

## Highlights of this issue

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### Predictors of adult bipolar disorder

After 10 years of follow-up of a cohort of adolescents and young adults living in Munich, Tijssen *et al* (pp. 102–108) found that the persistence of affective symptoms earlier in life predicted later development of bipolar disorder in a dose–response fashion. They confirmed that although hypomanic symptoms are relatively common in adolescence, most resolve with time. In a Swedish national cohort study, MacCabe *et al* (pp. 109–115) found that those individuals with excellent school performance at age 15–16 years had an almost four-fold increased risk of developing bipolar disorder compared with those with average grades, at least among males. Poor performance was also associated with increased risk of bipolar disorder.

### Biological studies of late-life depression and schizophrenia

Continuing cognitive deficit in a sample of older adults with depression was found to be predicted by the presence of white matter hyperintensities on magnetic resonance imaging in a study by Köhler *et al* (pp. 143–149). Cognitive deficit continuity was not however found to be associated with cortisol levels or with brain volumetric measures. The authors concluded that their findings implicate cerebrovascular disease rather than glucocorticoid-mediated brain damage as the cause of continuing deficits. Harms *et al* (pp. 150–157) investigated the structure of gyrally defined subregions of the prefrontal cortex in individuals with schizophrenia and their siblings. Compared with controls, those with schizophrenia were found to have reduced grey matter volume in both the middle and inferior frontal gyri, and evidence was found to suggest that volume reduction in the inferior frontal gyri may reflect familial risk since it was also noted among unaffected siblings.

### Treatment for depression: predictors of response and evaluation of befriending

Poor short-term response to treatment for depression was found to be associated with personality dysfunction and the number of prior episodes of depression in a study of out-patients by Gorwood *et al* (pp. 139–142). When both factors were included in a model examining predictors of treatment response, the number of previous episodes had little impact on the outcome,

suggesting that the effect was accounted for by personality dysfunction. In a systematic review and meta-analysis of studies investigating the effects of befriending on depressive symptoms and distress, Mead *et al* (pp. 96–101) concluded that the effect of befriending has been demonstrated to be modest in studies including a variety of different patient groups. The authors call for future research which aims to examine the active ingredients of the intervention, to identify target populations and to optimise intervention delivery.

### Long-term outcome studies: mortality in schizophrenia and refugee mental health

In a 25-year study of a community cohort with schizophrenia, Brown *et al* (pp. 116–121) found that mortality was 2–3 times higher than in the general population, with the majority of excess deaths coming from natural causes, particularly of cardiovascular origin. The authors point to cigarette smoking as a likely cause of the increase in mortality found. In a Norwegian study of Vietnamese refugees, Vaage *et al* (pp. 122–125) found that although self-reported psychological distress decreased over the follow-up period, a substantial proportion of the refugee group reached threshold levels of mental ill health compared with controls. It appeared that since migrating to Norway, the mental health status of the vast majority of Vietnamese refugees improved but for a minority, high levels of distress remained.

### Resource implications of intellectual disability in older adults

Care for individuals with intellectual disability is known to be costly and with an increasing number of such individuals living to old age, costs are rising. Strydom *et al* (pp. 133–138) collected data on service use patterns and costs of care for a representative sample of older adults with intellectual disability living in five London boroughs. They found that the average weekly cost of care per older person was £790 with the main cost driver being accommodation. Having mental illness in addition to intellectual disability increased the cost by an average of £202.

### Cognition in pregnancy and motherhood

In a prospectively recruited sample of young women, Christensen *et al* (pp. 126–132) found no evidence of persistent cognitive deterioration being associated with pregnancy or motherhood. The authors commented that previous studies demonstrating an association may have suffered from problems of bias, particularly in relation to sampling.