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Highlights of this issue

By Kimberlie Dean

Early intervention: in psychosis and panic

Utilising data from the Northwick Park Study of First Episodes to re-examine the DUI (duration of untreated illness) and outcome in schizophrenia association, Owens *et al* (pp. 296–301) have concluded that the impact of long DUI may reflect characteristics of the psychotic illness itself rather than delay in treatment. They found that lower tension scores, the presence of bizarre behaviour and being unemployed independently increased risk of relapse, with lead time prior to hospitalisation no longer making a significant contribution to the model once these factors were entered. In a pragmatic randomised controlled trial of a group intervention based on cognitive–behavioural therapy (CBT) principles designed to reduce panic, those with subthreshold and mild panic disorder were found to benefit (Meulenbeek *et al*, pp. 326–331). Compared with the waiting-list control group, the intervention group experienced an improvement in disorder severity, panic disorder status and symptom level, with effects maintained at 6 months.

Evaluation of treatment studies in depression

On the basis of a systematic review and meta-analysis, Van Leishout & MacQueen (pp. 266–273) conclude that mood stabilisers are moderately efficacious in the treatment of acute bipolar depression. The authors found no evidence to support augmentation with an antidepressant and no differences were found between individual medications or drug classes. A stepped care intervention for individuals at high risk of developing depression and anxiety in late life has previously been shown to prevent the incidence of such disorders. An economic evaluation of the intervention undertaken by van't Veer-Tazelaar *et al* (pp. 319–325) concludes that the cost associated is potentially affordable at just over £3000 per disorder-free year gained. In another economic evaluation study, Gerhards *et al* (pp. 310–318) found that online computerised CBT for depression in primary care was associated with lower costs when compared with both treatment as usual and a combination of treatment approaches. No differences were found in relation to effectiveness or quality of life, where modest improvements were seen for all groups.

Autism-spectrum disorders in childhood

In a retrospective case-note analysis study, Keen *et al* (pp. 274–281) found evidence for an association between maternal immigration and risk of autism-spectrum disorders in offspring. Those mothers born outside Europe were at elevated risk of having a child with autism compared with those born in the UK. Donno *et al* (pp. 282–289) have investigated the occurrence of social communication deficits among primary-school children presenting with disruptive behaviour. They found that persistently disruptive children had poorer pragmatic language skills and mentalising abilities; over a third met criteria for atypical autism or Asperger syndrome.

Cannabis use in adolescence and health burdens in primary care

Utilising data from a 10-year follow-up study of adolescents in Victoria, Australia, Degenhardt *et al* (pp. 290–295) found that occasional cannabis use in adolescence predicted later drug use and educational problems. Those using at least weekly were at highest risk of drug use problems in young adulthood. The authors found that adjustment for adolescent smoking reduced the association with educational problems but not the association with drug use problems. In a cross-sectional survey of primary care patients in Catalonia, Fernández *et al* (pp. 302–309) found that the top three causes of quality-adjusted life-year (QALY) losses were pain, mood disorders and anxiety. Diabetes was associated with the lowest QALY loss.