

Highlights of this issue

BY ELIZABETH WALSH

FROM WITCHCRAFT TO ANTHRAX SCARES: MASS SOCIOGENIC ILLNESS THROUGH THE YEARS

Bartholomew & Wessely (pp. 300–306) provide a comprehensive and erudite overview of mass sociogenic illness. A historical perspective is taken of the topic beginning with the first recorded ‘hysterical’ outbreaks among members of strict enclosed religious orders in the Middle Ages, through outbreaks related to poor working conditions during the Industrial Revolution, up to the recent anthrax scares in the US. The review ends with useful recommendations for management of suspected epidemics.

COGNITIVE IMPAIRMENT IN EUTHYMIC PATIENTS WITH BIPOLAR DISORDER

There is accumulating evidence that recovery in bipolar disorder is not complete and this is supported by two case-control studies in this issue (Clark *et al*, pp. 313–319 and Cavanagh *et al*, pp. 320–326). Both report that euthymic patients with bipolar disorder show neurocognitive deficits on a task of verbal learning and memory. Although both studies suggest that the cognitive deficits worsen with severity/progression of illness, their treatment of possible confounders differs. Ferrier & Thompson (pp. 293–295) tease out these differences in an accompanying editorial and discuss the implications of these findings for management. If cognitive decline worsens with illness progression, early diagnosis and treatment is crucial. It is

suggested that future work should focus on ascertaining whether a unique cognitive profile exists or whether distinct subgroups can be identified at whom specific psychological treatments may be targeted.

PROGRESSIVE BRAIN CHANGES IN SCHIZOPHRENIA

To ascertain whether there are progressive brain changes during late adolescence in schizophrenia James *et al* (pp. 339–344) used magnetic resonance imaging (MRI) to compare the brains of 16 adolescents with schizophrenia with 16 matched controls up to 30 months later. Results reveal a non-progressive, generalised ventricular enlargement in adolescent-onset schizophrenia, the degree of enlargement being substantial in males. This enlargement at the outset of illness suggests that global brain changes occur prior to the development of psychotic symptoms. The limbic system has been suggested to be a possible focus of pathological change in schizophrenia, but there is disagreement between MRI and post-mortem studies of amygdala volume. Chance *et al* (pp. 331–338) assess the volume of the amygdala in a series of post-mortem brains and find no significant reduction compared with controls. The debate goes on.

IMMIGRANT ELDERS – ACCESS TO HEALTH AND SOCIAL CARE

Livingston *et al* (pp. 369–373) examine differences between the health and service

utilisation of older immigrants and their UK-born counterparts. Immigrants in general accessed primary and secondary health care and social care services at least at the same level as older UK-born people. African–Caribbeans appeared to have poorer physical health and this excess accounted for their greater contact with health and social services.

OUTCOME OF RTA AND COMBAT TRAUMA

Murray *et al* (pp. 363–368), studying two series of road traffic accident victims, discover that persistent dissociation and rumination 4 weeks after trauma are more useful in identifying those patients who are likely to develop chronic post-traumatic stress disorder (PTSD) than initial reactions. Claims for PTSD made by former members of the armed forces and public sector workers are on the increase. Jones *et al* (pp. 374–379) bring a historical perspective to this and examine changing attitudes to post-combat stress over the past century. The war pensions dilemma of how to discourage invalidity and yet compensate disability properly is discussed.

RECRUITING PSYCHIATRISTS

Brockington & Mumford (pp. 307–312) review the literature to inform strategy for improving recruitment into psychiatry. Solutions presented include a focus on influences before and after undergraduate training – the kind of student entering medical school and the factors favouring sustained psychiatric practice. Storer (pp. 296–297), in an accompanying editorial, draws our attention to recent evidence suggesting that the very factors that lead an individual to choose a career in psychiatry also make the individual more susceptible to stress. This presents a double bind, because if we were to screen out those vulnerable to stress, we would be likely to lose the qualities of empathy and sensitivity which are such valuable attributes in our profession.