

## From the Editor's desk

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### A SPREADING PSYCHIATRIC ISSUE

There is a special delicacy in Mallorca called *sobrasada*, a combination of selected minced pork carefully seasoned with paprika, salt and spices. It is an onomatopoeic word as *sobrasada* spreads easily and can cover a great deal. This is an example of one of our *sobrasada* issues, as here psychiatry is spread easily across the panoply of existence. Thus, we range from the rediscovery of the word 'recovery' for those with severe mental illness (a word that must not be allowed to become lost in the mists of spin) (Lester & Gask, pp. 401–402), a similar re-affirmation of the value of the polygraph as a test of deception in sex offenders (Grubin & Madsen, pp. 479–483), and two large epidemiological surveys in Nigeria (Gureje *et al.*, pp. 465–471) and the UK (Coid *et al.*, pp. 423–431) showing rather lower prevalences of generalised anxiety disorder and personality disorder respectively compared with previous surveys, accompanied by an urgent plea for international guidelines on euthanasia, particularly when mental suffering is present (Naudts *et al.*, pp. 405–409). It was the *News of the World* that first boasted the slogan 'all human life is there', but I should like to think that we represent more accurately that position now. Come to think of it, we deal with the same type of material as the *News of the World* – where else can you read about sex offenders, sexual harassment and bullying (Mezey *et al.*, 2005), stalkers, whose pathology has been shown in recent *Journal* issues to have widespread impact across

society (McIvor & Petch, pp. 403–404; Dressing *et al.*, 2005; Purcell *et al.*, 2005), professionals' degree of physical contact with children (Blower *et al.*, pp. 486–487), the awful handicaps of Tourette syndrome (Ludolph *et al.*, pp. 484–485), predicting which criminals will reoffend (Buchanan & Leese, pp. 472–478), and the suffering of Gulf War veterans (Fiedler *et al.*, pp. 453–459), and all in measured prose without a single prurient comment or photograph in sight.

We also deal with highly relevant and important issues for ordinary psychiatric practice. Quality of life in dementia (Hoe *et al.*, pp. 460–464), which drug therapy is best for psychotic depression (Wijkstra *et al.*, pp. 410–415) and its place and cost-effectiveness in conjunction with other treatments (Chisholm *et al.*, 2004; Proudfoot *et al.*, 2005; Schneider *et al.*, 2005), and how agoraphobia relates to panic longitudinally (Bienvenu *et al.*, pp. 432–438) are all current subjects of clinical debate that are moved forward by this issue of the *Journal*. This brings us back to 'recovery'. When everything is done well and properly in clinical practice we can indeed conclude with Lester & Gask (p. 401) that 'hope and restoration of a meaningful life are possible despite a diagnosis of serious mental illness'. I wish they would publish that in the *News of the World*.

### ETHICS OF RESEARCH WORLDWIDE

Although we are trying to make a contribution to improving the publication of papers

from low- and middle-income countries (Tyler, 2005) the correspondence on pages 489–492 shows another side of the coin. Global research requires common standards of methodology, procedure and ethics, but these are difficult to achieve in settings where there is much local variation that is dependent on culture, long-established practice and very large differences in attitudes towards our service users. We are pleased to be able to contribute to this debate, already stimulated by the *BMJ* (Mudur, 2006; Patel, 2006), and hope that the responsible and constructive airing of the issues will move us towards a better balance. We thank our colleagues from the *Indian Journal of Medical Ethics* for stimulating us to action.

**Chisholm, D., Sanderson, K., Ayuso-Mateos, J. L., et al (2004)** Reducing the global burden of depression: population-level analysis of intervention cost-effectiveness in 14 world regions. *British Journal of Psychiatry*, **184**, 393–403.

**Dressing, H., Kuehner, C. & Gass, P. (2005)** Lifetime prevalence and impact of stalking in a European population: epidemiological data from a middle-sized German city. *British Journal of Psychiatry*, **187**, 168–172.

**Mezey, G., Hassell, Y. & Bartlett, A. (2005)** Safety of women in mixed-sex and single-sex medium secure units: staff and patient perceptions. *British Journal of Psychiatry*, **187**, 579–582.

**Mudur, G. (2006)** Indian study sparks debate on the use of placebo in psychiatry trials. *BMJ*, **332**, 566.

**Patel, V. (2006)** Commentary on placebo controlled trials in severe mental illness. *Indian Journal of Medical Ethics*, **3**, 11–12.

**Proudfoot, J., Ryden, C., Everitt, B., et al (2005)** Clinical efficacy of computerised cognitive-behavioural therapy for anxiety and depression in primary care: randomised controlled trial. *British Journal of Psychiatry*, **185**, 46–54.

**Purcell, R., Pathé, M. & Mullen, P. E. (2005)** Association between stalking victimisation and psychiatric morbidity in a random community sample. *British Journal of Psychiatry*, **187**, 416–420.

**Schneider, F., Härter, M., Brand, S., et al (2005)** Adherence to guidelines for treatment of depression in in-patients. *British Journal of Psychiatry*, **187**, 462–469.

**Tyler, P. (2005)** Combating editorial racism in psychiatric publications. *British Journal of Psychiatry*, **186**, 1–3.