Psychological Medicine, 2005, **35**, 1239–1240.
doi:10.1017/S0033291705005763 Printed in the United Kingdom

IN THIS ISSUE

This issue features groups of papers on depression in later life, controlled trials of psychological interventions, and chronic fatigue, together with additional papers.

Depression in later life

In the lead review article, Blazer & Hybels (pp. 1241–1252) discuss the origins of depression in later life, over a wide range of biological, psychological and social factors Jorm *et al*. (pp. 1253–1263) present data on depression, anxiety and general psychological distress from a community survey of adults in three age groups between 20 and 64 years. They show that symptoms decline with age, and that this is to some extent explained by differential exposure to social risk factors, particularly crises at work and negative relationships with family and friends. In an unusual paper from The Netherlands with implications for changing practices in other countries, Marcoux *et al*. (pp. 1265–1274) describe characteristics of subjects who withdraw a request for euthanasia or physician-assisted suicide, and report relationships with depression, anxiety, and other mental health problems, but less physical problems and unbearable suffering. In an epidemiological study over a wider age range, Currie & Wang (pp. 1275–1282) show that depression increases the risk of developing chronic pain two years later.

Controlled trials of psychological interventions

Three papers report data from randomized controlled trials of psychological treatments. Banasiak *et al*. (pp. 1283–1294) find a cognitive guided self-help procedure based on a published manual superior to waiting-list control in bulimia nervosa in primary care. Jackson *et al*. (pp. 1295–1306) find addition of cognitively oriented psychotherapy to convey no benefit over the other standard treatments in an early intervention psychosis service for subjects with a first episode of psychosis, over 4 years of assessment. Startup *et al*. (pp. 1307–1316) report two-year follow-up data from a trial of CBT for acute schizophrenia, and find continuing benefit on negative symptoms and social functioning, without significant difference in costs.

Chronic fatigue

Three papers from one research group concern chronic fatigue. Evengård *et al*. (pp. 1317–1326) report epidemiological data from a telephone interview, followed by examination of medical records, of subjects in the Swedish Twin Registry. They find high rates of fatigue as a symptom, and 6-month prevalence of chronic fatigue syndrome (CFS) of 2·36%, with markedly higher rates in women than men, which may also explain previously reported associations with certain occupational factors. From the same sample, Sullivan *et al*. (pp. 1327–1336) find modest genetic effects on CFS, but with predominant individual-specific effects. In a third paper Sullivan *et al*. (pp. 1337–1348) explore the definition and classification of CFS, including use of latent class analysis to identify a core syndrome. They find little support for the widely used 1994 Centers for Disease Control criteria.

Additional papers

In a twin analysis across three birth cohorts of Virginia twins, Kendler *et al*. (pp. 1349–1356) find that, while the prevalence of lifetime illicit drug use rose markedly between cohorts, estimates of genetic and environmental risk factors remained stable. Kisely *et al*. (pp. 1357–1367) report a comparison of health service use patterns in two jurisdictions, an Australian one with compulsory community treatment and a Canadian one without it. They find that compulsory community treatment does not reduce hospital readmission rates, but rather, as with some other intensive

community interventions, tends to increase it, perhaps due to better surveillance. However, they find length of hospital stay reduced. In a study of Afro-Caribbean and Asian ethnic minority groups in England, Crawford *et al*. (pp. 1369–1377) find lower lifetime suicide ideation and attempt rates than among the British white population, but higher rates in ethnic minority subjects born in the UK than those who migrated as adults, and, as a matter of some concern, less likelihood of receiving medical attention following a suicide attempt than in British whites.