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IN THIS ISSUE

This issue features groups of papers on functional neuroimaging, epidemiology, depression in the elderly, follow-up studies of psychological therapies, neuropsychology of psychiatric disorders, psychiatry of primary care. An additional paper describes racial differences in the treatment received for psychosis.

Functional MRI of specific psychopathologies

The lead papers report functional magnetic resonance imaging (fMRI) studies. Werring *et al.* (pp. 583–589), in a unique study, report fMRI in five patients with visual loss due to conversion disorder, and seven controls. The patients showed reduced activation in both visual cortices, with increased activation in a number of left-sided structures. These may be involved in the inhibition of primary visual cortex, or a shift towards non-conscious processing. These findings point to the neural networks involved in a sensory hysterical disorder.

Blackwood *et al.* (pp. 591–596) used fMRI to examine areas involved while subjects were determining self-relevance of various statements, in schizophrenics with persecutory delusions and controls. During this process, the deluded schizophrenics showed a marked absence of rostral-ventral anterior cingulate activation, together with increased posterior cingulate activation. Abnormal self-relevance is a key aspect of persecutory delusions and these findings point to the neural networks involved in the abnormal process.

An accompanying editorial by Paul Fletcher (pp. 577–581) discusses these papers, together with other recent functional imaging studies and their implications.

Epidemiology

Jacobi *et al.* (pp. 597–611) report a major national German epidemiological survey. This is one of a number in recent years from Europe, the USA and Australia. They find a lifetime rate of disorder of 43% and 12-month prevalence of 31%, with most disorders beginning early. Rates are comparable with other studies using the same assessment instruments. Rates of treatment were higher in Germany than other countries, but still somewhat low, 40% of those with disorder in the last 12 months receiving at least minimal intervention.

Lewinsohn *et al.* (pp. 613–622), in the USA, turn attention to subthreshold disorders, which have received much less epidemiological study. Among high-school adolescents in the community, 53% had at least one current subthreshold disorder, with high rates of multiple disorders, particularly among externalizing disorders.

Depression in older subjects

Mojtabai & Olfson (pp. 623–634) report on major depression in subjects aged 50 years and older. They find 12-month prevalence of 7%, decreasing with age, although at follow-up the symptoms are more likely to persist in the older. Familiar associations with social disadvantage and physical illness were also found.

Cervilla *et al.* (pp. 635–641), from the UK, examine development of new depression in subjects followed up from a very large-scale national general practice trial of treatment of moderate hypertension. They find associations of new depression with older age, female gender, worse cognitive function, smoking and lower serum cholesterol at baseline, but, contrary to the vascular depression hypothesis, not with blood pressure or other cardiovascular risk factors.

Outcome after psychological treatment

Vittengl *et al*. (pp. 643–658) report on social and interpersonal functioning on follow-up to 2 years in a controlled trial in which all subjects received acute phase cognitive therapy and randomization then occurred to continuation cognitive therapy or a control assessment condition. They find interpersonal relationships and social adjustment to improve markedly during acute treatment and this is maintained in responders over 2 years, with social-interpersonal improvement largely accounted for by improvement in depressive symptoms.

Cyranowski *et al*. (pp. 659–669) report on the role of personality disorder in outcome in subjects from a controlled trial of maintenance interpersonal therapy (IPT). Co-morbid personality pathology was associated with more previous episodes and a need for more pharmacotherapy to achieve remission, and predicted higher and earlier recurrence on follow-up. Also, where patients remained depression free, apparent personality pathology declined over 2 years maintenance therapy.

In a third follow-up study Carter *et al*. (pp. 671–679) report outcome 6–27 months after weight normalization and discharge from an in-patient group therapy weight restoration programme. In this time 35% of patients relapsed, with mean survival of 18 months. A number of predictors of relapse are described.

Neuropsychological studies

McLean *et al*. (pp. 681–692) studied adults with attention-deficit hyperactivity disorder (ADHD) and normal controls. Adult ADHD subjects showed deficits in spatial working memory, planning and attentional-set shifting tests, implicating particularly fronto-striatal function and resembling the deficits found in medication-free children with ADHD.

Pantelis *et al*. (pp. 693–703) report a study of chronic schizophrenics, also using the same CANTAB test battery. Specific associations were found between impaired spatial working memory and symptomatic psychomotor poverty syndrome, consistent with involvement of the dorsolateral prefrontal cortex and between attentional set-shifting impairment and both disorganization symptoms and disorganized thought disturbance.

Racial differences in treatment for psychosis

In a single paper, Sohler *et al*. (pp. 705–718) studied treatment received for psychotic disorders in Suffolk County, New York. Differences have been documented in a number of countries, where there are black minority groups, including the USA, between treatment received by black and white patients. Sohler and colleagues find these differences to arise early in treatment, with black patients less likely to have had outpatient treatment prior to first hospitalization, and more likely to be hospitalized as emergencies primarily for behavioural disturbance.

Psychiatry in primary care

In a population-based study in Manchester, UK, Kapur *et al*. (pp. 719–728) studied factors predicting general practice consultations. Among a number of factors found to predict, and between them accounting for a difference of ten consultations per subject per year, they found prominent chronic physical and psychiatric symptoms, increase in psychiatric symptoms, negative illness attitudes, health anxiety, reported physical symptoms, and female gender.

In Verona, Italy, Saltini *et al*. (pp. 729–739) studied GPs' recognition of psychiatric disorder. They found information on patients' previous psychiatric and psychopharmacological treatment commonly used by GPs but often leading to wrong attribution of symptoms, while occurrence of loss life events and social problems in the last year were accurate pointers to current emotional symptoms.