Highlights of this issue

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ART AND SCIENCE

The usefulness of art and science are examined in two editorials in this issue. Beveridge (pp. 385–387) looks at the value of fiction to the professional life of the psychiatrist. T. S. Eliot offered a positive view ('we read many books because we cannot know enough people'), whereas Marcel Proust was more sceptical ('Reading is on the threshold of the spiritual life; it can introduce us to it: it does not constitute it'). The basis for these differences is discussed further in the editorial. Bullmore & Fletcher (pp. 381–384) ask searching questions about the utility of neuroimaging technologies applied to psychiatry, such as 'Why has imaging made no difference to the clinican?' They offer a synopsis of the areas that neuroimaging has been able usefully to address, the limitations of current research and (the answer to this particular question) promise for the future. A contribution to this debate is made by Burns *et al* (pp. 439–443) who apply cutting-edge neuroimaging technology to demonstrate reduced neuronal integrity within the specific white matter tracts associated with language processing. This complements earlier functional neuroimaging data suggesting disconnectivity as a cause of symptoms in schizophrenia.

OUTCOME OF POST-PARTUM DEPRESSION

Post-partum depression is common, arising in 10% of deliveries, and responds to both pharmacological and psychological treatment. However, the long-term impact of psychological intervention has rarely been systematically examined. Cooper *et al* (pp. 412–419) randomly assigned 193 women with depression to one of four conditions – routine primary care, counselling, cognitive–behavioural treatment and psychodynamic therapy – for a 10-week period with follow-up over the next 5 years. As expected, 10 weeks of treatment reduced depression scores compared with routine care. However, only the psychodynamic therapy significantly increased the remission rate. Over the longer term, there was no significant advantage of the treatment either on depression scores or the number of patients achieving remission at 9 months, 18 months and 5 years. Interestingly, treatment delivered by non-specialists, such as health visitors, was more effective than that provided by more experienced therapists. Mothers in the active treatment groups reported fewer difficulties in their interactions with the children at the end of treatment but again this effect was not significantly different from the control group at subsequent follow-up. On a more promising note, counselling differentially benefited the mother–child interaction where mothers were experiencing social adversity and reported a poor relationship with their child at the onset of the study.

MENTAL HEALTH OF REFUGEES

Approximately a half of Kosovan refugees to the UK suffer from post-traumatic stress disorder, and a fifth from major depressive disorder: Turner *et al* (pp. 444–448) established the prevalence of mental health problems in a refugee group using self-report and interview measures. Using standard cut-offs with the self-report measures resulted in significantly higher levels of 'caseness' compared with face-to-face interviews. The study emphasises the need for validation sub-samples within refugee populations where self-report measures are likely to be used, perhaps in a situation where they may form part of a screening assessment. Although it appears obvious that pre-migration trauma is associated with current levels of distress, post-migration adversity also forms a significant contribution, thus emphasising the role of psychosocial interventions in treatment of the disorder.

COMMUNITY PREVALENCES: MILD COGNITIVE IMPAIRMENT; SEASONAL AFFECTIVE DISORDER

Mild cognitive impairment is an evolving diagnostic entity and Busse *et al* (pp. 449–454) applied several sets of current diagnostic criteria to 1045 elderly subjects living in the community and followed their progress over 3 years. The diagnostic concept of age-associated cognitive decline – modified by removing the necessity for subjective memory impairment – formed the best predictor of subsequent conversion to dementia, yielding a 36-fold higher conversion rate over the 3-year period. A community sample was assessed for seasonal affective disorder (SAD) and seasonality by Michalak *et al* (pp. 434–438) and demonstrated a low prevalence of SAD, which was significantly associated with being female. However, seasonality was associated with several psychosocial factors, including experiencing more negative life events, low levels of social support, and being of female gender and non-native. Although the predominant focus has been on biological research in SAD, it appears that there is considerable scope for psychosocial enquiry.

WPA GUIDELINES FOR DIAGNOSTIC ASSESSMENT

Essentials of the World Health Organization's International Guidelines for Diagnostic Assessment (IGDA) are the subject of a special supplement to this issue.