

In this issue

This issue contains one review of psychological interventions for social phobia, a further paper on social phobia, and other sets of papers examining various aspects of internalizing and externalizing behaviours and psychosis. Five individual papers examine a variety of topics.

Social phobia

In the first paper, Ponniah & Hollon (pp. 3–14) present findings from a qualitative review of 30 studies evaluating the effectiveness of psychological interventions for social phobia, specifically social skills training, exposure therapy and cognitive treatments. They found that cognitive behaviour therapy (CBT), involving cognitive restructuring and exposure therapy, is an efficacious and specific treatment for social phobia. However, evidence for the effectiveness of social-skills training was limited. The authors conclude that CBT is the psychological intervention of choice for social phobia.

Ruscio *et al.* (pp. 15–28) present data on the epidemiology of social phobia from the US National Comorbidity Survey, with a sample of 9282 subjects. They report a lifetime prevalence of social phobia of 12% and a 12-month prevalence of 7%. The authors further found social phobia to be associated with significant co-morbidity, role impairment and help-seeking, each showing a dose–response relationship with the number of social fears. However, in only around half of cases was social phobia a focus of clinical intervention.

Internalizing and externalizing behaviours

This issue contains three papers examining various aspects of internalizing and externalizing behaviours. In the first, Button *et al.* (pp. 29–39) investigated the degree to which three environmental risk factors [maternal punitive discipline (MPD), paternal punitive discipline (PPD), and negative life events (NLE)] share genetic influences with, and moderate the heritability of, externalizing behaviour. They found evidence for gene–environment correlation between the three risk factors and externalizing behaviour. When these correlations were controlled for, genetic variance decreased and environmental influences increased, as a function of MPD. The authors conclude that the influence of genetic risk on externalizing behaviour is context dependent.

Goudriaan *et al.* (pp. 41–50) examined the relative impact of personality characteristics (self-reported impulsivity, reward sensitivity) and neurocognitive measures of disinhibition and decision making on relapse in 46 pathological gamblers. The authors found that the neurocognitive indicators, but not the personality characteristics, were significant predictors of relapse. The authors conclude that neurocognitive predictors may be useful in guiding treatment of pathological gamblers.

Kramer *et al.* (pp. 51–61) investigated the extent to which gender differences in average levels of internalizing and externalizing factors account for gender differences in specific symptoms of psychopathology in a sample of 2992 subjects drawn from the Minnesota Twin Registry. Using data collected with the Psychiatric Diagnostic Screening Questionnaire, analysed using confirmatory factorial invariance models, the authors found that a ‘strong gender invariance model’ fit best, suggesting gender differences in means of individual syndromes were well accounted for by gender differences in mean levels of internalizing and externalizing disorders.

Psychosis

Three further papers examine aspects of psychosis. In the first, Haukka *et al.* (pp. 63–70) investigated the association between schizophrenia and adult height and weight or patterns of growth in families with a member with schizophrenia ($n=221$), families of offspring of mothers with a psychotic disorder ($n=159$), and controls ($n=99$). The authors found nearly identical growth curves for individuals with schizophrenia and their unaffected siblings. There was weak evidence that daughters, but not sons, of mothers with psychosis had shorter adult stature. The authors conclude that there is no strong evidence for an association between growth patterns and schizophrenia.

Lloyd *et al.* (pp. 71–77) examined the prevalence and diagnostic specificity of minor physical anomalies (MPAs) in 242 subjects with a first episode of psychosis and 158 controls drawn from the AESOP study. The authors found most MPAs to be more common in all cases (irrespective of specific diagnosis) compared with controls. The authors conclude that an excess of MPAs is not specific to schizophrenia, which may indicate a common developmental pathway for non-affective and affective psychoses.

Harrison *et al.* (pp. 79–88) investigated the impact of co-morbid substance abuse on outcomes in a sample of 85 subjects with a first episode of psychosis followed for a median of 14 months. They found that the prevalence of cannabis use fell during the follow-up period, from 32% to 19%. Persistent substance users had more positive and depressive, but not negative, symptoms, and a greater severity of illness, at follow-up. The authors conclude that substance use should be the focus of targeted intervention at first onset of psychosis.

Other topics

This issue concludes with five papers examining a variety of topics. In the first, van Amelsvoort *et al.* (pp. 89–100) examined the effects of the catechol-O-methyltransferase (COMT) *Val¹⁵⁸Met* polymorphism on brain anatomy and neurocognition in a sample of 26 adults with velo-cardio-facial syndrome (VCFS). The authors found that *Val*-hemizygous subjects, compared with *Met*-hemizygous subjects, had a significantly larger volume of frontal lobes, increased grey-matter density in cerebellum, brainstem and parahippocampal gyrus, and decreased white-matter density in the cerebellum. No associations were found with neurocognitive function. The authors conclude that variations in COMT activity are implicated in brain development in VCFS.

Green *et al.* (pp. 101–111) report on the development of two scales to measure ideas of persecution and reference in the general population – the Green *et al.* Paranoid Thoughts Scales. The scales were tested in a sample of 353 individuals without a history of mental illness and 50 with current persecutory delusions. Both 16-item scales assessing social reference and persecution showed good internal consistency and validity, and both were sensitive to change over time. The authors conclude that these scales provide good

measures of paranoia for use in general population samples.

Visser & Verhey (pp. 113–122) investigated whether the predictive accuracy of mild cognitive impairment (MCI) for Alzheimer's disease at 5-year follow-up was dependent on age and the definition of MCI used. In a sample of 320 subjects aged over 40, without dementia at baseline assessment, the authors found that, at 5-year follow-up, 58 had a diagnosis of Alzheimer's disease. A good predictive accuracy was observed only for subjects aged 70–85 using criteria for amnesic MCI. The authors conclude that, in general, MCI has limited usefulness as a predictor of Alzheimer's disease, particularly in younger subjects.

Lasaliva *et al.* (pp. 123–133) examined the impact of staff–patient agreement on needs for care on outcomes in a 3-month prevalence sample of 188 subjects with a range of mental health needs followed for 4 years. The authors found that staff–patient agreement did predict better outcomes (both clinician and patient rated), independent of sociodemographic factors, service use, and changes in clinical status. The authors conclude that efforts should be made in clinical practice to increase consensus on needs between staff and patients.

In the final paper in this issue, Hill *et al.* (pp. 135–146) investigated whether borderline (BPD) and avoidant (APD) personality disorders differed by specific deficits in social domains in a sample of 116 subjects with either BPD, APD or no personality disorder. Pervasive social dysfunction was associated with a 16-fold increase in the odds of an Axis II disorder. Both BPD and APD were associated with social dysfunction. BPD was specifically associated with romantic relationship dysfunction.

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