

Highlights of this issue

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ANTIPSYCHOTICS IN SCHIZOPHRENIA: THE SWITCH TO ATYPICALS

It is not clear whether the reduction in extrapyramidal side-effects with atypical neuroleptics compared with typicals translates from the research setting to clinical practice. In a large general practice-based data-set, Park *et al* (pp.137–142) find a drop of 9.2% in antiparkinsonian drug prescribing associated with switching from typical to atypical antipsychotics, particularly for a switch to olanzapine. Fleischhacker *et al* (pp.131–136) examine self-rated outcomes as well as symptomatology in a patient group receiving long-acting risperidone intramuscular injection for 1 year, with improvements seen in both domains.

UNDERSTANDING MENTAL DISORDER IN THE YOUNG

Many young people in Columbia are exposed to economic hardship and violent conflict. Harpham *et al* (pp.161–167) report that one in four young people in their sample had common mental disorders and that such disorders are more strongly linked to experience of violence than to low social capital. Concerned also with possible causal factors, Button *et al* (pp.155–160) address the impact of maternal prenatal smoking on later development of antisocial behaviour and attention-deficit hyperactivity disorder in their sample of school-age twins. They find an independent effect on risk attributable to maternal smoking for both disorders. Batty *et al* (pp.180–181) report that childhood IQ

is inversely related to risk of later adult psychiatric illness in Denmark.

EXAMINING THE VIEWS OF PROFESSIONALS

Hutschemaekers *et al* (pp.173–179) asked health professionals to judge the likely contribution to be made by their own and other selected disciplines to the diagnosis and treatment for 77 case descriptions. Unexpectedly, they do not find evidence of competition for roles between professional groups but perceive a contribution that is related more to an *a priori* ranking of disciplines.

INDUCING RELAPSE IN DEPRESSION AND INTERVENING IN DEMENTIA

Both scientific and ethical consideration is given by Booij *et al* (pp.148–154) to the use of acute tryptophan depletion as a model of depressive relapse. In a sample with remitted depression acute tryptophan depletion produced increased observer and self-report ratings of depressive symptoms. In addition, the authors assessed the views of participants and report that they did not regret participation in the study nor did they have difficulty understanding the informed consent procedure. Burns *et al* (pp.143–147) conducted a randomised controlled trial of brief psychodynamic interpersonal therapy compared with usual treatment in a sample of individuals with mild Alzheimer's dementia. Although the therapy model was successfully adapted

for the patient group, no significant improvement is reported for the majority of outcome measures, although the results suggest a positive impact on carers.

A EUROPEAN EXPERIENCE OF STALKING

On the basis of a postal survey conducted in Mannheim, Dressing *et al* (pp.168–172) find that 11.6% of respondents have been victims of stalking at some time in their lives. Consistent with previous studies they find that women are more likely to be victims of stalking and the majority of stalkers are male. The authors also report the novel finding that lifetime experience of being the victim of stalking is associated with current impairment in psychological well-being.

PREDICTING FUTURE QUALITY OF LIFE

In a community sample of people with a range of psychiatric disorders, Ruggeri *et al* (pp.121–130) report that prediction patterns differ for objective and subjective measures of quality of life. While diagnosis had no effect on either, being female, unmarried, older and less well-educated are factors associated with poorer objective quality of life. Subjective quality of life is predicted by self-esteem, level of symptoms, satisfaction with services and affect balance.

INTERVENTIONS IN LIAISON PSYCHIATRY

Ruddy & House (pp.109–120) present a meta-review to assess the evidence base in three key areas of liaison psychiatry practice: psychological effects of physical illness or treatment, somatoform disorders and self-harming behaviour. Large gaps are identified in the existing evidence base and recommendations made for future research to be more service-oriented and to concentrate initially on common interventions and problems.