

Highlights of this issue

By Kimberlie Dean

Antipsychotics – risk for diabetes and prescribing practices

On the basis of a systematic review and meta-analysis, Smith *et al* (pp. 406–411) have found tentative evidence of a small increase in risk for diabetes among those with schizophrenia prescribed second- *v.* first-generation antipsychotics. They also found evidence for substantial variability across studies and highlighted a range of methodological limitations in studies conducted to date. The authors urged caution in the interpretation of their findings and call for routine screening for physical illnesses, including diabetes, of all individuals with schizophrenia, regardless of the type of medication taken. Despite a lack of evidence to support the use of antipsychotics in combination, such prescribing is widely practised. Paton *et al* (pp. 435–439) found that implementation of a quality improvement programme across 32 in-patient services in the UK had no apparent impact on prescribing practices. The authors identified ‘as required’ (p.r.n.) prescriptions as the main source of combination prescribing and found the latter to be the main source of high-dose prescribing. They concluded that p.r.n. antipsychotic prescribing is an embedded practice in many in-patient units and recommended a number of simple strategies that might be useful in reducing reliance on it.

Trials of therapy for psychosis and borderline personality disorder

In a multicentre trial of cognitive-behavioural therapy (CBT) and family intervention for those with non-affective psychosis who had recently suffered a relapse of symptoms, Garety *et al* (pp. 412–423) found no effect of either intervention on rates of remission, relapse or days in hospital over the follow-up period. With regard to secondary outcomes, the authors found benefit for CBT in terms of improvement in depression, delusional distress and social functioning. They concluded that generic CBT is not indicated for relapse prevention and should be reserved for those with distressing medication-unresponsive positive symptoms. Regarding family intervention, the low overall relapse rate for those with carers was highlighted as a possible explanation for the lack of benefit found in this study. Following a previous study demonstrating effectiveness for both schema-focused therapy and transference-focused psychotherapy for borderline personality disorder, van Asselt *et al* (pp. 450–457) present findings from an economic analysis. Overall, they found that

schema-focused therapy was less costly and more effective than transference-focused psychotherapy.

Schizophrenia – corpus callosum morphology and causes of metabolic disturbances

In a magnetic resonance imaging study involving individuals with schizophrenia, Walterfang *et al* (pp. 429–434) found that although there was no difference in total callosal area across groups, reductions in anterior callosal regions were seen for those with first-episode psychosis compared with controls. Greater callosal morphological changes were found in those with chronic schizophrenia than in controls. Yevtushenko *et al* (pp. 424–428) investigated genetic and environmental factors associated with metabolic syndrome in patients with schizophrenia. They found that a leptin gene polymorphism and smoking were both associated with the syndrome, and that the combination of specific leptin and 5-HT_{2C} genotypes increased risk of obesity. The authors also confirmed an association between antipsychotic drug treatment and obesity.

Focal epilepsy and bipolar disorder

Adams *et al* (pp. 464–469) reviewed the neuropsychiatric morbidity of over 300 patients with focal epilepsy who had presented to the Royal Melbourne Hospital for video electroencephalogram monitoring. Over half of the group were diagnosed with current or previous psychiatric disorder, the most common disorder being depression. An association was found between the prevalence of depressive symptoms and a diagnosis of non-lesional focal epilepsy, but no difference was found between the prevalence of neuropsychiatric disorder in those with temporal lobe *v.* extra-temporal lobe epilepsy. Episodic emotional memory was examined in a sample of euthymic patients with bipolar disorder in a study by Kauer-Sant’Anna *et al* (458–463). Compared with controls, those with bipolar disorder showed no memory enhancement for the emotional content of stories they were asked to recall.

Male suicides in prison and self-harm patterns

For the period 1994 to 2003, Bird (pp. 446–449) estimated the number of prison suicides expected for Scottish prisons based on adjustment for age and opioid dependency. Earlier in the period actual suicide rates exceeded those estimated, but by the second half of the period examined no such excess was found. In comparing self-harm by self-poisoning with self-injury, Lilley *et al* (pp. 440–445) found that those who cut themselves were more likely to have a previous history of self-harm, more likely to have received support from services, but were less likely to receive a psychosocial assessment or be admitted to the general hospital. Almost half of those who cut themselves repeated this form of self-harm.