

Highlights of this issue

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Differentiating schizophrenia from schizoaffective disorder and psychosis from dementia

Lencz *et al* (pp. 313–318) found an association between genetic variation in the gene encoding brain-derived neurotrophic factor (BDNF) and having a diagnosis of schizoaffective disorder (compared with either no psychiatric diagnosis, or a diagnosis of schizophrenia). The same pattern of variation in the gene was seen among those with other affective disorders, indicating a likely association between the gene and an affective phenotype present across diagnostic groups. Following investigation of a clinicopathological series of young-onset frontotemporal dementia cases and a review of the relevant literature, Velakoulis *et al* (pp. 298–305) have concluded that such individuals may first present with a psychotic illness, often many years prior to the diagnosis of dementia being made.

Impact of immigration and cultural factors on mental illness

Robjant *et al* (pp. 306–312) have undertaken a systematic review of the mental health status of immigration detainees and were able to identify ten relevant studies. High rates of mental disorder were identified by all included studies. The most common disorders reported were anxiety, depression and post-traumatic stress disorder. Self-harm and suicidal ideation were also commonly reported. In order to examine the impact of cultural factors on the diagnosis of mental disorder, Steel *et al* (pp. 326–333) compared the prevalence of Western and indigenously defined mental disorders in three groups – Vietnamese living in the Mekong Delta, Vietnamese immigrants living in Australia, and an Australian-born group. Western-defined mental disorder was lowest among those living in Vietnam and highest among Australian-born individuals; using indigenous definitions of mental disorder increased the prevalence for both Vietnamese groups.

Interventions for adolescents

Wilkinson *et al* (pp. 334–341) report on predictors of outcome using data obtained from a randomised controlled trial of antidepressant treatment and cognitive-behavioural therapy in a sample of adolescents with depression. Depression at 28-week follow-up was found to be predicted at baseline by severity of illness, the presence of obsessive-compulsive disorder and the presence of suicidal ideation. In addition, the occurrence of at

least one disappointing life event during the follow-up period was also associated with follow-up depression. On the basis that many young people hold negative attitudes about mental illness, Naylor *et al* (pp. 365–370) undertook a two-group pre-test–post-test intervention study of the impact of classroom-based education on mental health issues common to adolescents. At the post-test stage, adolescents in the intervention group showed evidence of improved attitudes towards those with mental illness; additionally, improvements were seen in their own levels of conduct problems and prosocial behaviour.

HPA axis dysfunction and migraine in depression

In a prospective study, Juruena *et al* (pp. 342–349) found that poor pre-treatment hypothalamic–pituitary–adrenal (HPA) axis function predicted non-response to intensive in-patient treatment in a sample of individuals with treatment-resistant depression. The authors used the prednisolone suppression test in this study, enabling assessment of both glucocorticoid and mineralocorticoid feedback function, and confirmed that HPA function is overactive in severely depressed in-patients. Samaan *et al* (pp. 350–354) found that, compared with healthy controls, individuals with recurrent depression were more likely to report headaches of all types, with the strongest association found for migraine with aura.

Long-term effects of MDMA use and tardive dyskinesia

Concern has been raised about the possibility that use of 3,4-methylenedioxymethamphetamine (MDMA; ‘ecstasy’) could lead to long-term neurotoxic effects. Selvaraj *et al* (pp. 355–359) assessed the integrity of brain serotonin neurons using positron emission tomography and found no difference in serotonin transporter binding between former MDMA users, polydrug users with no history of MDMA use, and controls. Dean & Thuras (pp. 360–364) found that the development of tardive dyskinesia was associated with a significant increase in mortality over a 10-year period; the association was, however, no longer significant once account was taken of drug course and age. The authors also found that older individuals taking conventional antipsychotics had substantially increased mortality.

Gender, childhood abuse and psychosis

Recently, there has been increasing interest in the possibility that early-life adversity might increase risk of later development of serious mental disorder. In a sample with first-episode psychosis, Fisher *et al* (pp. 319–325) found that women with psychosis were more likely to report childhood abuse than controls even after adjustment for confounders but no such association was found for men.