

Highlights of this issue

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DEPRESSION – IMPACT OF INTERVENTIONS IN DIFFERENT SETTINGS

Two systematic reviews of treatment interventions for depression are presented in the *Journal* this month. Gilbody *et al* (pp. 297–308) have reviewed economic studies of interventions to improve management of depression in primary care. Enhanced care models, such as case management and collaborative care, were found to have clinical benefits but incurred greater costs. Educational strategies did not lead to improved outcomes despite their increased associated costs. Ruhé *et al* (pp. 309–316) reviewed the evidence for selective serotonin reuptake inhibitor dose escalation, a practice widely employed for those with major depression demonstrating an insufficient response to initial treatment. No evidence could be found to support dose escalation within the first 4 weeks of treatment and only limited evidence was found to support escalation in partial responders after 8 weeks.

Depression is known to have a negative impact on risks among those with coronary heart disease. Dickens *et al* (pp. 367–372) have found that levels of depression and anxiety after first myocardial infarction predict subsequent impairment in the physical aspects of quality of life. This relationship with physical quality of life 12 months post-infarct did not hold for depression and anxiety present prior to the myocardial infarction event.

SYMPTOM DIMENSIONS AND SOCIAL COGNITION IN PSYCHOSIS

Dikeos *et al* (pp. 346–353) compared symptom dimensions between different diagnostic groups by employing factor analysis in a

sample of patients with a range of psychotic disorders. They identified five factors (mania, reality distortion, depression, disorganisation, negative symptoms). The authors found that diagnosis alone explained much of the variability in clinical characteristics but that dimensions added to the explanation. Deficits in social knowledge and social perception, two components of social cognition, were found by Addington *et al* (pp. 373–378) to be present to the same degree in both first-episode psychosis and chronic schizophrenia samples, with the identified deficits remaining stable over time in both groups. Evidence for a mediating effect of social cognition on the relationship between cognition and social functioning was also found.

CLINICAL USE OF OUTCOME MEASURES AND CONSIDERATION OF PERCEIVED NEEDS

Clinicians do not routinely use standardised outcome measures in mental health services, perhaps because they remain unconvinced of their likely effectiveness. Slade *et al* (pp. 330–336) conducted an exploratory randomised controlled trial to test an intervention involving regular completion of questionnaires by patients and staff followed by provision of feedback. The intervention did not improve levels of patient-rated unmet need or quality of life but did reduce psychiatric bed-days and thus service costs. Elbogen *et al* (pp. 354–360) report that community violence among those included in an out-patient sample drawn from five US states was inversely related to patient perception of treatment need. The authors contend that consideration of patients' perceptions of needs for treatment may aid risk assessment in clinical settings.

ROLE OF BDNF GENE IN BIPOLAR DISORDER

Findings from genetic studies of brain-derived neurotrophic factor (BDNF) in mood disorders have been mixed. Müller *et al* (pp. 317–323) examined the role of *BDNF* gene polymorphisms (four single-nucleotide polymorphisms and the Val66Met and GT(n) repeat polymorphisms) across the illness categories of bipolar I, bipolar II and rapid-cycling disorder. They found evidence that rapid cycling is an important feature in the phenotype associated with the *BDNF* gene although the effect size of the gene was small.

ADVERSE OUTCOMES IN FAMILY MEMBERS

Children and siblings of people with schizophrenia were found by Glatt *et al* (pp. 337–345) to have deficits compared with controls in several areas of psychopathology, personality and social development. Greater deficits in reward dependence, problems with peers and with members of the opposite gender were associated with increased genetic loading. In a longitudinal study by Stein *et al* (pp. 324–329), the 10-year-old children of mothers with eating disorders were found to be more likely to exhibit dietary restraint and to hold overvalued ideas about weight/shape compared with controls. They did not have elevated levels of general psychopathology and thus the authors conclude that maternal eating disorder may have a specific effect on the eating habits and attitudes of their offspring.

IMPACT OF AUTISM ON TEENAGERS WITH LEARNING DISABILITY

Bradley & Bolton (pp. 361–366) found that teenagers with learning disability and autism experienced more episodes of psychiatric illness than those without autism. Major depression was the most common illness in both groups, whereas bipolar affective disorder occurred only in the autism group. The prescription of antipsychotic medication was associated with the presence of episodic disorders and prescription of stimulant medication with the presence of autism.