

## IN THIS ISSUE

This issue contains one review article with sets of papers examining various aspects of depression and physical illness, bipolar disorder, and schizophrenia, and four individual articles examining a variety of topics.

### **Depression and physical illness**

In this issue's review article, Tang & Crane (pp. 575–586) review the prevalence, risk factors and psychological links between suicide and chronic pain. They found that relative to controls, the risk for death by suicide appeared to be at least doubled in chronic pain patients. They identified eight risk factors for suicidality in this population, some of which reflected specific aspects of the pain syndrome and others which reflected more general psychological processes.

Two articles in this issue examine different relationships between physical illness and depression. In the first of these, Stein *et al.* (pp. 587–596) explore the relative and combined impact of depressive and chronic physical conditions from a representative population-based cross-sectional survey in Canada. They found that co-morbid depression approximately doubled the risk for health-care utilization, functional disability and work absence. They conclude that the impact of co-morbid major depression on health-care seeking, disability and work absence in persons with chronic illness underscores the need for efforts to design and test the influence of detection and treatment programs for these individuals.

In the second article, Alves and colleagues (pp. 597–608) explore the brain mechanisms underlying the associations between major depressive symptoms and heart failure. They specifically asked if the emergence of major depression after the onset of heart failure is associated with regional cerebral blood flow abnormalities in the medial temporal regions (especially the hippocampus and parahippocampal gyri) previously implicated in primary major depression. They found that this region is vulnerable to brain perfusion deficits associated with heart failure and provide evidence that such functional deficits may be specifically implicated in the pathophysiology of major depression associated with heart failure.

### **Bipolar disorder**

This issue contains three articles on various aspects of bipolar disorder. In the first article, Bruno *et al.* (pp. 609–618) correlate structural brain abnormalities with cognitive performance and explore the differences between clinical subtypes in 36 bipolar patients. They found an association between fronto-temporal abnormalities and lowered IQ from premorbid levels. They reported more extensive abnormalities present in patients diagnosed with bipolar II disorder compared to those diagnosed with bipolar I disorder and discuss the possible significance of these findings.

In the second article, Regeer *et al.* (pp. 619–627) report on their prospective study of the transition rates of subthreshold (hypo)mania and depression in a random general population sample of 7076 individuals at baseline, after 1 year and 2 years later. They found that the subthreshold expressions of depression and (hypo)mania are prevalent and continuous with more severe clinical states. (Hypo)manic symptoms had a higher predictive value than unipolar depressive symptoms both for bipolar disorder and major depression.

In the last article on this topic, Rubinsztein *et al.* (pp. 629–639) examine the extent of cognitive impairment in 24 depressed bipolar patients from hospital wards and out-patient clinics with 26 age- and IQ-matched controls, specifically examining their decision-making ability and whether there is an affective attentional bias in those with bipolar depression. They found evidence of significant cognitive impairment and impaired quality of decision-making in symptomatically severe depressed bipolar patients. They discuss the clinical implications of their results.

## Schizophrenia

Four articles in this issue examine various aspects of schizophrenia. Ragland *et al.* (pp. 641–648) discuss the levels-of-processing effect on source monitoring in schizophrenia, specifically investigating whether providing semantic organizational strategies can also normalize patients' internal source-monitoring performance in 16 clinically stable medicated patients with schizophrenia and 15 demographically matched healthy controls. They found no group differences in levels-of-processing effects on recognition performance, and that providing a deep processing semantic encoding strategy significantly improved patients' recognition performance only. They suggest that the lack of significant levels-of-processing effect on internal source monitoring in patients may reflect subtle problems in the relational binding of semantic information that are independent for strategic memory processes.

Malla and colleagues (pp. 649–658) report on their 2-year outcome study examining the predictors of rate and time to remission in first-episode psychosis in 107 patients with first-episode psychosis. They found that the time to remission was influenced by a later age of onset, shorter duration of untreated illness and a higher level of adherence to medication. They suggest that improving adherence to medication early in the course of treatment may be an important intervention to improve short-term outcomes.

The third paper on schizophrenia, by Moritz *et al.* (pp. 659–667), reports on their study comparing 35 patients' with schizophrenia and 34 healthy controls' impairment in memory acquisition, specifically their proneness to produce false memories. While patients with schizophrenia were impaired on true item recognition, they did not display more false memory than the controls. However, compared to controls, the patients were more confident in certain classes of these errors.

In the last article on this topic, Röhricht & Priebe (pp. 669–678) evaluate the effect of body-oriented psychological therapy on negative symptoms in schizophrenia with a randomized controlled trial. They found the body-oriented psychological therapy may be an effective treatment for negative symptoms in patients with chronic schizophrenia but not other aspects of psychopathology. These differences held at 4 months' follow-up.

## Other topics

This issue concludes with four papers examining a variety of topics. Lambert *et al.* (pp. 679–684) explore the reasons some doctors who initially chose psychiatry do not pursue it as a long-term career using a questionnaire survey of UK medical students. They found that negative perceptions of workforce issues such as low levels of respect from medical peers and of clinical issues such as perceived lack of ability to improve prognosis influenced their decisions to leave psychiatry. They suggest that early exposure to psychiatry may help trainees assess their suitability.

Butterworth & Rodgers' article (pp. 685–697) reports on the concordance of mental health between spouses in a large representative sample survey in Australian households. Their analysis focused on 3808 mixed-sex couples. They found evidence of significant spousal correlation for scores on a self-report mental health scale that increased across the first 5 years of marriage. They suggest that these results highlight the importance of social context of marriage in the aetiology of mental illness.

The third article by Nock *et al.* (pp. 699–710) reports on the prevalence, subtypes and patterns of co-morbidity of DSM-IV conduct disorder in a general US population sample. They found that conduct disorder is prevalent and heterogeneous in the US population. A latent class analysis revealed 5 subtypes. The more severe subtypes and the presence of active conduct disorder are associated with higher risk of co-morbid disorders.

The last article in this issue by Tansella *et al.* (pp. 711–720) identifies seven key criteria for quality and effectiveness of randomized clinical trials in psychiatry. They suggest that developing effectiveness trials in psychiatry may be enhanced by the careful consideration of these criteria.