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In this issue

This issue contains one review on barriers to the uptake of computerized cognitive behaviour therapy (CBT), and a paper on CBT for common mental disorders in those with cancer. Other sets of papers examine various aspects of affective disorders, psychosis, eating disorders and personality disorders.

Cognitive behaviour therapy

In the first paper, Weller & Gilbody (pp. 705–712) present findings from a systematic review of quantitative and qualitative studies of barriers to the uptake of computerized cognitive behaviour therapy (cCBT) for anxiety and depression. The authors found that significant numbers of potential participants are lost prior to trials beginning, and that drop-outs during trials may be highest in cCBT groups. Personal circumstances were the most common reason for drop-out, and significant staff time was needed to support clients. The authors conclude that, while cCBT may be effective for some people, barriers to uptake will substantially limit its impact if they are not addressed.

Moorey *et al.* (pp. 713–723) report on findings from a cluster randomized controlled trial of CBT for common mental disorders (CMD) in patients with advanced cancer, in which eight specialist hospice nurses were randomized to receive CBT training and seven to practice as usual. Of 328 possible cases with a CMD at the hospice, 80 were included in the trial. In this group, those who received CBT had lower anxiety (but not depression) scores over time.

Affective disorders

In the first of seven papers on aspects of affective disorders, Thomas *et al.* (pp. 725–733) examined whether ageing alone accounts for neurocognitive impairment in late-life depression in a sample of 75 subjects with major depressive disorder (MDD) (<60 years, $n=44$; $\geqslant 60$ years, $n=31$) and 82 controls. The authors found greater impairment in verbal learning, memory and motor speed (but not executive function) in late-life depression. These associations were not accounted for by age alone.

Lee *et al*. (pp. 735–747) investigated aspects of the epidemiology of major depressive episodes (MDE) in a multi-stage household survey of 2633 adults in Beijing and 2528 in Shanghai. The authors found: (1) a lifetime prevalence of depression of 3.6% and a 1-year prevalence of 1.8%; (2) a mean age of onset of 30.3 years; and (3) no gender differences. Among those reporting 1-year MDE, 4.8% reported suicidal ideation, 2.6% suicide plans, and 3.2% a recent suicide attempt. The authors further found significant co-morbidity with other mental (OR 22.0) and physical (OR 3.2) disorders.

Denollet *et al.* (pp. 749–756) investigated the relationships between depressive disorder, Type D personality, and forms of distress in 1205 patients assessed at a number of time-points post-myocardial infarction (MI). The authors found that 206 (17%) subjects met criteria for depression and 224 (19%) met criteria for Type D personality. Only 7% ($n=90$) had both forms of distress. Depressed patients without Type D had the most severe clinical status (e.g. left ventricular dysfunction, heart failure). Type D patients without depression were less likely to have left ventricular dysfunction than depressed patients without Type D. The authors conclude that depression and Type D personality are associated with different forms of distress following MI.

Mannie *et al.* (pp. 757–762) examined memory impairment, and the influence on this of cortisol and 5-HTT genotype, in a sample of 35 women with a parental history of depression and 31 matched controls. The authors found that those with a parental history of depression had decreased immediate recall and recognition memory compared to controls. Impairment in recall, but not recognition, was negatively associated with increased cortisol secretion. No effect of 5-HTT allelic status was observed. The authors conclude that impairments in memory observed in those at increased genetic risk of depression may be partly mediated by increased cortisol secretion.

Fiedorowicz *et al.* (pp. 763–771) investigated the influence of affective disorder polarity on suicidal behaviour in a sample of 909 subjects meeting criteria for major depressive and bipolar disorders that were followed through 4204 mood cycles. The authors found no differences in prior suicide attempts by polarity. During follow-up, 40 cycles ended in suicide and 384 cycles contained at least one suicide attempt. Age, hopelessness, and active substance abuse, but not polarity, predicted suicidal behaviour.

Lomax *et al.* (pp. 773–783) used the Interactive Cognitive Subsystems (ICS) model to examine cognitive processing in a sample of 30 subjects with bipolar disorder (BD) and 30 controls. Using a task to test whether subjects would detect discrepancies in the prevailing schemas of sentences, the authors found no evidence of differences between the two groups. However, those with BD were significantly more likely than controls to answer questions consistent with prevailing schemas. The authors conclude that those with BD may have a tendency to operate at a more abstract level of representation, which may leave individuals prone to affective disturbance.

Roiser *et al.* (pp. 785–791), using the Affective Go/No-go test (AGNG) and Cambridge Gamble task (CGT),

investigated the effect of positive mood induction on emotional processing in 15 euthymic subjects with BD and 19 controls. The authors found that, following positive mood induction, BD cases exhibited a positive emotional bias on the AGNG and performed more slowly on the CGT. The authors conclude that these findings confirm that positive mood induction is more effective in those with BD than controls.

Psychosis

In the first of two papers on psychosis, Chua *et al.* (pp. 793–800), using structural magnetic resonance imaging, investigated early striatal hypertrophy within 3 weeks of initiation of antipsychotic drug treatment in a sample 48 subjects with a first episode of psychosis (antipsychotic naive, $n=26$; newly treated, $n=22$). The authors found that those who were newly treated (median length of treatment 3 weeks) had significantly greater grey-matter volumes in the bilateral caudate and cingulated gyri, extending to the left medial frontal gyrus. The authors conclude that early striatal grey-matter enlargement may occur within the first 3–4 weeks of antipsychotic treatment.

Saarni *et al.* (pp. 801–810) examined the detailed body composition of individuals with different psychotic disorders in a sample of 8082 Finns aged $\geqslant 30$ years. The authors found that schizophrenia was associated with obesity (OR 2.3), abdominal obesity (OR 2.2), and higher fat percentage (mean difference 3.8%). After adjusting for current antipsychotic medication, education, diet and smoking, these associations remained. Those with affective psychoses did not differ from the general population.

Eating disorders

Three papers examine aspects of eating disorders. In the first, Wilksch & Wade (pp. 811–821) investigated seven potential temperament endophenotypes (e.g. body dissatisfaction) for clinically significant importance of shape and weight in a sample of 699 female twins aged 12–15 years. The authors found that all seven potential endphenotypes were associated with clinically significant importance of shape and weight. Thin-ideal internalization, ineffectiveness, body dissatisfaction and sensitivity to punishment were elevated in non-affected twins, when controlling for sister's temperament scores. These four variables had genetic correlations with importance of shape and weight raging from 0.48–0.95.

Keski-Rahkonen *et al.* (pp. 823–831) examined the incidence, prevalence and outcomes of bulimia nervosa (BN) in 2881 women from the 1975–1979 Finnish twin birth cohorts. The authors found: (1) a lifetime prevalence of BN of 2.3%; (2) an incidence rate of 300/100 000 person-years at 16–20 years of age and 150/100 000 at 10–24 years; (3) a 5-year recovery rate of 55%. The authors further found that less than a third of cases had been treated by health-care professionals.

Thomas *et al.* (pp. 833–843) investigated the impact of different methods for calculating expected body weight (EBW) on estimates of the prevalence of anorexia nervosa (usually $<85\%$ EBW) in a population-based sample of 12 001 individuals and a treatment-seeking sample of 189 individuals. Having first identified 10 different methods for estimating EBW in the literature, the authors found that the method with the lowest cut-off yielded a prevalence of 0.23% in the national sample, compared to a prevalence of 10.10% using the method with the highest cut-off. Similarly large discrepancies were found for the treatment-seeking sample.

Personality disorders

In the first of the final three papers, Sala *et al.* (pp. 845–853) investigated whether the memory control mechanism is impaired in borderline personality disorder (BPD) using a series of tests to assess retrieval and improvement of memory in a sample of 19 subjects with BPD and 19 matched controls. The authors found evidence that the mechanism of active retrieval of memories and of improvements through repetition were impaired in cases, particularly those exposed to early trauma, compared to controls. The authors conclude that such impairments may play a role in the emergence of unwanted memories and dissociative symptoms in those with BPD.

Dyck *et al.* (pp. 855–864), in a sample of 19 subjects with BPD and 19 controls, investigated emotion recognition deficits in BPD using two emotion recognition tasks [the Fear Anger Neutral (FAN) test, requiring rapid discrimination of facial expressions, and the Emotion Recognition Test, requiring precise discrimination of expressions without a time limit]. The authors found that BPD subjects showed a deficit only in the FAN test, with a negative bias in the evaluation of neutral facial expressions. The authors conclude that a specific deficit in rapid discrimination of emotional expressions may underlie difficulties in social situations in BPD.

Chen *et al.* (pp. 865–874) examined the impact of early adolescent psychiatric and personality disorder (PD) on long-term physical health in a sample of 736 children followed over a 20-year period. The authors found that, compared to those without an Axis I disorder or PD ($n=506$), adolescents with an Axis I disorder had higher odds of pain and physical illness and poorer physical health over time. Similar findings were observed for adolescents with a PD. The highest odds of long-term physical health problems were observed for those adolescents with a comorbid Axis I disorder and PD.

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