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IN THIS ISSUE

This issue contains two reviews, one on the aetiology of depression and one on outcome studies of first-episode psychosis. Other sets of papers examine further aspects of depression and psychosis, and four individual papers examine a variety of topics.

Aetiology of depression

Goldberg (pp. 1341–1347) reviews recent evidence on genetic and environmental influences on the development of depression, focusing on: environmental influences, including early childhood experiences and adult life events; gene–environment interactions; genetic influences on risk of life events; and gender differences. Goldberg concludes that, while future research may reveal more genetic pathways to depression, the outlines of a final model for the aetiology of depression may already be in place.

Outcome of first-episode psychosis

In the second review, Menezes *et al.* (pp. 1349–1362) present findings from a systematic review of longitudinal outcome studies of first-episode psychosis. They included 37 studies, comprising approximately 4100 patients, with a mean follow-up duration of 35 months. Using broad definitions, good outcomes were reported for 42% of patients and poor outcomes for 27% of patients. The authors conclude that outcomes following a first episode of psychosis may be better than previously thought. However, they further note a lack of consistency in outcome measures and conclude that there is a need for the use of consistent outcome criteria in future research.

Depression

In the first of two empirical papers on aspects of depression, Haynes *et al.* (pp. 1363–1373) investigated the relationship between disruptive life events and daily sleep and motor activity in 39 depressed patients and 39 controls. They found that a disruptive life event in the preceding 4 months was associated with increases in sleep disturbance in depressed patients, but not controls. The authors conclude that depressed individuals may be more susceptible to the effects of life events on sleep patterns than normal controls.

In the second paper, Lawrence *et al.* (pp. 1375–1383) present data from a qualitative analysis of 110 in-depth interviews with older white British, black Caribbean and South Asian subjects, focusing on their beliefs about depression. Overall, most respondents believed responsibility for recovery rested with the individual. Black Caribbeans believed prayer to be important in recovery, and South Asians emphasized the supportive role of family. Few saw their GP as being a potential source of help.

Psychosis

Six papers examine various aspects of psychosis. McEvoy *et al.* (pp. 1385–1393) investigated the relationship between insight in first-episode psychosis and a range of sociodemographic, clinical, cognitive and biological variables. In their sample of 251 patients drawn from a RCT of haloperidol and olanzapine, they found a large number of variables to be associated with good insight, including: older age, female gender, white ethnicity, better cognitive function, larger brain volumes and treatment adherence.

Morrison *et al.* (pp. 1395–1404) examined whether a sample of subjects at ultra high risk of developing psychosis ($n = 58$) differed from a group of matched healthy controls ($n = 56$) on a number of cognitive and personality factors. Those at risk of psychosis scored higher than controls on measures of cognitive vulnerability, including negative meta-cognitive beliefs, schizotypal traits and general mental distress. The authors conclude that such findings may have implications for preventing transition to psychosis in those at high risk.

Herrell *et al*. (pp. 1405–1415) used data from the National Collaborative Study of Early Psychosis and Suicide to examine rates of first hospitalization for major depression (MD), bipolar disorder (BD) and schizophrenia among military personnel. A total of 8723 admissions in 8 120 130 person-years yielded rates of 7·2 per 10 000 for MD, 2·0 per 10 000 for BD and 1·6 per 10 000 for schizophrenia. Rates for MD and BD were greater in women than men; there were no gender differences in rates of schizophrenia. Rates for MD and BD were lower in blacks compared with whites; rates for schizophrenia were higher (RR 1·5).

Lichtenstein *et al*. (pp. 1417–1425) investigated recurrence risk (RR) for schizophrenia using Swedish National Register data, which included over 32 000 subjects meeting their criteria for schizophrenia which were based on information provided by two national registries. They found: (1) the proportion of affected families with multiply affected members was 3·8 %, suggesting that most cases of schizophrenia occur singly and sporadically; and (2) that RR estimates for all relative types were similar to those found in previous studies; for example, for siblings Lichtenstein *et al*. report an RR of 8·6, almost identical to that reported in smaller studies using more traditional diagnostic methods.

Whyte *et al*. (pp. 1427–1439) used event-related blood-oxygen-level-dependent fMRI to study brain activation during a verbal classification and recognition task in 68 biological relatives of patients with schizophrenia (27 of whom had previously experienced isolated or transient psychotic symptoms) and 21 controls. A number of differences emerged. For example, relatives who had previously experienced psychotic symptoms showed greater response in the right interior frontal gyrus and in the right cerebellum. The authors interpret these increased activations as representing compensation for genetically mediated abnormalities.

In the final paper on psychosis, Boydell *et al*. (pp. 1441–1446) investigated the use of cannabis over a 34-year period in patients with schizophrenia ($n=609$) and patients with non-psychotic disorders ($n=410$) drawn from the Camberwell Psychosis Database. Cannabis use increased over time in both groups, but this was much more marked in the schizophrenia group. The authors speculate that the increase in cannabis use among this group may partly explain the increased rate of schizophrenia over the same time period reported previously in this sample.

Other topics

This issue concludes with four papers examining a variety of topics. Stinson *et al*. (pp. 1447–1460) examined the prevalence and correlates of cannabis abuse and dependence in the National Epidemiologic Survey on Alcohol and Related Conditions sample ($n=43\,093$). The authors report a 12-month prevalence of any cannabis disorder of 1·1 % and a lifetime prevalence of 8·5 %. Cannabis abuse and dependence were more common among males, Native Americans, those who were separated or divorced and those on a low income. Co-morbidity with Axis I and II disorders was also common.

Knopik *et al*. (pp. 1461–1471) used a children-of-twins design to investigate the role of genetic influences and prenatal alcohol exposure on risk of attention deficit hyperactivity disorder (ADHD) in children. In a total sample of 536 twin mothers and 922 children, the authors found an elevated risk of ADHD, compared with controls, in (*a*) children of twin mothers who both had an alcohol disorder, and (*b*) children of monozygotic twin mothers where only one had an alcohol disorder. The authors interpret this pattern of risk as being consistent with a strong genetic component to ADHD.

Nelson *et al*. (pp. 1473–1483) studied the relationship between childhood sexual abuse and substance use, while controlling for familial contributions, using a twin design. From their analysis of 6050 subjects drawn from the Australian Twin Register, the authors found strong associations between childhood sexual abuse and later use of both licit and illicit substances. Taking account of potential familial contributions to the risk of substance use did not significantly affect these results.

Kapur *et al*. (pp. 1485–1492) present data on in-patient suicide rates between 1997 and 2003 in the UK, using the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness to identify cases of suicide. They found that, depending on the denominator used, rates of suicide fell by between 9 % and 28 % between the first 2 years and final 2 years of the study period. However, over the same time period, risk of suicide following discharge may have risen by as much as 10 %.

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