

HIGHLIGHTS IN THIS ISSUE

This issue features groups of papers on somatization, neuropsychological function in ecstasy users and in schizophreniform disorder, early psychosis and its treatment, depression and suicide.

Somatization. Somatization may be transmitted intergenerationally. Craig *et al.* (pp. 199–209) studied a potential mechanism for maternal transmission. Direct observation showed that somatizing mothers responded more to children's bids for attention when playing with medical than with other items, although their children responded less to maternal attention in these circumstances. An editorial by Hotopf (pp. 195–198) discusses this and other work. In two partly related papers from long-term follow-up studies, Larson *et al.* (pp. 211–219) report that depressive disorder is an antecedent risk factor for back pain 13 years later and Koivumaa-Honkanen *et al.* (pp. 221–228) find life dissatisfaction to be a predictor of work disability both from psychiatric and non-psychiatric causes in an 11-year follow-up.

Neuropsychological function in ecstasy users and schizophreniform disorder. In important findings, Hanson & Luciana (pp. 229–246) report cognitive deficits in MDMA users, particularly in mnemonic and executive functions, and with more deficits where use reaches criteria for DSM-IV substance abuse or dependence. Kéri *et al.* (pp. 247–253) report cognitive deficits involving category learning functions in schizophreniform disorder.

Treatment delay in psychosis. Three papers examine causes and consequences of treatment delay in first-episode psychosis. Norman *et al.* (pp. 255–265) find delay in first contact with a professional and delay thereafter in initiating adequate treatment to be equally important, with certain individuals particularly vulnerable to both. They emphasize the need for education both of the general public and service providers. In South-Western France Cougnard *et al.* (pp. 267–276) find similar evidence, and emphasize that some delay factors are consequences of the illness itself. Confirming the adverse prognostic significance of long delay, Addington *et al.* (pp. 277–284) find influence on outcome extends to 2 years after admission to a first-episode programme. In a different aspect, studied longitudinally, Drake *et al.* (pp. 285–292) report on the evolution of insight, paranoia and depression in early psychosis, with depression predicted by greater insight at baseline, and by paranoia throughout.

Depression and suicidal behaviour. A group of papers deal with depression and suicidal behaviour. Jorm *et al.* (pp. 293–299) studied actions taken to cope with depression in a large community sample. They find a hierarchy of actions, use of everyday strategies peaking with mild distress, self-help approaches including complementary therapies with moderate distress, and professional help-seeking with severe distress. Fanous *et al.* (pp. 301–312) find a wide range of personal and social factors predictive of suicidal feelings in general population twins. Suominen *et al.* (pp. 313–321) find major deficiencies in health care contacts with young Helsinki suicide attempters, both before and after a suicide attempt. In a general population study, Breslau *et al.* (pp. 323–333) find past smoking predicts mood disorder, irrespective of whether smoking has ceased before onset, but only when current does smoking predict anxiety disorders. Smoking cessation programmes would therefore not prevent mood disorder but might help prevent anxiety disorders.