

## Highlights of this issue

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### TREATING DEPRESSION

Two papers in the *Journal* this month report on results from the Christchurch Psychotherapy of Depression Study, a randomised controlled trial of interpersonal psychotherapy and cognitive-behavioural therapy (CBT) involving an out-patient sample. Luty *et al* (pp. 496–502) found no significant difference in efficacy between the two treatment groups, with overall improvements in depressive symptomatology being approximately 55% for both. However, those patients with severe depression had better outcomes if allocated to the CBT group. The presence of personality disorder did not have an impact on treatment outcome for those in the CBT group but did adversely affect response to interpersonal psychotherapy (Joyce *et al*, pp. 503–508). Regarding the latter finding, severity of personality disorder and the presence of particular personality features, such as avoidant and schizoid symptoms, appeared to explain much of impact on outcome. The presence of depression following myocardial infarction is known to have an adverse impact on cardiac outcomes. In a randomised controlled trial of treatment for depression, van Melle *et al* (pp. 460–466) found no significant effect on either cardiac events or depression status at 18 months follow-up. The authors recommend that future research should focus first on establishing effective treatment for depression in those post-infarction from among the available range of treatment modalities; cardiac outcomes might then be examined for the proven antidepressant treatment of choice.

### POST-WAR OUTCOMES – IRAQ AND KOREA

The reasons for the excess of poor health outcomes among UK reservists deployed to Iraq, not found among the regular armed forces personnel, were examined by Browne *et al* (pp. 484–489). Compared with members of the regular forces, reservists were found to differ in terms socio-demographic characteristics, reported deployment experiences and variables relating to home and family life. Most of the ill-health excess of reservists was explained by differences in deployment experiences, with the exception of post-traumatic stress disorder (PTSD) symptoms, which were affected more by problems at home. In a study of Australian Korean War veterans, Ikin *et al* (pp. 475–483) found that even 50 years after the conflict, veterans were more likely to be suffering from PTSD, anxiety and depression when compared with a community control sample. The poorer psychological health of the veterans was also found to relate to deployment characteristics.

### AFTER-CARE OUTCOMES AND SUBSTANCE USE IN PSYCHOSIS

In an observational study, Coid *et al* (pp. 509–514) examined outcomes for patients discharged from medium secure forensic services in terms of reoffending and re-hospitalisation. Examination of outcomes for those offered case management in the community by forensic services or general

adult services found no evidence of superiority for either service. Barnett *et al* (pp. 515–520) found high levels of substance use among those referred to a first-episode psychosis service in Cambridge – overall prevalence was double that in the general population. The authors further found that prevalence of substance use was relatively high, not only for cannabis but also for other substances, including class A drugs and alcohol.

### AETIOLOGY OF EARLY- AND LATER-LIFE DISORDER

Minnis *et al* (pp. 490–495) found evidence for both genetic and environmental influences on the development of attachment disorder behaviour in a community sample of twins aged 7–9 years. Levels of heritability differed by gender, with evidence suggesting that the role of genetic factors was greater for male twins. There has been much interest in the impact of foetal life on the health of individuals in later life. Räikkönen *et al* (pp. 469–474) found that a shorter gestational duration predicted depressive symptoms 60 years after birth. No link was found with weight, length or head circumference at birth.

### MENTAL HEALTH IN MEXICO

Medina-Mora *et al* (pp. 521–528) argue for a re-evaluation of resources allocated to mental healthcare in Mexico based on their survey of lifetime prevalence and predictions of risk of psychiatric disorder. The study provides the first nationally representative picture of mental health in that country and, overall, 26.1% of Mexicans reported at least one lifetime psychiatric disorder. Although relatively low compared with other settings, the authors also found evidence of increasing prevalence among younger cohorts and predict that lifetime risk will be one in three in future.