

IN THIS ISSUE

This issue features major papers on bipolar disorder, and further groups of papers on suicide attempts, tobacco smoking, and effects of trauma.

Bipolar disorder

The lead editorial, by Paul Bebbington, reviews recent advances across a range in understanding the origins of bipolar disorder. This is followed by six research papers. Mitchell *et al.* (pp. 777–785) report data from an Australian national survey of more than 10 000 people, which underlines the severe nature of the disorder. They find 1-year prevalence of bipolar disorder of 0.5%, with higher functional impairment, more marital breakdown, drug use and suicide attempts than in unipolar disorder. Importantly, as in some other studies, the gender ratio is more equal, suggesting bipolar and unipolar affective disorders are separate.

Tsuchiya *et al.* (pp. 787–793) report an elegantly designed study using comprehensive Danish population registers to link data on bipolars and controls with their parents. While subjects with bipolar disorder are lower on social indices than the general population, as would be expected from the effects of the disorder, their parents had higher socio-economic status than the general population. There have been a number of hints previously in the literature that the families of origin of bipolar subjects tend to have high achievement. This paper provides conclusive proof of this tendency, suggesting selective advantage from bipolar genes and traits, provided that they do not culminate in disorder.

Four studies throw light on the psychological mechanisms underlying aspects of bipolar disorder. Lennox *et al.* (pp. 795–802) studied responses to sad and happy faces in manic subjects and normal controls, and coupled this with functional MRI. Manic subjects rated sad faces as less sad, in a mood-congruent manner, and showed attenuation of the accompanying functional MRI activation, in subgenual anterior cingulate and bilateral amygdala, with increased activation in posterior cingulate and insula. There were no abnormalities in responses to happy faces. Tai *et al.* (pp. 803–809) also studied the effects of emotional salience, in manic, depressed, and well patients and normal controls using salient and non-salient interviews in which they rated thought disorder in speech samples. Manics showed the greatest thought disorder, and the greatest effects of emotional salience. Dixon *et al.* (pp. 811–821), in similarly constituted samples, studied executive function. They report that executive function deficits are most evident during mania, and are associated with formal thought disorder. However deficits in response initiation, strategic thinking and inhibitory control were present in all three bipolar groups, unrelated to presence and direction of symptoms. These deficits may, therefore, be more related to the underlying disorder. Deckersbach *et al.* (pp. 823–832) in euthymic bipolars, found impaired non-verbal memory compared with normal controls, mediated by poor use of organization strategies during encoding.

Suicide attempts

Henriques *et al.* (pp. 833–841) report an unusual comparison between two samples of suicide attempters, who made attempts during 1970–1973, and 1999–2003 respectively. Present-day attempters showed more psychopathology, including more depression, hopelessness, suicidal intent, drug use, more previous and subsequent attempts. A rise in the rate of suicide attempts over this period has been well documented. This paper indicates that this is not by the recruitment of a less psychiatrically ill group. In a prospective study over 8 years in patients with eating disorders Franko *et al.* (pp. 843–853) found suicide attempts occurring in 15%, and with a higher rate in anorexics than in bulimics. Attempts in both groups were predicted by drug use, in anorexics by depression

and in bulimics by laxative use. Davidson *et al.* (pp. 855–863) report a further analysis of a large controlled trial of manual-assisted cognitive behaviour therapy, previously reported in *Psychological Medicine*. They find that therapists rated as more competent achieved greater reduction in depression, anxiety and social function, but not in the consistently most intractable of target outcomes in most studies, suicide attempt repeats, which were not reduced by treatment in this study.

Tobacco smoking

Lessov *et al.* (pp. 865–879) examine heritability of nicotine dependence in young adult Australian twins. They find almost all nicotine dependence symptoms to be substantially heritable, and in factor analysis find separate genetic and shared common environmental factors, with some differences in loadings by gender. Benjet *et al.* (pp. 881–888), in the Mexican general population, find an association of smoking with depression, attenuating after cessation of smoking, and adding a different culture to the accumulating evidence linking smoking and depression.

Effects of trauma

Breslau *et al.* (pp. 889–898) compare different questioning methods for case-finding of post-traumatic stress disorder in the general population. They find asking about effects of the most stressful event that ever happened to the respondent to be a valid short-cut to assessing consequences of traumas. Beiser & Wickrama (pp. 899–910) studied the process of temporal re-integration, that is cognitive recapture of the past and its reconnection with the present and future, over 10 years, in Southeast Asian refugees. They find it to affect mental health adversely. Although suppressing the past, and dissociating it from the present and future, have been suggested to protect mental health in the aftermath of a catastrophe, it appears only to be effective in the short term, with the inevitable attenuation later accompanied by adverse effects. The study also found the stability of love and work to be protective factors in this process.

Additional papers

Lawrence *et al.* (pp. 911–919) report reliability and validity of a new self-report scale for measuring empathy. Gooding *et al.* (pp. 921–932) report the test–retest stability of saccadic task performance. Rutter & McGuffin (pp. 933–947) chronicle the origins and contributions so far of a research centre which has risen to major international prominence in the last 10 years, the Social, Genetic and Developmental Psychiatry Centre at the Institute of Psychiatry, Maudsley Hospital.