

## IN THIS ISSUE

This issue contains a commentary on the paper by Degenhardt *et al.* and one review on participant distress in psychiatric research. Other sets of papers examine various aspects of cannabis and other substance use disorders, borderline and other personality disorders, and six individual papers examine a variety of topics.

### **Commentary on Degenhardt *et al.***

Macleod (pp. 913–916) provides a commentary on the paper in this issue by Degenhardt *et al.* (summarized below), which investigated temporal associations between cannabis use, depression and psychosis. Macleod raises a number of points. For example, he cautions that methodological issues such as bias and confounding remain relevant in studies of cannabis use and mental illness, particularly reporter bias. Macleod further notes that the size of the effect of cannabis use on psychotic symptoms is small and argues that the apparent link between cannabis and psychosis should not obscure perhaps more significant health risks of cannabis use linked to tobacco use and criminal behaviour.

### **Participant distress in psychiatric research**

Jorm *et al.* (pp. 917–926) report findings from a review of 46 studies that have investigated distress experienced by subjects taking part in psychiatric research. Most of these studies found that only a minority of participants became distressed, this being most pronounced for those taking part in studies of trauma. Although the evidence is limited, Jorm *et al.* show that the current literature suggests there are no significant long-term ill effects for research participants. Nonetheless, the authors summarize the various clinical recommendations from these studies for the future conduct of ethical research.

### **Cannabis and other substance use disorders**

This issue contains three papers on aspects of substance use, particularly cannabis use. In the first, Degenhardt *et al.* (pp. 927–934) investigated the temporal relationships between cannabis and depression and psychosis in a cohort of 101 subjects with a schizophrenia spectrum disorder, who were followed monthly for 10 months. They found that cannabis use in the preceding month did not predict depressive symptoms, but did predict a small percentage increase (2%) in psychotic symptoms, after adjusting for potential confounders. There was no evidence that depressive or psychotic symptoms predicted cannabis use.

Arendt *et al.* (pp. 935–945) examined the self-medication hypothesis often proposed as an explanation for associations of cannabis use with depression and aggression in a sample of 119 cannabis-dependent subjects from 19 treatment centres in Denmark. The authors found that those with a lifetime history of depression used cannabis for the same reasons as others. Those with problems controlling their aggression, however, did more often use cannabis to decrease aggression, suspiciousness, and for relaxation. The authors conclude that the data provide support for the self-medication hypothesis for aggression, but not depression.

Gillespie *et al.* (pp. 947–959), in a sample of 1788 adult male twins drawn from the Mid-Atlantic Twin registry, investigated the genetic and environmental factors contributing to individual differences in self-reported availability of psychoactive substances. They found that both genetic and environmental factors impacted on individual differences in drug availability. Specifically, with the exception of stimulants, for all substances there was an increase in additive genetic variance and a decline in shared environmental influences over time. Non-shared environmental influences remained constant. In contrast, for stimulants, there was an increase in shared environmental effects over time.

### **Borderline and other personality disorders**

Three further papers examine aspects of personality disorders, particularly borderline personality disorder (BPD). In the first, Ebner-Priemer *et al.* (pp. 961–970) examined affective instability over a 24-hour period in 50 female patients with BPD and 50 healthy female controls. Using electronic diaries, the authors found marked affective instability in the BPD group compared with the healthy control group. The authors further found that this instability was largely characterized by sudden and large decreases in positive mood.

Hurlemann *et al.* (pp. 971–981), using episodic memory tests, investigated whether amygdala hypersensitiveness to emotional stimuli might be the underlying pathological substrate of cognitive dysfunction in

BPD. In a sample of 16 unmedicated females with BPD and 16 healthy controls, the authors found that BPD subjects showed enhanced retrograde and anterograde amnesia in response to negative stimuli. No effects were found for positive stimuli. The authors conclude that these results provide biological evidence that BPD is characterized by enhanced processing of negative stimuli.

Morey *et al.* (pp. 983–994) examined the validity of three models of personality disorder: the Five Factor Model (FFM), the Schedule of Nonadaptive and Adaptive Personality (SNAP) model and the DSM-IV using data on over 500 subjects with a personality disorder. They found all models to have substantial validity across a range of marker variables over time. However, dimensional models were more successful in predicting external marker variables. The authors' analyses further showed the importance of both stable and dynamic psycho-pathological influences in predicting these markers over time.

### Other topics

This issue concludes with six papers examining a variety of topics. In the first, Kerns (pp. 995–1004) examined the previously reported association between communication disturbance (CD) and poor cognitive control, by investigating whether CD was associated with poorer cognition in general or with specific aspects of poor cognitive control. Eighty-two students took part in an experiment in which cognitive deficits were simulated while subjects performed speech tasks. Kerns found that increases in working-memory demands caused an increase in CD; and that working-memory demands interacted with high interference resolution demands in causing the greatest amount of CD.

Hu *et al.* (pp. 1005–1013) tested the hypothesis that the GHQ-12 assesses both positive and negative mental health, and that these domains are distinct, by applying exploratory and confirmatory factor analysis to two large datasets [the British Household Panel (BHP) Survey ( $n=8978$ ) and the Health Survey for England ( $n=6451$ )]. In both samples, the authors found two-factor structures corresponding to 'symptoms of mental disorder' and 'positive mental health'. They further found that these two dimensions were independent in terms of associations with age, gender, employment status, poor housing and household composition.

Valenzuela & Sachdev (pp. 1015–1025) describe the development of a comprehensive measure of complex mental activity across the life-course: the Lifetime of Experiences Questionnaire (LEQ). They tested the psychometric properties of the LEQ in a sample of 79 healthy older people drawn from the Sydney Stroke Study. They found the LEQ to be consistent, coherent and to discriminate between high- and low-level mental function. The LEQ also predicted cognitive decline over 18 months. The authors conclude that the LEQ is a reliable and valid instrument for measuring complex lifespan mental activity.

Taylor *et al.* (pp. 1027–1036) investigated the psychological consequences of unsustainable housing commitments using data from the BHP survey, waves 1–13 (1991–2003). They found that male heads of households with housing payment problems and entering rent arrears scored significantly more on the GHQ than others, independently of financial hardship, as did female heads of households with long-term housing problems and arrears. The size of the observed effects were similar to those for marital breakdown and job loss.

Mangalore *et al.* (pp. 1037–1045) used the concentration index approach to examine income-related inequality in mental health in Britain using data from the Psychiatric Morbidity Survey ( $n=8580$ ). They found marked income inequalities for those with mental health problems, particularly those with psychosis. These inequalities were even more marked when age and gender were adjusted for. As much of the observed inequalities were due to income and not demographic factors, the authors conclude that the inequalities are potentially 'avoidable'.

In the final paper, Stinson *et al.* (pp. 1047–1059) present data from the National Epidemiologic Survey on Alcohol and Related Conditions ( $n=43\,093$ ) on the epidemiology, disability and co-morbidity of DSM-IV specific phobia (SP). The lifetime and 12-month prevalence of SP were 7.1% and 9.4% respectively. SP was more common in women, the young and less common in Asian and Hispanic groups. The mean age of onset was 9.7 and the mean duration of SP was 20.1 years. However, only 8% reported seeking treatment.

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