

IN THIS ISSUE

This issue features groups of papers on neuropsychology and neuroimaging of psychiatric disorders, adult attention deficit hyperactivity disorder, data from controlled treatment trials, epidemiology and longitudinal studies, eating disorders, together with an additional paper describing a specific disorder involving a desire for a limb amputation.

Neuropsychology and neuroimaging

In the lead review article, Szöke and colleagues (pp. 771–782) report a meta-analysis of studies of executive function in first-degree relatives of schizophrenics. They find consistent small to moderate deficits compared with controls on all tests analysed, and particularly for fluency tests. Two papers report imaging studies, one also involving neuropsychological and psychophysiological techniques. Maruff *et al.* (pp. 783–789) find reduced volume in parietal and frontal association cortices of schizophrenics with motor passivity delusions compared to those without passivity delusions. In women with PTSD and childhood sexual abuse, Bremner *et al.* (pp. 791–806) report a study using electric shock to induce conditioned anxiety/fear to a blue square and use of PET measurement of blood flow to show increased left amygdala activation during fear acquisition and decreased anterior cingulate function during extinction, compared to controls without childhood abuse or PTSD.

Adult ADHD

Two papers report studies in adult ADHD. Bekker *et al.* (pp. 807–816) use neuropsychological tests of stop and go signal reaction time, to demonstrate a core deficit in behavioural inhibition compared with controls. Kooij *et al.* (pp. 817–827) demonstrate internal validity in questionnaire self-reports of symptoms of the disorder by factor analysis and external validity in relation to the General Health Questionnaire and current psychosocial impairment in a general population sample.

Controlled trials of treatments

Silverstein *et al.* (pp. 829–837) report a randomized controlled trial of a two-phase cognitive rehabilitation intervention including attention process training and an attention-shaping procedure in chronic schizophrenics and find dramatic improvements in observed attentiveness compared with controls receiving as many hours of intensive rehabilitation. Pyne *et al.* (pp. 839–854) analyse effects of patient attitudes in a large randomized controlled trial of an evidence-based quality enhancement approach in general practitioner-treated depression. They find a contrast between marked increased cost-effectiveness in patients initially positive to antidepressants, and ineffectiveness or negative effects in those with negative attitudes.

Epidemiology

Kennedy *et al.* (pp. 855–863) examine first incidence of mania in patients presenting for treatment over 35 years in an urban area of London. They report peak annual incidence of 16/100 000 in the 21–25 years age band, but with suggestive evidence of a second later onset peak in middle age, with stronger family history, more acute onset, greater severity and more atypical symptoms in early onset cases. In a longitudinal epidemiological study Wang (pp. 865–871) finds self-rated work stress to predict development of major depression in the next 2 years in working subjects. Studying suicide rates in Norway Hem *et al.* (pp. 873–880) confirm that physicians have higher rates than other graduates, particularly with increasing age, with also an elevated rate in female nurses, but low rates in theologians.

Longitudinal studies

Using data from a longitudinal cohort study Goodwin *et al.* (pp. 881–890) find childhood physical and sexual abuse to predict young adulthood panic attacks and panic disorder, even after adjustment for confounding factors. Hong *et al.* (pp. 891–895) report associations between DSM-III personality disorder traits in general population subjects, diagnosed by psychiatrists using a semi-structured instrument, and impaired global functioning 15 years later. In the case of schizoid, antisocial, borderline, histrionic and avoidant personality these associations were present after control for Axis I disorders.

Eating disorders

Monteleone *et al.* (pp. 897–905) report a study of brain-derived neurotrophic factor (BDNF), which appears to modulate eating behaviour by exerting a satiety effect. They find reduced serum BDNF in underweight women with anorexia nervosa and normal weight women with bulimia nervosa, but not in overweight women with binge-eating disorder, suggesting an adaptive change to counteract decreased calorie intake. Striegel-Moore *et al.* (pp. 907–917) examine risk factors for binge-eating disorder in a case-control design, and report that childhood obesity and familial eating problems are reliable risk factors for the disorder.

Desire for limb amputation

Michael First (pp. 919–928) reports the first systematic study of what appears to be a clinically distinct condition, described previously only in case reports, and characterized by lifelong desire for amputation of a particular limb with serious negative consequences, including amputation attempts, impairment and marked distress. He proposes that it may be conceptualized as an unusual dysfunction in the development of anatomical body identity.