Highlights of this issue

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DEPRESSION AND THE CITY

Its official – modern architecture is bad for your mental health. In possibly the first paper in the *Journal* with a trained urban designer as an author, Weich *et al* (pp. 428–433) show that living in a property built after 1969 is associated with an increased prevalence of depression. The effects of the built environment could not be totally explained by the social environment. Perhaps our efforts to prevent and treat depression should focus on the external milieu as well as the internal.

STRESS IN THE WOMB

Exposure to antenatal stress or anxiety appears to increase the risk for later behavioural and emotional disturbances associated with the hypothalamic-pituitary-adrenal axis. Glover & O'Connor (pp 389–391) believe that this 'early stress' model provides an important complementary (or even alternative) hypothesis to the current genetic and psychosocial theories of depression.

BISEXUALITY AND MENTAL HEALTH

Bisexual individuals are a high-risk group for mental health problems. Using Australian survey data on almost 6000 adults, Jorm *et al* (pp. 423–427) found that bisexual individuals report higher rates of anxiety and depression, and more adverse life events and financial problems, than heterosexual individuals. The rates for homosexual individuals were between those for the other two groups.

SAD IN ABERDEEN

Nearly 10% of patients attending general practices in Aberdeen screened positive for seasonal affective disorder (SAD) in a survey by Eagles *et al* (pp. 449–454). Although these individuals were heavy users of health care services none had actually been diagnosed with SAD. Kendrick (pp. 394–395) points out that SAD is worth diagnosing because of the availability of a cheap, acceptable intervention – light therapy.

COMPENSATION NEUROSIS REVISITED

Whiplash injury is frequently associated with compensation, giving rise to the idea that some deliberate exaggeration of symptoms may be involved. Mayou & Bryant (pp. 441–448) find that psychiatric consequences of whiplash are common (33% of cases), but are entirely comparable to those following other types of injury.

The association between whiplash injury and compensation-seeking rather reflects the high proportion of innocent victims and the fact that it is the most common injury following road traffic accidents.

ATANGLED PATHOLOGY

The importance of tau – a neuronal protein that is also found in neurofibrillary tangles – is being reassessed in dementia. Lovestone et al (pp. 455–460) report a case in which frontotemporal dementia appears to result from tau gene mutations. These findings have implications for screening in families.

BRAIN CHANGES IN CHRONIC DEPRESSION

Right fronto-striatal atrophy and left hippocampal changes were found in patients with treatment-resistant depression compared with recovered patients or controls. The degree of atrophy was correlated with the number of electroconvulsive therapy (ECT) treatments. Shah *et al* (pp. 434–440) presume that this relates to severity of illness rather than to the direct effects of ECT.

EXERCISE AND MOOD

Although it is widely accepted that exercise is 'useful in depression', there is surprisingly little empirical research to back this up. Mather *et al* (pp. 411–415) randomly allocated older individuals with depression to one of two interventions: exercise classes or health education talks. After 10 weeks a higher proportion of the exercise group experienced an improvement in depressive symptoms (despite only 59% mean attendance at the course of classes).