

## IN THIS ISSUE

This issue contains an editorial on personality diathesis and a review of alternative hypotheses for the emergence of sex differences in aggression. There is one further paper on violence, and other sets of papers examining various aspects of suicidal behaviour, affective disorders, and five individual papers examine a variety of topics.

### Personality diathesis

In his editorial review, Tyrer (pp. 1521–1525) proposes a reformulation of personality disorder in terms of personality diathesis or vulnerabilities, which increase risk of disorder in certain contexts. Tyrer argues that such a formulation is supported by the most recent evidence showing, for example, a generally early onset of personality disorders, variability in their expression by setting, and an association of personality disorders with more severe disorders. From this, Tyrer proposes a separate axis of classification for personality to replace personality disorders.

### Aggression and violence

Hay (pp. 1527–1537) reviews the evidence for eight alternative hypotheses that have been proposed to account for the emergence of sex differences in aggressive behaviour during early childhood. These include the hypotheses that boys' preference for active play promotes aggression, girls use of alternative forms of aggression, and that boys are more vulnerable to adverse rearing environments. Hay concludes that the evidence for each is mixed, and suggests three general principles for understanding the emergence of sex differences: female precocity, male vulnerability, and the importance of sex as a social category that shapes children's lives.

Snowden *et al.* (pp. 1539–1549), in a sample of mentally disordered offenders, compared the capacity of two actuarial instruments to predict recidivism – one for general re-offending (the Offender Group Reconviction Scale) and one for violent re-offending [the Violence Risk Appraisal Guide (VRAG)]. They found, as predicted, that both were good predictors of general and violent offending over the long term. However, the VRAG was better at predicting violent offending over the short term (less than a year). Both instruments tended to over-predict recidivism in this sample.

### Suicidal behaviour

This issue contains four papers on aspects of suicidal behaviour. In the first two, Brezo *et al.* present findings from a population-based study of young adults who have been followed since the age of 6 years. In the first paper (pp. 1551–1562), the authors investigated the correlates of suicide attempts in suicidal ideators. The most consistent correlates were: persistence of ideation, Axis I psychopathology, female gender and childhood sexual abuse. The authors further found that the correlates varied by persistence of ideation and gender. For example, affective instability and anxiousness were associated with suicide attempts in men only and disruptive aggression in women only. In the second paper (pp. 1563–1574), the authors examined the natural history of suicidal behaviour and assessed two conceptual models of suicidality: dimensional and categorical. They found that 33% had suicidal ideas, 9.3% made one suicide attempt and around 1 in 500 died by suicide. Non-fatal suicide behaviours, with the exception of current ideation, were more common in women. While the dimensional model was more optimal than the categorical, both identified five vulnerability factors for suicidal behaviour: gender, disruptive disorders, childhood anxiety and abuse, and suicidal thoughts.

Séguin *et al.* (pp. 1575–1583) combined psychological autopsy and life-history calendar analyses to examine, in a sample of 102 completed suicides, distinctive pathways to suicide, focusing on the cumulative effect of psychosocial factors. The authors found two distinct pathways. One comprised individuals with a number of Axis II diagnoses, early physical and sexual abuse, and an addictive diagnosis (40% of the sample). The other comprised individuals with less adversity, but who appeared more responsive to later major difficulties (60%).

### Affective disorders

Four further papers examine aspects of affective disorders. In the first, Tauscher-Wisniewski *et al.* (pp. 1585–1593), using a database of 53 trials of fluoxetine for 16 different disorders, compared risk of suicide-related adverse events in treated ( $n = 7066$ ) and placebo (4382) groups. They found no differences in risk for any

form of suicidality between the groups. This finding was the same irrespective of age or the disorder for which the trial was conducted.

Goikolea *et al.* (pp. 1595–1599), in a sample of 325 subjects with bipolar disorder (BD) I and II followed for up to 10 years, compared the clinical and demographic features of those with a seasonal patterning of recurrence ( $n=77$ ) and those without ( $n=225$ ). No differences were found in the demographic profiles of the two groups. Those with seasonal patterning more often presented with BD II, a depressive onset, and depressive predominant polarity. However, these findings were not reflected in differences in functionality or rates of hospitalization in the two groups.

Meiser *et al.* (pp. 1601–1611) investigated attitudes towards childbearing, causal attributions for BD, and psychological distress in 200 individuals (95 unaffected, 105 affected with BD) from multiply affected families. They found that 35% were not willing, or reluctant, to have children because of the family history. The variables associated with this were perceived stigma, endorsement of a genetic model, and being affected. In unaffected subjects, perceived stigma was associated with endorsement of a genetic model. Psychological distress was associated, in unaffected subjects, with perceiving the family environment to be a cause of BD and, in affected subjects, with perceived stigma.

Stoddart *et al.* (pp. 1613–1623) examined executive impairments in a sample of 22 subjects with BD, 20 with unipolar depression (UD), and 40 healthy controls, addressing the questions of whether such impairments were independent of attention and whether independent executive impairments were specific to BD. The authors found that, compared with controls, both BD and UD groups had significant neuropsychological impairments. In addition, differences were evident between BD and UD subjects, independent of attention.

### Other topics

This issue concludes with five papers examining a variety of topics. In the first, Raevuori *et al.* (pp. 1625–1633) examined genetic and environmental influences on self-esteem, and its stability, in a sample of Finnish twins assessed at ages 14 ( $n=4132$ ) and 17 years ( $n=3841$ ). The authors found that the heritability of self-esteem was 0.62 in 14-year-old boys and 0.40 in 14-year-old girls. Self-esteem scores at 14 years were modestly correlated with scores at 17 years. These correlations were mainly due, in boys, to genetic factors (82%) and, in girls, to genetic (31%) and common environmental factors (61%). The authors conclude that, in adolescence, self-esteem may be differently regulated in boys and girls.

Van Grootheest *et al.* (pp. 1635–1644) investigated the contribution of genetic and environmental factors to obsessive-compulsive (OC) symptoms in a sample of 5893 monozygotic (MZ) and dizygotic (DZ) twins and 1304 other siblings drawn from the Netherlands Twin Register. The authors found no difference in familial resemblance for DZ twins and other siblings, indicating no evidence for an effect of a special twin environment. There were no qualitative differences in genetic risk factors for OC in men and women. There were only small or no quantitative differences (depending on the fit index used), in estimates of heritability of OC symptoms for men and women.

Sachdev *et al.* (pp. 1645–1649) report findings from a randomized-controlled trial of repetitive transcranial magnetic stimulation (rTMS) for obsessive compulsive disorder (OCD). Subjects with treatment-resistant OCD were randomized to rTMS ( $n=10$ ) or sham rTMS ( $n=8$ ) for 10 daily sessions, with an open offer of 20 further sessions of rTMS. The authors found no differences in OC symptoms between groups, even after adjusting for depression. The authors conclude that 2 weeks of rTMS is ineffective for treatment-resistant OCD.

Stefanis *et al.* (pp. 1651–1656) examined whether a functional polymorphism in the catechol-O-methyltransferase (COMT Val<sup>158</sup>Met) gene moderates the effect of stress (in this case, induction to the Greek army) on psychotic symptoms in a sample of 306 men aged 19–24 years. The authors found that stress exposure was associated with an increase in psychotic symptoms and that this effect was greatest in those with the COMT Val<sup>158</sup>Met allele.

Ströhle *et al.* (pp. 1657–1666) investigated the relationship between physical activity and mental disorder, both cross-sectionally and at 5-year follow-up, in a community sample of 2548 subjects aged 14–24 years. The authors found that physical activity was associated both with a lower prevalence at baseline and a lower incidence at follow-up of any mental disorder. The exception was bipolar disorder, a higher incidence of which was associated with physical activity.

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