

## IN THIS ISSUE

This issue's major focus is a group of reports on the treatment of depression. In addition there are a combination reports on a range of topics including self-harm, racial and ethnic differences in psychiatric disorders, a new diagnostic psychosis interview scale, PTSD, anxiety disorders, substance abuse and bulimia nervosa.

### Depression

The two review articles in this issue examine different aspects of the treatment of major depression. Jorm & Griffiths (pp. 3–6) review informal self-help strategies for treating subclinical depression and anxiety. They conclude that these strategies are highly acceptable, are easily and inexpensively applied, and may reduce the development of clinical illness.

In the second review, Gensichen *et al.* (pp. 7–14) provide a systematic literature review of the case management of depression in primary care. They find robust evidence for treatment effects, and conclude that case management in primary care can significantly improve the prognosis of major depression.

Smit *et al.* (pp. 15–26) report on the results from their randomized control trial of psycho-educational self-management programs for depression in primary care. Four groups were evaluated: those treated with a depression recurrence prevention (DRP) program, DRP plus psychiatric consultation, DRP plus cognitive behavioral therapy, and care as usual. Interestingly, enhanced care did not result in better short-term outcomes. The response to care as usual was relatively good and was not substantially improved upon with the other three interventions.

Simon & Von Korff (pp. 27–36) address the important question of the validity of the DSM-IV depression criteria in patients with chronic medical illness. Using item response theory, they show some limited differences between depressed patients with chronic medical illness and those without in performance of individual DSM-IV criteria. However, their overall conclusion is that the DSM-IV criteria for depression requires no modification for patients with co-occurring medical illness.

Finally, Fitzgerald *et al.* (pp. 37–43) examine the response of antidepressant-resistant depressives and matched healthy controls to steroid-induced vasoconstriction. They found that the depressed subjects had a significantly reduced vasoconstrictive response to corticosteroids. In addition, the depressed subjects had higher concentrations of pro-inflammatory cytokines. Their results suggest that one of these cytokines, tumour necrosis factor-alpha, may play a significant role in the reduced vasoconstrictive response in depressed patients.

### Additional papers

McAuliffe *et al.* (pp. 45–55), using data from the WHO/EURO Multicentre Study on Suicidal Behaviour, examined what dimensions of coping and problem-solving ability predicted a recurrence of deliberate self-harm. Five dimensions were identified including passivity and avoidance of problems. The authors suggest that these attitudes should be the focus of therapeutic intervention to reduce the recurrence risk for self-harm.

Using data from the US Comorbidity Survey Replication, Breslau *et al.* (pp. 57–68) examined racial and ethnic differences in the risk for psychiatric disorders in the US population. The authors examined the impact that the age of onset, cohort and levels of education have on these ethnic differences. In general, both minority groups (non-Hispanic Blacks and Hispanics) had lower rates for most disorders. These differences were largely stable across changes in cohort and education. One interesting interaction, however, was that for Hispanics, the decreased risk for disorders relative to non-Hispanic Whites was only found among the younger cohorts.

Castle *et al.* (pp. 69–80) evaluate the development and performance of a new interview, ‘Diagnostic Interview for Psychoses’ (DIP), which they describe as a comprehensive interview schedule for psychotic disorders. The interview performed well in terms of both reliability and validity. The authors concluded that the DIP is a versatile multi-purpose tool for both large- and small-scale studies of psychotic disorders.

Peters *et al.* (pp. 81–89), using data from the Australian National Survey of Mental Health and Well-Being, examined gender differences in the prevalence of PTSD using the DSM-IV and ICD-10 diagnostic systems. While gender differences were found in the prevalence of ICD-10-defined PTSD, no such effects were found for the DSM-IV. The authors conclude that this difference was due to different patterns of symptom endorsement by males and females.

Chamberlain *et al.* (pp. 91–97) compared the ability of patients with OCD to patients with trichotillomania to generate novel visuospatial sequences before and after undertaking strategy training. Patients with OCD were unable to improve while those with trichotillomania significantly improved after training. These results provide evidence of strategy implementation deficits, cognitive inflexibility and potential fronto-striatal dysfunction specific to patients with OCD.

Godemann *et al.* (pp. 99–108) examine the interesting question of the impact of cognition processes on the development of panic and somatoform disorders after the occurrence of vestibular neuritis. They found that the fear of vertigo, as well as panic-related thoughts, were able to predict a substantial proportion of the variance in the development of subsequent panic and somatoform disorders. These results are seen as supporting prior theories about the role of cognitions in the development of anxiety disorders.

Using a twin design, Grant and colleagues (pp. 109–118) try to clarify the causal relationship between adolescent alcohol use and adult alcohol and drug dependence. They found that while familial and particularly genetic factors contributed substantially to the correlation between early regular drinking and subsequent use and abuse/dependence of other drugs, there were also small but significant unique environmental correlations found as well. These results are consistent with the possibility of a modest direct causal effect of early alcohol use on subsequent use and abuse of illicit drugs.

Finally, Keel *et al.* (pp. 119–127) examine the important question of the stability of prevalence rates for bulimia nervosa over a 20-year period. They employed a prospective design in a student population and found significant declines in scores on the eating disorder inventory across cohorts. These effects remain significant when men and women, Caucasians and non-Caucasians, were analyzed separately.