Highlights of this issue

BY ELIZABETH WALSH

This month the *Journal* bids farewell to our Editor, Professor Greg Wilkinson. His editorial in this issue (pp. 465–466) provides a personal reflection on his experience in the Editor's chair, and outlines some of the innovative changes to the *Journal* during his tenure. Over the past 10 years he has been an energetic and highly valued Editor. I am sure you will join the Editorial Board in expressing our heartfelt thanks for his years of unswerving devotion to our journal.

TREATMENTS FOR DEPRESSION

Repetitive transcranial magnetic stimulation (rTMS) is a non-invasive technique used to stimulate the human brain *in vivo* using very strong pulsed magnetic fields. Preliminary evidence demonstrates effects on the brain but whether these are clinically useful remains undetermined. Martin *et al* (pp. 480–491), in a meta-analysis based on studies comparing rTMS with a sham intervention in patients with depression, found the studies to date to be of insufficient quality to determine its clinical effectiveness. Selective serotonin reuptake inhibitors are increasingly used to treat depression in the elderly but little work has focused on their prophylactic efficacy. Wilson *et al* (pp. 492–497) find that sertraline at therapeutic dosage provides insufficient protection against depressive relapse.

COMPONENTS OF SECURITY

Security at high secure hospitals should consist of three components: relational (detailed knowledge of individuals); physical (deterrents to escape); and procedural (systems of management to ensure safety). Although the distinction between these is artificial and security should be viewed as an indivisible whole, Exworthy & Gunn (pp. 469–471) warn that neglect of any one feature will result in disturbances and weakened security. The Tilt Report, an independent security review of high security hospitals, is criticised for its neglect of relational security, and Exworthy & Gunn outline the possible wide-ranging adverse consequences for the implementation of its recommendations.

BRAIN IMPAIRMENT IN SCHIZOPHRENIA

The anterior cingulate cortex is consistently implicated in the pathophysiology of schizophrenia. In a case–control study to determine the timing of such disturbances, Yucel *et al* (pp. 518–524) reveal morphological abnormalities of the anterior cingulate cortex to be present in young people considered to be at high risk of the disorder but find that such abnormalities do not identify individuals who subsequently make the transition to psychosis. Shergill *et al* (pp. 525–531) suggest that auditory hallucinations in schizophrenia may arise through impaired processing of inner speech. The impairment appears to be at the level of verbal generation rather than conscious evaluation or labelling of auditory material. It is suggested that impaired self-monitoring may also be at the core of other symptoms.

ASSESSING AND REDUCING SUICIDE RISK

Annually, approximately 1000 people with schizophrenia commit suicide in the UK. Emerging evidence suggests that clozapine may reduce suicide in schizophrenia, but its cost-effectiveness in this regard is unclear. Duggan *et al* (pp. 505–508) estimate that if all patients with treatment-resistant schizophrenia in the UK were to receive clozapine, approximately 53 suicides could be prevented annually. It was also estimated to be a cost-effective intervention. Hawton *et al* (pp. 537–542) find that the risk of suicide after deliberate self-harm remains considerably elevated in the long term, and underline the need to take into account any previous episode in assessing risk.

ADOLESCENTS MUST STOP SMOKING

Boys *et al* (pp. 509–517), in a large epidemiological study, determine which of three psychoactive substance types (alcohol, nicotine and cannabis) is most closely linked to psychiatric disorders in early adolescence. Having a psychiatric disorder increased the likelihood of substance use and greater involvement with one substance increased the risk of other substance use. Risk of psychiatric disorder was primarily explained by regular smoking and, to a lesser extent, by regular cannabis use. The authors stress the importance of investing in smoking prevention at an early age.

CHILDHOOD TRAUMA AND PSYCHIATRIC MORBIDITY

Morgan *et al* (pp. 532–536) investigate the lifetime prevalence of post-traumatic stress disorder (PTSD) in 41 survivors of the Aberfan disaster 33 years later compared with community controls. Unsurprisingly, survivors were over 3 times more likely to have lifetime PTSD. However, a considerable number suffered from current PTSD, suggesting the persistence of symptoms into adult life and indicating the importance of early detection and treatment. Hammersley *et al* (pp. 543–547) investigate the relationship between childhood sexual abuse and other childhood traumas and later hallucinations in people with bipolar affective disorder. Strong associations were observed between reported childhood sexual abuse and a history of hallucinations, especially auditory ones. Whether the experience of such abuse has an impact on the later symptom profile of patients with bipolar affective disorder needs further investigation.

STOPPING BENZODIAZEPINE TREATMENT

Oude Voshaar *et al* (pp. 498–504) evaluate the efficacy and feasibility of tapering off long-term benzodiazepine use in general practice and assess the benefit of additional group cognitive–behavioural therapy. Tapering off was found to be effective and acceptable, especially in patients using less that 12 mg diazepam equivalents. Additional group cognitive–behavioural therapy did not confer greater success.

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