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From the Editor's desk

By Peter Tyrer

Classifying our publications by the E-system

I have long had a niggling concern during my time as editor. A significant minority of my colleagues admit to me that they seldom read a paper in the journal unless forced by necessity (usually a teaching exercise) to do so. Yet at the same time we repeatedly tell authors that their papers are turned down because they have no relevance to a clinical audience. The trouble is that I find the scientific literature on psychiatry less stimulating than popular books that touch on the subject,[1] so cannot be too hard on those that do likewise. But what else can we do to encourage the ordinary diligent, but slightly disenchanted, psychiatrist to read our papers more assiduously? Well, e-additives are often added to food in an attempt to make it more palatable, and here we introduce some e-additives for the *British Journal of Psychiatry*. We have nine displayed on our take-home label. These are erudite articles (EA), editorial commentaries (EC), etiological dissections (ED), epidemiological extravanganzas (EE), Einsteinian gems (EG), editorial indulgences (EI), estimation measures (EM), exhaustive reviews (ER) and efficacy studies (ES).

In this issue we have four ECs, (Kingdon, pp. 1–2; Young & MacPherson, pp. 3–4; Treasure & Russell, pp. 5–7; Pitman & Osborn, pp. 8–10), one ER (Leichsenring & Rabung, pp. 15–22), four EEs (Weich *et al*, pp. 23–28; Bebbington *et al*, pp. 29–37; Artero *et al*, pp. 43–48; Smith *et al*, pp. 49–56), one ED (Alemany *et al*, pp. 38–42), one ES (Kessing *et al*, pp. 57–63), one EA (Shah *et al*, pp. 11–14), and one EI (this piece). But we ought to start with Einsteinian gems. These are the papers that every editor wants to publish – or at least they do in retrospect when their significance becomes known – as they change the face of a subject. We do not get these very often, and sometimes they are rejected at first because they provoke so much resistance to the established order, and I do not think there are any in this issue. Sorry to disappoint you, authors, but you are in good company. I think the last EG we published was in 1985 when Michael Rutter elucidated elegantly (in a lecture, not an original scientific paper[2]) the reasons why most people, whether children or adults, have sufficient resilience to stress, generated in many different ways, to avoid psychiatric disorder, and this was written at a time when many had forgotten this basic truth. Epidemiological extravaganzas are much more common. They are the first clues to be found in any research conundrum and in some ways are the easiest to carry out. But good ones have to possess special features, and the reason I call them 'extravaganzas' is that it is the big and bold ones that tend to get published here. When looking at an EE try to find out whether it had a hypothesis before the data were analysed – I think you will find our papers here pass the test, and one of them (Smith *et al*, pp. 49–56) was set up specifically to assess the detection of bipolar disorder in primary care, where early detection is increasingly important (Young & MacPherson, pp. 3–4).[3] One of the problems with many epidemiological studies, particularly the large national registers made famous in Scandinavia but not always appreciated by those who slave away collecting the data, is, as one of my colleagues recently observed, 'they do things the wrong way round, collecting all the data first and spending the next 30 years developing hypotheses'. Also, be aware that a very large database can yield associations that are highly significant in statistical terms but very slight in clinical ones. Most of our efficacy studies are randomised controlled trials of different treatments, but in this issue the continued implications of the recent BALANCE trial[4] are explored. Lithium, the magic ion,[5] continues to fascinate and most of the data support its wider use. Erudite articles used to be the main stuff of the *Journal*: worthy, detailed and concept-driven pieces that make the reader think. These often have to be quite long to get their message across and because we have so many papers presenting original data competing for space they tend to be squeezed out. But we have an EA in this issue (Shah *et al*, pp. 11–14) and I hope it does make you ponder – it is a new map of the social world. Etiological dissections (sorry we have to use the US spelling to stay strictly at ease) are the stage beyond EEs. Associations are demonstrated by epidemiological studies but a different approach is needed to establish causes. The findings of Alemany *et al* (pp. 38–42) point to a gene–environment interaction as one possible explanation.

Editorial commentaries are the messengers of science in the *Journal*. Just in case you have not read the important article your conscience says you should have, the EC on the subject will tell you why it is worthy of attention and may, if successful, drag your eyes back to the article again. But a good EC does more than that; it covers the territory of the subject and shows its importance, and what other information is already known. Exhaustive reviews (ERs) serve a similar purpose: they aggregate knowledge and summarise it. We have no EMs in this issue; most of these are better known as rating scales and questionnaires, and because they are the main building blocks of research enquiry in psychiatry, are very highly cited when they become the established measures for a condition or evaluation. Four out of five of our most highly cited papers in the past 40 years have been EMs, with the staging of dementia (CDR)[6] top of the list and, although each should not be interpreted as necessarily being an EG, they are rightly prized.

So I hope this E-exercise will serve as a guide for the busy clinician. If you come across a strange association in your clinical practice, such as what appears to be undiagnosed chronic fatigue syndrome in a patient from South America, go for the relevant EE,[7] if you want to look for its aetiology go for an ED,[8] and to put it into context read an EC.[9] Alternatively, if you merely want to have a quiet doze, read the EI on the last page before you drop off.

Hugh Freeman

Hugh Freeman, editor of the *British Journal of Psychiatry* between 1984 and 1993, died in May this year at the age of 82. Hugh, many readers of the *Journal* will recognise, was a major historian of psychiatry and tributes will doubtless be paid to his scholarship by others. What is less well known is the fact that he put the *British Journal of Psychiatry* on a sound business footing, appointed staff to oversee this, and brought careful copy-editing into our editorial process. These are lasting achievements that should not be forgotten.

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4 The BALANCE Investigators and Collaborators. Lithium plus valproate combination therapy versus monotherapy for relapse prevention in bipolar I disorder (BALANCE): a randomised open label trial. *Lancet* 2010; **375**: 385–95.
5 Young AH. More good news about the magic ion: lithium may prevent dementia. *Br J Psychiatry* 2011; **198**: 336–7.
6 Hughes CP, Berg L, Danziger WL, Coben LA, Martin RL. A new clinical scale for the staging of dementia. *Br J Psychiatry* 1982; **140**: 566–72.
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8 Ball HA, Sumathipala A, Siribaddana SH, Kovas Y, Glozier N, McGuffin P, et al. Aetiology of fatigue in Sri Lanka and its overlap with depression. *Br J Psychiatry* 2010; **197**: 106–13.
9 Leone SS. A disabling combination: fatigue and depression. *Br J Psychiatry* 2010; **197**: 86–7.