

Highlights of this issue

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Depression: comorbid anxiety and group therapy

The presence of comorbid anxiety has been associated with poorer outcomes in depressive illness. It is not clear whether any specific symptoms of anxiety are related to this poorer prognosis. Coryell and colleagues (pp. 210–215) report that the presence of anxiety symptoms during an index episode of depression was linked with a greater amount of time spent in depressive episodes over the subsequent 16 years; this was significant for patients with unipolar and bipolar depressive disorder. The authors suggest that the prognosis in depressive illness may be better predicted by the presence of comorbid anxiety, rather than the presentation of primary depressive symptoms. An accompanying editorial by Andreescu & Lenze (pp. 179–181) reviews the literature on comorbid anxiety and depression, illustrating the fact that genetic risk factors for anxiety and depression are strongly intercorrelated. Neurotrophins such as brain-derived neurotrophic factor show a specific variant which is associated with anxious depression; and there is a similar specific relationship between cortisol levels and anxious depression. They suggest that a diagnosis of mixed anxiety–depression may warrant further examination in the current revisions of the DSM-5 and ICD-11 diagnostic systems. A systematic review and meta-analysis of group therapy for depressive illness concludes that group therapy is superior to care as usual, but less effective than individual therapy. However, there was no longer a significant difference in outcomes at 3-month follow-up. Huntley *et al* (pp. 184–190) conclude that group therapy may be a more cost-effective alternative to individual therapy for depressive disorder, but the evidence base is not conclusive.

Psychopathy in children: callous–unemotional traits and conduct disorder

It is clear that the interactions between parents and children can influence the development of antisocial behaviour. Dadds and colleagues (pp. 191–196) show that impairments in eye contact during interactions with their mothers are more evident in children with high levels of callous–unemotional traits. They suggest that this failure to use eye contact may lead to subsequent difficulties in the higher-order processing necessary to develop empathy and theory of mind. This would increase the risk of psychopathy, and neural mechanisms suggest a role for changes in amygdala function. The relationship between callous–unemotional traits

and conduct disorder were examined in a sample of adolescent English and Romanian adoptees. Kumsta *et al* (pp. 197–201) found that there was no significant association between callous–unemotional traits and conduct disorder. The authors suggest that psychopathy can be diagnosed in the absence of conduct disorder, and that callous–unemotional traits can develop as a consequence of institutional deprivation. Two accompanying editorials address these findings in a wider context. Rutter (pp. 175–176) reviews the concept of psychopathy and suggests that psychopathy in childhood should be included as a diagnosis in the new revisions of the diagnostic systems. Viding & McCrory (pp. 177–178) review the overlap between callous–unemotional traits and anti-social behaviour, reporting the overlap in risk genes for both. They suggest that this is a fertile area for further research to assess the longer-term consequences of callous and unemotional traits, and determine the protective factors that may reduce the development of antisocial behaviour, suggesting influences such as competent parenting or resource-rich environments.

Outcomes in PTSD, binge eating and prenatal tobacco exposure

Psychological treatments for post-traumatic stress disorder (PTSD) include trauma-focused cognitive–behavioural therapy (CBT) and eye movement desensitisation and reprocessing (EMDR) therapy. Nijdam and colleagues (pp. 224–231) report the results of a randomised controlled trial comparing these two treatments. They found both treatments effective in reducing symptom severity, but EMDR produced a faster response. The authors suggest that it is important to consider patient preference, as some patients prefer brief eclectic psychotherapy because of its emphasis on the trauma story and its meaning for their lives. Binge eating disorder causes considerable morbidity, and shows a positive response to psychotherapy. Although both interpersonal therapy (IPT) and CBT have been demonstrated to be effective treatments, the latter is considered first-line. Hilbert and colleagues (pp. 232–237) report on a 4-year follow-up of patients treated with IPT and CBT, finding long-lasting efficacy of both approaches. The authors conclude that IPT is a viable alternative to CBT in the treatment of this disorder. Rydell and colleagues (pp. 202–209) report that adolescent girls with prenatal exposure to maternal tobacco had a two- to threefold increase in craving for tobacco and heavy tobacco use, which was not evident in boys. However, the onset of tobacco use in boys during adolescence was related to both maternal and paternal exposure, suggesting social influences as the main pathway to initiating substance use. The authors conclude that intrauterine exposure was more likely to precipitate clinical manifestations of dependence – heavier consumption and strong urge to use tobacco.