

HIGHLIGHTS IN THIS ISSUE

This issue features groups of papers on life stress, neuropsychology of psychiatric disorders, substance use disorders.

Recent life events. Six research reports deal with life stress. Rahman *et al.* (pp. 1161–1167) report strong associations with recent stressful events and difficulties, for both post-natal and antenatal depression in rural Pakistan. Farmer & McGuffin (pp. 1169–1175) use a sib-pair approach to study depression and event qualities. They find loss and humiliation events particularly involved, with the latter more predominant in men than women. Kessing *et al.* (pp. 1177–1184) use record linkage to demonstrate associations between recent unemployment, divorce, suicide of a first-degree relative and first hospitalization with depression, over the lifespan. Hatcher & House (pp. 1185–1192) in a case-control study find patients with chronic fatigue syndrome to have experienced raised rates of severe events and difficulties, particularly in the 3 months before onset, and describe a new type of event that appears to be implicated, the dilemma. Two of the papers deal with antecedents of events. Kendler *et al.* (pp. 1193–1202) find neuroticism associated with life event occurrence and with dimensions of interpersonal relationships, and elegantly using reports from co-twins demonstrate that this is not due to reporting bias. Patton *et al.* (pp. 1203–1210) use data from a multi-wave community epidemiological study of adolescents to show that earlier anxiety and depression predict occurrence of events, which themselves predict later depression, even in absence of earlier symptoms. An accompanying editorial (pp. 1145–1148) discusses these six papers.

Substance use disorders. Two important papers deal with substance use disorders. Zimmerman *et al.* (pp. 1211–1222), in a community epidemiological study of adolescents and young adults, find baseline panic attacks and social phobia predict subsequent onset of alcohol abuse and dependence. In a study at the other end of life and of the process, Curran *et al.* (pp. 1223–1237), in a randomized controlled trial, successfully withdrew 80% of elderly subjects who were dependent on benzodiazepine hypnotics, and found significant improvements on cognitive and psychomotor tests, with little in the way of withdrawal symptoms or emergent sleep difficulties.

Neuropsychology of psychiatric disorders. Four papers deal with neuropsychology and related brain aspects in psychiatric disorders. Wood *et al.* (pp. 1239–1247) find young subjects, at very high risk of acute psychosis because of premonitory symptoms or family history combined with deterioration of function, show impaired spatial working memory compared with healthy controls. Elevåg *et al.* (pp. 1249–1261) find impairment of brief time duration judgement in schizophrenic patients compared with controls. Brodaty *et al.* (pp. 1263–1275) report data from a 25-year follow-up of depressed patients. Neuropsychological performance was comparable to controls, but more depressives had dementia, particularly of vascular type. Michael *et al.* (pp. 1277–1284) use MR spectroscopy to show lower glutamate/glutamine levels in left dorsolateral prefrontal cortex of depressives with melancholia than in controls, and reversal of this abnormality after successful treatment with ECT.