

Correspondence

EDITED BY TOM FAHY

Contents ■ Duplicate publication ■ Ethnicity in psychiatric epidemiology ■ Psychiatrists' attire revisited ■ Diagnostic criteria and functional psychosis ■ Family involvement in the care of people with psychoses

Duplicate publication

Sir: It is somewhat concerning that an article in the July issue of the *Journal* (Ghubash & Abouh-Saleh, 1997) appears to duplicate a recent publication by the same authors in *Acta Psychiatrica Scandinavica* (Abouh-Saleh & Ghubash, 1997). Both articles describe the administration of the Edinburgh Postnatal Depression Scale and the Self Report Questionnaire to 95 women admitted to the New Dubai Hospital, Dubai, for childbirth, from mid-July 1994 until the end of August 1994. The two papers report identical demographic information, methods and results; neither article cites the other.

'Redundant' or 'duplicate' publication is an issue of considerable importance in academic medicine (Shader & Greenblatt, 1996), yet is often overlooked, ignored, or dismissed as having little impact. On the contrary, as a 1995 editorial in the *New England Journal of Medicine* pointed out, "multiple reports of the same observations can overemphasize the importance of the findings, overburden busy reviewers, fill the medical literature with inconsequential material, and distort the academic reward system" (Kassirer & Angell, 1995). Such redundant publication of data may result in particularly significant inaccuracies in the psychiatric literature, since the difficulty of conducting research on our unique patient populations often leads to small sample sizes and unblinded studies. As a result, to a greater degree than in many medical specialities, we rely on the independent reproduction of research findings to assure ourselves of the validity of their conclusions.

Redundant publication is especially concerning in light of the current popularity of meta-analyses. If duplicated data are not recognised and excluded from the analysis, they will result in excessive weight being placed on the outcomes of those studies that have been repeatedly published, possi-

bly affecting the conclusion of the meta-analysis. Such a situation arose with a recent attempted meta-analysis of the efficacy of clozapine in affective disorders: several centres had each published multiple articles on overlapping data sets, and without knowing which patients participated in more than one study it proved impossible to perform even the simplest statistical analysis (Young *et al*, 1997). Such unfortunate scientific outcomes can only be avoided by the utmost integrity on the part of investigators.

Abou-Saleh, M. T. & Ghubash, R. (1997) The prevalence of early postpartum psychiatric morbidity in Dubai: a transcultural perspective. *Acta Psychiatrica Scandinavica*, **95**, 428-432.

Ghubash, R. & Abou-Saleh, M. T. (1997) Postpartum psychiatric illness in Arab culture: prevalence and psychosocial correlates. *British Journal of Psychiatry*, **171**, 65-68.

Kassirer, J. P. & Angell, M. (1995) Redundant publication: a reminder. *New England Journal of Medicine*, **333**, 449-450.

Shader, R. I. & Greenblatt, D. J. (1996) Twice may be too many: redundant publications. *Journal of Clinical Psychopharmacology*, **16**, 1-2.

Young, C. R., Longhurst, J. G., Bowers, M. B., et al (1997) The expanding indications for clozapine. *Journal of Clinical and Experimental Psychopharmacology*, **5**, 1-20.

J. G. Longhurst, E. L. Weiss Yale University School of Medicine, Abraham Ribicoff Research Facilities, Department of Psychiatry and Connecticut Mental Health Centre, 34 Park Street, New Haven, CT 06508, USA

Authors' reply: We welcome the opportunity to reply to the concerns raised by Longhurst and Weiss. While we agree that the issue of redundant or duplicate publications is important and "often overlooked, ignored, or dismissed as having little impact", we firmly refute their allegation that this applies to our two articles. It concerns us that they should reach a summary verdict expressed in a perfunctory

statement that "the two papers report identical demographic information, methods and results". In these articles, we have reported the results of two studies on the 'blues' and postpartum depression using different instruments involving the same population with different results in the context of an extensive ongoing research programme on the epidemiology, risk factors, biology and outcome of postpartum psychiatric illness and its impact on child development.

The article published in *Acta Psychiatrica Scandinavica* reported the results of a cross-sectional study on the point prevalence and risk factors of early psychiatric morbidity 'blues' using two self-rated instruments; the Self Reporting Questionnaire (SRQ) on day 2 and the Edinburgh Postnatal Depression Scale (EPDS) on day 7 after childbirth.

The report in the *British Journal of Psychiatry*, however, was on the results of the period prevalence, incidence, diagnostic breakdown, risk factors and outcome of late postpartum psychiatric illness, predominantly depression, using the Present State Examination (PSE) at 8 and 32 weeks postpartum, in comparison with the results of a previously published community-based study using the PSE (Ghubash *et al*, 1992). The two papers were submitted at the same time and hence neither paper was cited by the other. Both papers, however, cite the validity study of the EPDS by the PSE (Ghubash *et al*, 1997).

The two studies showed different risk factors for early and late psychiatric morbidity: only two out of eight and four out of eight risk factors for early self-reported morbidity on the SRQ and EPDS, respectively, were also risk factors for late PSE-determined morbidity at week 8, and five out of nine risk factors for late morbidity were not significant for early morbidity. Moreover, for three out of four similar factors, the statistical differences were 0.1-0.01% for late morbidity versus a significant difference at the 5% level for early morbidity. Hence, the two publications reported different sets of data on postpartum morbidity using different time frames with established validity (i.e. the distinction between 'blues' and postpartum depression in relation to period of risk) and different instruments (self-rated versus observer-based). A meta-analysis by O'Hara & Swain (1996) of the results of studies of postpartum depression has clearly shown that these two factors have a significant

influence on the prevalence rate of postpartum depression.

It is regrettable that Longhurst and Weiss should take the liberty of misinforming your readership with these false allegations. Readers may draw their own conclusions from the evidence in print.

Ghubash, R., Hamdi, E. & Bebbington, P. E. (1992) The Dubai Community Psychiatric Survey: prevalence and sociodemographic correlates. *Social Psychiatry and Psychiatric Epidemiology*, **27**, 53–61.

—, **Abou-Saleh, M. T. & Daradkeh, T. K. (1997)** The validity of the Arabic Edinburgh Postnatal Depression Scale. *Social Psychiatry and Psychiatric Epidemiology*, **32**, 474–476.

O'Hara, M. W. & Swain, A. M. Rates and risk of postpartum depression – a meta-analysis. *International Review of Psychiatry*, **8**, 37–54.

M. T. Abou-Saleh, R. Ghubash Department of Psychiatry & Behavioural Sciences, Faculty of Medicine & Health Sciences, United Arab Emirates University, Al Ain, United Arab Emirates

Editorial comment: Copies of the two articles referred to in the preceding correspondence were sent to four senior editors of the *British Journal of Psychiatry*, all of whom found substantial similarity between the two papers. Those concerned by this matter might also like to look at a third paper by the same authors (Ghubash *et al.*, 1997).

Authors submitting papers to the *British Journal of Psychiatry* (serially or otherwise) with a common theme or using data derived from the same sample (or a subset thereof) must send details of all relevant previous publications, simultaneous submissions, and papers in preparation. Failure to do so may arouse criticism and censure.

A paragraph to this effect will be added to our Instructions to Authors with immediate effect.

Ghubash, R., Abou-Saleh, M. T. & Daradkeh, T. K. (1997) The validity of the Arabic Edinburgh Postnatal Depression Scale. *Social Psychiatry and Psychiatric Epidemiology*, **32**, 474–476

Greg Wilkinson Editor, *British Journal of Psychiatry*, 17 Belgrave Square, London SW1X 8PG

Ethnicity in psychiatric epidemiology

Sir: Singh's (1997) editorial on race, ethnicity and culture was timely and welcome. If there is any field in which these issues need to be aired, it is psychiatry. I had hoped

that the *British Medical Journal's* guidelines would be an impetus for other journals to follow suit and develop their own editorial policies on research into ethnicity, culture and race (Anonymous, 1996). In this light, I am happy that Singh's five guiding principles so closely echo my own work (McKenzie & Crowcroft, 1996) and that of Senior & Bhopal (1994).

There are some points, however, which may need further discussion. It should be stated explicitly that epidemiology alone may not be a sensitive enough tool for cross-cultural research. Dr Singh emphasises the need for large-scale studies so that confounders can be measured, but measuring confounders does not necessarily produce valid categories.

The epidemiological approach often sacrifices validity and detail for measurability (Pope & Mays, 1995). This can cause problems in the field of culture and ethnicity, where validity is important. The simple rule of thumb that 1 multiplied by 0=0 and 100 multiplied by 0=0 should be kept in mind. If you measure something badly, larger numbers will not help you.

A lot of groundwork needs to be carried out before large epidemiological studies are performed, in order to avoid problems of misclassification. The two main problems of misclassification – bias, leading to false and misleading findings (always difficult to ignore from large epidemiological studies), and non-differential classification, leading to a failure to detect important differences between groups – need to be avoided through good study design and are difficult or impossible to correct at a later stage by any statistical trickery.

Poor understanding of the nature of ethnicity and culture underpins its poor measurement and the poverty of coherent testable hypotheses. Qualitative methods such as ethnography, which often use small sample groups, can be more powerful tools for understanding culture and ethnicity and can help in hypothesis generation. Qualitative and quantitative investigation are not mutually exclusive; qualitative methods can be used to set the hypotheses for large-scale epidemiological studies and to make sense of the results gained from epidemiological studies.

The need to 'unpack' cultural and ethnic variables is also stated by Singh as important. However, it is not always desirable or even possible to 'unpack' culture or ethnicity. Ethnicity and culture are social and psychological constructs that

are context driven. They are complex entities made up of interrelated factors. It is difficult to know how each factor affects the whole. Controlling for one factor may weaken the validity of the whole construct. Reductionism can lead to circular arguments. For instance, it is common to control for socio-economic status when looking at ethnic differences. However, it may be that these socio-economic differences are mediated by institutional racism, and the experience of them in the context of racism are catalysts and perpetuating factors for psychological and social changes which produce identity, differences in disease incidence and service use.

Despite this caveat, unpacking could be of great importance if it is used to produce multi-dimensional instead of categorical representations of culture and ethnicity.

Research into the validity and use of race, ethnicity and culture needs to be ongoing. It was one of the nine points proffered for improving measurement of ethnicity by Senior & Bhopal (1994) and it is as true today as it was in 1994.

Anonymous (1996) Style matters. Ethnicity, race and culture: guidelines for research, audit and publication. *British Medical Journal*, **312**, 1094.

McKenzie & Crowcroft, N. S. (1996) Describing race ethnicity and culture in medical research. *British Medical Journal*, **312**, 1054.

Pope, C. & Mays, N. (1995) Reaching the parts that other methods cannot reach: an introduction to qualitative methods in health and health services research. *British Medical Journal*, **311**, 42–45.

Senior, P. A. & Bhopal, R. (1994) Ethnicity as a variable in epidemiological research. *British Medical Journal*, **309**, 327–330.

Singh, S. P. (1997) Ethnicity in psychiatric epidemiology: need for precision. *British Journal of Psychiatry*, **171**, 305–308.

K. McKenzie Department of Social Medicine, Harvard Medical School, 641 Huntington Avenue, Boston, MA 02115, USA

Psychiatrists' attire revisited

Sir: The report by Gledhill *et al.* (1997) highlights patients' views on psychiatrists' attire. Psychiatric patients preferred consultants to wear suits, though doctors in suits were perceived to be the least friendly, least easy to talk to and least understanding. The authors suggest that consultants exchange suits for less formal wear, offsetting a slight loss of perceived competence for better communication.