Highlights of this issue

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RISK FACTORS FOR SCHIZOPHRENIA: MICRODELETIONS

Several chromosomal disorders have previously been reported to be associated with schizophrenia although reports have been inconsistent. Murphy & Owen (pp. 397–402) review the evidence for an association between schizophrenia and velo-cardio-facial syndrome (VCFS), a genetic disorder associated with microdeletions on chromosome 22q11. They conclude that these deletions represent one of the highest known risk factors for the development of schizophrenia and suggest that a gene or genes mapping to chromosome 22q11 may underlie susceptibility to psychosis in VCFS and in the general population.

. . . AND PERINATAL ASPHYXIA

The long-standing debate about whether perinatal events contribute to the aetiology of psychosis continues with two papers from a research group based in Sweden and the UK. Dalman *et al* (pp. 403–408) have carried out the largest population-based case–control study to date examining this issue and report that asphyxia at birth is associated with a fourfold increase in the risk of schizophrenia. Thomas *et al* (pp. 409–414) investigate whether obstetric complications in the same sample are relevant aetiological factors only for certain groups of patients who develop schizophrenia but find no evidence for a subgroup effect. If the relationship with asphyxia is causal, then this risk factor could account for 7.7% of schizophrenia in the population. However, Crow (pp. 415–416), in an accompanying commentary, warns that the evidence for this assocation is "less compelling than might at first sight appear", because of the possibility of observer bias. McIntosh & Lawrie (pp. 415–416) provide the time-honoured solution to such disagreements – "more large studies are needed. . .".

RISK FACTORS FOR DEPRESSION: LOW BIRTH WEIGHT

Although a genetic predisposition is postulated in depression, other constitutional factors may be important, particularly in men where the heritability appears to be low. Foetal undernutrition, leading to low birth weight, may be one such factor, and this has been implicated in a number of other disorders such as coronary heart disease, stroke and non-insulin-dependent diabetes mellitus. Thompson *et al* (pp. 450–455), in a study of the Hertfordshire birth cohort, demonstrate that among men (but not women) low birth weight increases the risk of depression in late life and does so independently of social class at birth, current social class and the other known risk factors of social isolation, recent bereavement and illness. They postulate that the relationship between undernutrition and later disease is mediated by persisting changes to the internal environment of the individual, in particular, long-lasting effects known as 'hormonal programming' in which the plasma levels of hormones are altered permanently.

. . . AND LIFE EVENTS

De Beurs *et al* (pp. 426–431) set out to delineate risk factors for depression and anxiety in later life and find vulnerability factors to be similar, but life events to differ. Depression was predicted by death of a partner or close relative whereas anxiety was best predicted by having a partner who developed a major illness.

RISK FACTORS FOR PSYCHIATRIC MORBIDITY: SUBSTANCE DEPENDENCE

Farrell *et al* (pp. 432–437) analyse data from the national household survey and compare the levels of psychiatric morbidity in the non-dependent *v*. the nicotine-, alcohol- and drug-dependent populations. Results show excess morbidity in those who are dependent on substances, with the greatest excess in those with drug dependence, with a stepwise reduction to alcohol and a further reduction for nicotine dependence alone. Clinicians are advised of the importance of screening not only those with drug and alcohol dependence but also those with nicotine dependence for psychiatric morbidity.

. . . AND CHILD SEXUAL ABUSE

Child sexual abuse (CSA) appears to increase the risk for a number of psychiatric disorders. Bulik *et al* (pp. 444–449) examine whether specific associations exist between particular profiles of CSA and the development of specific syndromes. Results reveal that CSA in general poses a non-specific risk for the development of psychiatric disorders and that there are no characteristic profiles of CSA that uniquely predict certain psychiatric disorders. Certain forms of CSA were found to be particularly detrimental, including attempted or completed intercourse, the use of threats or force, abuse by a relative, and negative response by someone who is confided in about the abuse.

HOW TO IMPROVE CONSULTING RATES IN PSYCHIATRY

Less than one-third of people with mental disorders consult services and even fewer receive the effective treatments that are available. Andrews *et al* (pp. 417–425) find that societal, attitudinal and diagnostic but not funding variables account for the variation. Differences in health systems did not explain the low rates of consulting across several countries and it is suggested that health services need to focus on attitudinal and not structural barriers to care.

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