

IN THIS ISSUE

This issue features several papers reporting controlled treatment trials and further groups of papers on epidemiology, eating disorders, and depression.

Controlled trials

The lead review paper, by Den Boer and colleagues (pp. 959–971), presents a meta-analysis of trials of self-help methods, showing useful effects for bibliotherapy (use of written material) but few studies of self-help groups. Three papers report controlled trials of different therapies. Kooij *et al.* (pp. 973–982) have undertaken the first controlled trial in Europe of a stimulant medication in adult attention deficit hyperactivity disorder, giving clear evidence of benefit from methylphenidate. Previous adult studies have all been from the USA. James *et al.* (pp. 983–990) report beneficial results of a group treatment approach on substance use in patients with dual diagnosis of substance abuse and psychosis. McCrone and colleagues (pp. 991–999) report a cost-effectiveness analysis of a controlled trial, previously reported in *Psychological Medicine*, comparing CBT and graded exercise in chronic fatigue. The two treatments did not differ in efficacy but appeared superior to standard GP care. Cost-effectiveness was also similar but with an advantage to CBT if outcomes were valued more highly.

Epidemiological methods and findings

Two important papers deal with validity of epidemiological methods. Wells *et al.* (pp. 1001–1011) examine recall of depressive symptoms at age 25 years in individuals who had been previously interviewed at four points between ages 15 and 21 years, and find recall poor, with only 44% of those who reported a key symptom earlier reporting it at age 25, and some factors differentially affecting recall. This casts serious doubts on the many studies which have estimated lifetime rates of depression by retrospective reporting at a single interview. Jordanova *et al.* (pp. 1013–1024) compare two commonly used structured instruments for lay interviewers, the CIDI and the CIS-R, against a psychiatrist-administered SCAN, in primary-care attenders. They find the CIDI highly valid and the CIS-R moderately valid, but requiring a lower cut-off point for any disorder than that usually used. In a third, case register based, study, Hjern *et al.* (pp. 1025–1033) find the higher risk of schizophrenia and other psychoses in first- and second-generation immigrants contributed to substantially by the social adversity which they experience.

Eating disorders

Clinton and colleagues (pp. 1035–1045) report a cluster analysis study of eating disorder samples from Sweden and England, and find three groups overlapping but not identical with the usual diagnostic categories, and similar in the two countries: generalized eating disorder, anorexics and overeaters. Hasler *et al.* (pp. 1047–1057) report a cohort of general population subjects followed between ages 19 and 40 years. Being overweight is found to be a stable trait, associated as expected with atypical depression and binge eating, but also with aggressive psychopathology reflected in aggressive personality traits and sociopathy.

Depression

Using structural MRI, Lange & Irlé (pp. 1059–1064) find young women with major depression to have larger amygdala volumes and smaller hippocampal volumes than matched control subjects,

adding to previous findings implicating these structures in depression. Two papers report studies of depression in cardiac disorders. Dew *et al.* (pp. 1065–1082), in a longitudinal prospective study, report high rates of depression post-transplant in caregivers of subjects receiving cardiac transplants. Dickens *et al.* (pp. 1083–1092) report on depression after myocardial infarction and factors associated with it.

Additional papers

Dolan & Fullam (pp. 1093–1102) find theory-of-mind-related abnormalities in subjects with anti-social personality disorders compared with controls, confined to subtle tests. Marcelis *et al.* (pp. 1103–1111) find greater increase in plasma HVA in response to mild metabolic glucose deprivation in schizophrenic subjects than in controls, but not in their well first-degree relatives, suggesting an illness state-related effect. Monuteaux and colleagues (pp. 1113–1127), studying clinically referred attention deficit hyperactivity disorder children and their families, find evidence suggesting overt and covert conduct disorder are independently transmitted through families and may represent separate syndromes. Gilley *et al.* (pp. 1129–1135) in a large sample of subjects with Alzheimer's disease studied longitudinally over 4 years, find four clinical features which predict institutionalization: level of cognitive impairment, physical aggression, hallucinations and depressive symptoms.