

## Highlights of this issue

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### CHILDHOOD SYMPTOMS AND VIOLENCE

The risk of violent behaviour in schizophreniform disorder remains elevated and stable in early adulthood. Reporting results from the Dunedin Birth Cohort at age 26, Arseneault *et al* (pp. 520–525) found that a diagnosis of schizophreniform disorder raised the relative risk of violence nearly five times, after adjusting for gender, socio-economic disadvantage, and comorbid substance use. Self-reported psychotic symptoms in childhood accounted for a substantial proportion of the association between violence and schizophreniform disorder, with the association also being accounted for to a lesser degree by early childhood physical aggression. Rather than introduce preventive strategies in adulthood, the authors suggest that both early signs of psychotic symptoms and childhood physical aggression should alert mental health professionals to the elevated risk for both psychosis and violence.

Jones *et al* (pp. 540–546) found that only one-fifth of youngsters attending a child and adolescent mental health service set up following the conflict in Kosovo had stress-related disorders. Some were symptom-free but attended because they had been exposed to a traumatic event. It is suggested that such services be comprehensive and play an educating role in 'depathologising' normative responses.

### LIFESTYLE IN SCHIZOPHRENIA – A CAUSE FOR CONCERN

The lifestyle of people with schizophrenia – as measured by diet, smoking habits, weight and exercise – gives cause for concern, according to the results of a

Scottish Survey reported by McCreadie *et al* (pp. 534–539). Of 102 community-dwelling people with schizophrenia, over 70% were overweight or obese, and a similar proportion were smokers. Risk of coronary artery disease and stroke was elevated compared with the general population, significantly so among males. Strategies are required in both primary and secondary care to address the physical health needs of people with severe mental illness, otherwise the risk of cardiovascular and other disease will remain high and patients will die prematurely. Another Scottish survey measured harassment experienced by people with mental health problems in the community compared with the general population (Berzins *et al*, pp. 526–533). Although reluctant to report it, people with mental illness were twice as likely to experience harassment, mainly in the form of verbal abuse. Many reported this to have a detrimental effect on their mental health. In addition to lifestyle issues, it is suggested that assessment of the community experience of patients should be incorporated in regular consultations.

### PSYCHOLOGICAL DISTRESS AMONG GAY MEN AND LESBIANS

Despite similar levels of social support and quality of physical health, gay men and lesbians experience significantly more psychological distress and are more likely than heterosexual people to have consulted a mental health professional (King *et al*, pp. 552–558). This large survey also showed that gay men and lesbians were more likely to have harmed themselves and to have used recreational drugs. The authors suggest that awareness of the

mental health issues for gay people should become a standard part of training for mental health professionals.

### ANTIDEPRESSANTS – REPORTING BIAS, RESOURCES AND RECOVERY

Antidepressants rank in the top three drug classes worldwide in terms of sales. Studying the association between sponsorship and outcome in pharmaco-economic studies, Baker *et al* (pp. 498–506) reveal that among industry-sponsored compared with non-industry-sponsored studies, the former more frequently reported results favourable to the sponsor. For example, studies sponsored by manufacturers of selective serotonin reuptake inhibitors (SSRIs) favoured these over tricyclic antidepressants more than non-industry-sponsored studies, and studies sponsored by manufacturers of newer antidepressants favoured newer antidepressants more than did non-industry-sponsored studies. Baker and colleagues conclude that bias in relation to sponsorship does exist and until the mechanisms producing the bias are better understood, interpretation of results from pharmaco-economic studies should take sponsorship into account. Thomas & Morris (pp. 514–519) calculate the total cost of depression in adults in England and conclude that, despite awareness campaigns and the availability of effective and accessible treatments, depression remains a considerable burden, especially in terms of incapacity to work. In a Canadian observational study, Dewa *et al* (pp. 507–513) demonstrate that prescription of antidepressant agents and dosages concordant with clinical guidelines is significantly associated with return to work among those receiving depression-related short-term disability benefits. Early intervention was also effective in reducing disability episodes.

### SEASON'S GREETINGS

The Editor, Editorial Board and staff of the *Journal* would like to wish all our readers a happy and peaceful holiday season and an invigorating New Year.