

## Highlights of this issue

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### SUICIDE IN EUROPE – POSSIBLE GENETIC RISK FACTORS

Suicide rates in Europe vary widely. Marušič & Farmer (pp. 194–196) explore the case for shared genetic risk factors influencing the rates of suicide in high-risk European countries. One example of shared genetic predisposition is found in the Hungarians in central Europe and the Finns and Karelians in the north, who belong to the same ethnic group (Finno-Ugrians). Both Finns and Hungarians share the same proportion of European (90%) to Uralic (10%) genes. They hypothesise that the high rates seen in newly independent states such as Estonia, Latvia and Slovenia may reflect the fact that these populations could share similar proportions of Uralic genes to the Finns and Hungarians.

### SHAPE CONCERN AND THE NEED FOR RESTRAINT IN EATING DISORDERS

Gowers & Shore (pp. 236–242) review the evidence for the role of physical and social factors on weight and shape concern and their relationship to the development of eating disorders. These concerns commonly

underlie the development of eating disorders but they hypothesise that an alternative pathway exists through a belief in the value of self-restraint. They propose an aetiological model for the impact of these two influences on development of dieting and conclude that, although the aetiology of eating disorders is multi-factorial, it is probable that most factors are mediated through either weight and shape concern or need for restraint.

### PREDICTORS OF ADULT DISORDER IN YOUNGER LIFE

Presence of specific behaviour problems in the pre-school period places the child at increased risk of being convicted of an adult offence. Stevenson & Goodman (pp. 197–202) traced adult criminal records for a general population cohort of children initially assessed at age 3 years. Externalising behaviours such as temper tantrums and management difficulties were associated with adult convictions and violent offences in particular. Soiling and enuresis were also associated with later convictions. The accuracy of long-term prediction of criminality from the behavioural profile was found to be insufficient to justify the targeting of

services at specific individuals. Hofstra *et al* (pp. 203–209) investigate the 10-year course of self-reported problems in adolescence in a general population sample and find that individuals with behavioural and emotional problems run a greater risk of meeting criteria for DSM-IV diagnoses in adulthood. Fombonne *et al* (pp. 210–217 and 218–223) find that adolescent depression carries an elevated risk of adult depression. Those with comorbid conduct disorder in adolescence developed equally severe affective symptoms but raised rates of other psychiatric outcomes, suicidal behaviour and criminality.

### PREVALENCE OF DEMENTIA

Discrepancies in prevalence rates of dementia according to different case definitions may result in inadequate assessment of resources required for health and social care. Riedel-Heller *et al* (pp. 250–254 and 255–260) compare prevalence rates according to DSM-III-R and ICD-10 in a general population sample of 1692 people aged 75 years and over living in Leipzig, Germany. The ICD-10 was found to set a higher threshold for dementia diagnosis (12.4%) than DSM-III-R (17.5%). The fact that both systems produced similar incidence rates but did not diagnose the same individuals suggests that discrepancies need to be resolved in future classification systems.

### ANTIDEPRESSANT TREATMENT OF DEPRESSION IN REAL-WORLD SETTINGS

... is the subject of a special supplement to this issue.