

## HIGHLIGHTS IN THIS ISSUE

This issue features groups of papers on theory of mind and schizophrenia, other aspects of schizophrenia, gender and depression, psychoimmunology, antecedents of somatic and psychiatric illness.

**Theory of mind deficits and schizophrenia.** There has been considerable literature in recent years reporting deficits related to appreciation of mentalizing states in others, or theory of mind, in schizophrenia. In the lead original paper, McCabe and colleagues (pp. 401–412) challenge the view that this is the nature of the demonstrated deficits. In real conversational interactions in clinical situations, schizophrenics appreciated the mental states of others accurately. In an accompanying editorial (pp. 385–389) Christopher Frith, a member of our editorial board who has contributed massively to this area, summarizes the background and the current state of these studies. In a related review article (pp. 391–400), Lee and colleagues review social cognition and schizophrenia, with particular emphasis on evidence for underlying neural networks.

**Schizophrenia: psychological treatment controlled trials, homicide, neuropsychology.** Five other papers also deal with other aspects of schizophrenia. Startup *et al.* (pp. 413–422) report a controlled trial of cognitive therapy in acute schizophrenic spectrum disorders, with benefit in symptoms and social function over treatment as usual. Leavey *et al.* (pp. 423–431), in a controlled trial of a brief psycho-educational intervention for carers of acute schizophrenics in a catchment area service, do not find it superior to routine care. In a paper with important implications for treatment and prevention, Joyal *et al.* (pp. 433–442) report a detailed study of homicidal acts in 58 Finnish schizophrenics. The majority of homicides were related to psychotic symptoms, involved someone who knew the offender, and occurred at home. However, more than half the offenders, in addition, showed antisocial personality disorder. These subjects were less likely to be responding to psychotic symptoms, more likely to assault a non-relative and to have used alcohol. Two papers report aspects related to neuropsychology. In the elderly Östling *et al.* (pp. 443–450) find cognitive deficits more common in non-demented paranoid or psychotic 85-year-olds than in those without paranoid or psychotic symptoms. Lencer *et al.* (pp. 451–460) find deficits in smooth pursuit eye movements not only in schizophrenics but also in subjects with schizophrenia or obsessive–compulsive disorder more than in normal controls.

**Gender and depression.** Two papers concern gender and depression. Parker & Hadzi-Pavlovic (pp. 461–470) find two age peaks in the female preponderance in depression and show that the earlier peak is not attributable simply to effects of prior anxiety. Jansson *et al.* (pp. 471–479) in a twin study find depression in the elderly moderately heritable, with a trend to higher heritability in females.

**Psychoimmunology.** Two psychoimmunology studies are reported. Garland and colleagues (pp. 481–490) in a study of women with early breast cancer find natural killer cell activity lower in those with current or previous psychiatric morbidity. They also find early morning salivary cortisol modestly correlated with killer cell activity but unrelated to psychological morbidity, so this HPA axis change does not mediate the relationship between psychiatric and natural killer cell findings. In a small placebo-controlled trial of citalopram in major depressives, Frank *et al.* (pp. 491–498) find natural killer cell activity to increase as depression improves, independent of the treatment modality. In a related study of a disorder which has sometimes been attributed to immune mechanisms, White and colleagues (pp. 499–507) find evidence for two separate post-infectious mononucleosis fatigue syndromes, both separable from mixed anxiety-depression.

**Antecedents of somatic morbidity.** Two papers concern antecedents of somatic and psychiatric morbidity. Using retrospective reported life-history data from the US National Comorbidity Survey, Goodwin & Stein (pp. 509–520) find childhood physical abuse, sexual abuse and neglect

associated with a range of adult physical illnesses. Neeleman *et al.* (pp. 521–531), in a three-year prospective study, find neuroticism playing a central role in somatic and psychiatric morbidity, both predicting later morbidity when it occurs at baseline, and showing a resultant increase later when either of the morbidities occurs at baseline.