

Highlights of this issue

By Kimberlie Dean

Risks of drug use: tobacco smoking and ecstasy

Pasco *et al* (pp. 322–326) investigated the role of tobacco smoking as a risk factor for major depressive disorder, using data from an Australian population-based sample of women. They found both cross-sectional and longitudinal evidence for an association between smoking and depression, particularly among heavy smokers. Using a range of brain imaging techniques, de Win *et al* (pp. 289–296) found evidence of specific thalamic changes among ecstasy users, even after account was taken of the potential confounding effects of poly-drug use. The authors concluded that ecstasy use appears to decrease serotonergic function via a specific toxic effect on serotonergic axons in the thalamus.

Psychotropics: side-effects and long-term outcomes

In an analysis of data from the CATIE study, Miller *et al* (pp. 279–288) found that there were no differences in measures of treatment-emergent extrapyramidal side-effects when second-generation antipsychotics were compared with perphenazine. No differences were found when individual second-generation antipsychotics were compared with each other but there were some differences found on secondary analysis – more of those taking risperidone received medications to treat parkinsonism, and fewer of those taking either quetiapine or ziprasidone discontinued treatment for parkinsonism. Using data on individuals with mid-life (aged 43 years) symptoms of anxiety and depression, Colman *et al* (pp. 327–331) found that those treated with antidepressants or anxiolytics had a lower prevalence of mental disorder 10 years later. The authors concluded that use of antidepressants or anxiolytics might have long-term beneficial effects.

Timing of treatment and markers of outcome in early psychosis

On the basis of a systematic review of previous studies conducted in low- and middle-income countries, Large *et al* (pp. 272–278) found evidence of an inverse relationship between income and duration of untreated psychosis (DUP). The average DUP was

higher in low- and middle-income *v.* high-income countries. In a study of individuals with first-episode psychosis, Bodnar *et al* (pp. 297–304) found that lower levels of performance on verbal memory and working memory tasks predicted a poorer outcome after 6 months of treatment. The authors argue that such markers of future outcome should be utilised to identify those in need of particular attention with regard to prevention of adverse outcomes.

Familial influences: autistic-spectrum disorder, pregnancy outcomes and dimensions of psychosis

Tsuchiya *et al* (pp. 316–321) identified an association between advanced paternal age and increased risk of high-functioning autistic-spectrum disorder in offspring in a case-control study based in Japan. Advanced maternal age was not found to be associated with the presence of the disorder in offspring, however. In another study of parental influences on offspring, Nilsson *et al* (pp. 311–315) found that those with a parent with schizophrenia had an increased risk of mortality in infancy. The association could not be entirely explained by maternal behaviour during pregnancy, unlike the associations found between maternal schizophrenia and other adverse pregnancy outcomes. Vassos *et al* (pp. 305–310) examined psychotic symptom dimensions in a sample of affected sibling pairs in China. Evidence of familial aggregation was found for the three of the dimensions examined (positive/disorganised, dysphoric, positive/delusional) and for a range of other clinical characteristics, including premorbid social adjustment, premorbid schizoid and schizotypal traits, and global functioning.

A trial of CBT for health anxiety

Seivewright *et al* (pp. 332–337) conducted a randomised controlled trial of brief cognitive-behavioural therapy (CBT) for health anxiety in a sample of patients attending a genitourinary medicine clinic. An improvement was seen in the intervention group in terms of the levels of health anxiety, generalised anxiety, depression and social functioning. There was also an advantage in terms of health service consultations. The authors recommended consideration of training for healthcare staff in a variety of general settings to both increase awareness of the psychological aspects of health anxiety and to increase the expertise of staff in using the techniques of brief CBT.