

## From the Editor's desk

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### BOOMING TUNES OF GLOOM

Depression again figures strongly in this issue, with not all tunes in a minor key. When I look at scientific papers of the late 19th and early 20th centuries it is amazing how little there was published on what we now know is a most common and crippling condition (Üstün *et al*, 2004). Even when Adolf Meyer substituted the term 'depression' in place of 'melancholia' in 1904, as the latter 'implied knowledge we did not possess' (Shorter, 2005), we still persisted in grouping all depression under Kraepelinian manic-depressive illness or the even less satisfactory 'involuntional melancholia'. We are certainly making up for this neglect now – all but three of the papers in this issue are concerned with depression, but not focusing primarily on mood. First, readers may not all have noticed that the generic word 'psychosis' is creeping back into general parlance, and this includes depression in psychotic forms in the same breath as schizophrenia. Thus, all four papers on psychosis in this issue (Aleman *et al*, pp. 204–212, Clarke *et al*, pp. 235–240; Dean *et al*, pp. 221–228; Wade *et al*, pp. 229–234) include depression in psychotic form as a (relatively small) group within the population. This, as Dean *et al* have noted, sometimes makes it difficult to compare current studies with past ones but it is surprising how few are the differences found between schizophrenia and other psychoses, with the only study showing differences limited to insight (Aleman *et al*, Table 2, p. 208). It seems that, almost unheralded, people have taken on board the message of one of our earlier editorials (Craddock & Owen, 2005) and abandoned the Kraepelinian dichotomy for Griesinger's *Einheitspsychose*.

But this does not mean other forms of depression should necessarily be absorbed into the grand symphony of psychosis. The funeral march association of depression with suicide is well known, with greater risk with more severe depression (Grunebaum *et al*, 2004); what is less well remembered is that depression can be associated with early mortality and this is shown in the paper by Mogga *et al* (pp. 241–246) from Ethiopia, in which clear evidence of suicide does not seem to have been found – but was it hidden? Suicide itself is also known to be related to ease of availability of noxious substances, and the editorial by Bertolote *et al* (pp. 201–203) is a wake-up call to the rest of us dozing unaware that pesticides account for one in three suicides worldwide. Eddleston *et al* (pp. 278–279) show that the risk of death from yellow oleander poisoning is three times greater in the elderly than in the young, and that this may have been an underrated cause of greater suicide rates in the elderly. So with so much depression around it is good to report that we may have a new effective treatment, vagus nerve stimulation (Corcoran *et al*, pp. 282–283), which will need much more work to set it into context, but is certainly exciting. The other highly topical subject in depression research is the extent of neurocognitive deficits in those with bipolar disorder. This is now well established in classical bipolar disorder (Thompson *et al*, 2005) (to date, our most cited article from 2005) and the paper by Torrent *et al* (pp. 254–259) takes this a further step forward by showing impairments in bipolar II disorder that are intermediate between those of bipolar I and control participants. Yet another 'variation on a theme by Griesinger'.

### RESEARCH ASSESSMENT EXERCISE AND THE JOURNAL

Last month we discussed impact factors with a climbing metaphor. The Research Assessment Exercise is aptly named as it involves academics in England and Wales desperately straining to complete their climbs before 31 December 2007, because it is only papers that are published by this date that will be considered for the assessment of excellence that will determine university department funding for the subsequent 5 years. I hope that potential authors in other parts of the world will show sympathy for all the climbers – the tough Munro competitors climbing journal steeps over 3000 ft, the less ambitious Emslie mountaineers attempting ascents of up to 2000 ft – and even have a thought for those staggering up the Marylins (hills with a drop of 150 m all round) as they struggle with their heavy manuscripts. This month the preparations for the last climb begin and, because of the common strategy to maximise performance (Goldberg & Mann, 2006), we expect an increase in manuscript submissions in the next year. So please note that we may be even more competitive than usual but, in acknowledgement of the pain and suffering involved, and with an apology to our international contributors for being mildly partial, we will ensure that all papers from England and Wales accepted by 1 June next year will be published by the end of 2007, even if we have to produce bumper issues to do so.

**Craddock, N. & Owen, M. J. (2005)** The beginning of the end for the Kraepelinian dichotomy. *British Journal of Psychiatry*, **186**, 364–366.

**Goldberg, D. & Mann, A. (2006)**. How should financial support for research be distributed to universities? The Research Assessment Exercise (RAE) in England and Wales. *Epidemiologia e Psichiatria Sociale*, **15**, 104–108.

**Grunebaum, M. F., Galfalvy, H. C., Oquendo, M. A., et al (2004)** Melancholia and the probability and lethality of suicide attempts. *British Journal of Psychiatry*, **184**, 534–535.

**Shorter, E. (2005)** *A Historical Dictionary of Psychiatry*, p. 82. Oxford: Oxford University Press.

**Thompson, J. M., Gallagher, P., Hughes, J. H., et al (2005)** Neurocognitive impairment in euthymic patients with bipolar affective disorder. *British Journal of Psychiatry*, **186**, 32–40.

**Üstün, T. B., Ayuso-Mateos, J. L., Chatterji, S., et al (2004)** Global burden of depressive disorders in the year 2000. *British Journal of Psychiatry*, **184**, 386–392.