borderline personality disorder. Smith and colleagues (pp. 89–99) find subsidence of gender dysphoria, few regrets and good psychological, social and sexual function in general 2 years after sex reassignment in transsexuals, with worst outcome in non-homosexual people with much psychopathology undergoing male to female reassignments.

## Genetics and environment

Gillespie *et al.* (pp. 101–111) report an attempt at replication of findings reported by Caspi *et al.* in 2003, of interaction between carrying one allele of the serotonin transporter gene and increased vulnerability to depression after experiencing stressful life events. Importantly, the finding does not replicate in their sample, indicating limitations in its generality. Middeldorp *et al.* (pp. 113–120)



https://doi.org/10.1017/S0033291704004064 Published online by Cambridge University Press

examine the origins of family clustering of burnout symptoms in monozygotic and dizygotic twins, and find it partly attributable to shared family environment, with no genetic contribution.

**Cognition and neuropsychology in schizophrenia**

In the lead Invited Review, Gilleen & David (pp. 5–12) review the recent considerable research activity in a comparatively new field, application of cognitive neurosciences to processes of delusion formation in psychosis. Two research papers report neuropsychological findings in other aspects of schizophrenia. Using both semantic and executive tests in patients with and without formal thought disorder, Barrera *et al*. (pp. 121–132), find predominantly executive deficits rather than semantic ones to characterize the thought disordered group. Brébion *et al*. (pp. 133–142) use factor analysis to integrate findings from a number of previous studies of memory impairments in schizophrenics, and find two different sets of deficits to underlie findings, in memory efficiency and memory errors respectively, suggesting two separate systems.

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