

IN THIS ISSUE

This issue features a group of papers and a review article on the neuropsychology of attention deficit hyperactivity disorder (ADHD), groups of papers on schizophrenia, mental disorders in primary care, and affective disorders, and an additional paper by Dew *et al.* (pp. 1215–1227) regarding course of psychological distress over 4 years after heart transplantation.

Attention deficit hyperactivity disorder

In the lead review article (pp. 1097–1108) Boonstra *et al.* report a meta-analysis of neuropsychological studies in adult ADHD. They conclude that deficits are not confined to executive function and still need further characterization. In a study in stimulant-naive boys Rhodes *et al.* (pp. 1109–1120) find a broad range of executive and non-executive deficits. In a study of affected and non-affected relatives of girls with ADHD, Doyle *et al.* (pp. 1121–1132) find similar deficits to those found earlier in relatives of affected boys, including those associated with the disorder and some subtle impairments which may indicate vulnerability. In a related twin study of ADHD, conduct disorder and oppositional defiant disorder in children, Burt *et al.* (pp. 1133–1144) find evidence of shared environmental factors, and also informant effects.

Schizophrenia

Three papers report studies of schizophrenia. Nixon & Doody (pp. 1145–1153) report a study based on admission records in one industrialized urban community over 114 years. In spite of an increase in official local and national rates of total psychiatric morbidity, they show that the incidence of schizophrenia has not changed. This study bears importantly on the debate over arguments sometimes put forward that there has been an increase in schizophrenia over the years. In Malmö, Sweden, Cantor-Graae *et al.* (pp. 1155–1163) find higher first-contact rates for schizophrenia and psychotic disorders in immigrants than in native Swedes, confirming other studies of immigration. In a neuropsychological study of recovering schizophrenics, Kopelowicz *et al.* (pp. 1165–1173) find that tests of executive function, verbal working memory and verbal fluency all improve to normal control levels, but early visual processing does not.

Psychiatric disorders in primary care

Toft *et al.* (pp. 1175–1184) from Denmark, in a study applying ICD-10 diagnoses in primary-care consultants, report high prevalences of somatoform disorders, anxiety disorders, mood disorders, organic mental disorders and alcohol abuse, with much shared co-morbidity. In primary care in The Netherlands, Nuyen *et al.* (pp. 1185–1195) find different factors to affect accuracy of diagnosis of depression in those with and without chronic somatic co-morbidity, and suggest that different strategies need to be emphasized in these two situations.

Affective disorders

Conner *et al.* (pp. 1197–1204) report a large psychological autopsy study of 505 suicides in China. They find different factors in relatively unplanned as opposed to high-planned suicides, specifically greater occurrence in younger subjects and women, those experiencing acute stress, and also more use of pesticides. Apart from this method, of high lethality, these associations suggest those associated in the literature with persons who make non-fatal suicide acts. In a study of attitudes in subjects formerly hospitalized with depression or bipolar disorder, Kessing *et al.* (pp. 1205–1213) report many negative attitudes to antidepressants, particularly in unipolar subjects, and also more negative attitudes toward the doctor–patient relationship in women than men.