

IN THIS ISSUE

This issue contains a review of studies of the effectiveness of compulsory interventions in the community. Other sets of papers report findings from twin studies and population surveys, and six individual papers examine a variety of topics.

Compulsory interventions in the community

Kisely *et al.* (pp. 3–14) review randomized and non-randomized studies of the effect of compulsory interventions in the community on health service use. In eight papers from five studies (total $n = 1108$), the authors found no evidence to suggest compulsory interventions in the community reduce hospital admission rates, number of community contacts, or improve treatment adherence. The authors conclude that, at present, the evidence does not support the view that compulsory community interventions offer a less restrictive alternative to hospital admission.

Twin studies

This issue contains four papers using twin designs to investigate genetic and environmental factors in specific disorders. In the first, Larsson *et al.* (pp. 15–26) examined the relative contribution of genetic and environmental factors to associations between psychopathic personality traits (PPT) and anti-social behaviour (ASB) in 2387 twins drawn from the Swedish Twin Study of Child and Adolescent Development. They found that a common genetic factor loaded substantially on both PPTs and ASB, which the authors suggest may reflect a genetic vulnerability to externalizing psychopathology. They further found that a common environmental factor loaded exclusively on ASB, suggesting an aetiological distinction between PTTs and ASB.

Burt *et al.* (pp. 27–38) investigated the impact of genetic and environmental factors on stability and change in ASB from childhood/adolescence to adulthood using data on 626 twin pairs drawn from the Minnesota Twin Family Study. The authors found that genetic factors largely accounted for the stability of ASB during the transition from adolescence to adulthood, while non-shared environmental factors were responsible for changes over this period. Much of this environmental influence, however, appeared transient and idiosyncratic.

Bolton *et al.* (pp. 39–48) used data on 854 six-year-old twin pairs drawn from the community-based Twins Early Development Study to investigate familial aggregation of early-onset obsessive-compulsive disorder (OCD), tics and anxiety disorders. Their analyses showed that the combined additive effects of genetic and common environmental factors accounted for 47% of the variation in liability for sub-threshold OCD, but the relative impact of genetic and environmental factors could not be distinguished. The authors further found strong familial aggregation of sub-threshold OCD and tics (80%) and sub-threshold OCD and anxiety disorders (97%).

Agrawal *et al.* (pp. 49–60) investigated the sources of co-morbidity of cannabis use and other illicit drug (OID) use by testing 13 genetically informative models using data from 1748 male and 2404 twins drawn from the Australian Twin Registry. They found that a correlated vulnerabilities model provided the best fit, suggesting that common genetic, shared and unique environmental effects are responsible for the association between cannabis use and OID use. However, a causal model also provided a good fit and could not be ruled out.

Population surveys

This issue contains two papers reporting findings from population surveys. Lee *et al.* (pp. 61–71) present data on the lifetime prevalence of common mental disorders in China from a multi-stage cross-sectional survey of 5201 adults. They found the prevalence of all disorders to be 13.2%. The most common disorders were: alcohol abuse (4.7%), major depressive disorder (3.5%) and specific phobia (2.6%). While these estimates are relatively low compared with surveys in other countries, the authors found evidence that the relative odds of any disorder were greatest in the most recent

cohort (age 18–34). The authors tentatively suggest that this may indicate an increase in mental disorder in China in recent years.

Rössler *et al.* (pp. 73–84) examined the prevalence, correlates and changes over time of use of complementary and alternative medicine (CAM) in 591 subjects recruited to the Zurich Study, a longitudinal community survey. They found that the use of CAM increased from 22% in 1993 to 30% in 1999. The majority of subjects who used CAM did so alongside mainstream medical services. Predictors of CAM use included: attribution of physical complaints to stress, low parental education, and disinterest in politics.

Other topics

This issue contains six papers on a variety of topics. McGuire-Snieckus *et al.* (pp. 85–95) describe the development of a new instrument to measure the therapeutic relationship in community mental health settings, the Scale To Assess the Therapeutic Relationship (STAR). Through a four-stage process, beginning with qualitative item generation and ending with tests of the instrument's psychometric properties, the authors developed separate clinician and patient-rated scales, each with 12 items. The authors conclude that the brevity of the scale, and its good psychometric properties, mean it is suitable for use in research and routine clinical practice.

Able *et al.* (pp. 97–107) investigated functional and psychosocial impairments in a sample of subjects with undiagnosed attention deficit hyperactivity disorder (ADHD). Subjects with undiagnosed ADHD ($n=752$), diagnosed ADHD ($n=198$) and non-ADHD controls ($n=199$), drawn from two managed care plan lists in the USA, were included. Compared with control subjects, those with undiagnosed ADHD had higher rates of depression and problem drinking, poorer educational attainment, and more emotional and interpersonal difficulties. Compared with diagnosed ADHD subjects, those with undiagnosed ADHD were more often African-American and less well educated.

Hofer *et al.* (pp. 109–119) examined gender differences in regional cerebral activity during the perception of positive or negative emotion in a sample of 19 male and 19 female healthy volunteers. During the processing of positively valenced words, women showed greater activation in the right putamen, the right superior temporal gyrus, and left supermarginal gyrus. During the processing of negatively valenced words, women showed greater activation in the left perirhinal cortex and hippocampus, and men greater activation in the right supramarginal gyrus. The authors conclude that such differences in neural responses to emotional stimuli may contribute to understanding gender differences in mood disorders.

Atmaca *et al.* (pp. 121–129) used proton magnetic resonance spectroscopy to investigate the effects of valproate alone, and valproate and quetiapine together, on hippocampal neurochemical markers in patients with bipolar disorder. In a sample of 30 patients (10 drug-naïve, 10 valproate, 10 valproate and quetiapine) and 10 healthy controls, the authors found that drug-naïve patients had lower *N*-acetylaspartate (NAA)/creatine + phosphocreatine (CRE) and NAA/choline-containing compounds (CHO) ratios compared with the other groups. The authors conclude that these findings suggest valproate has a neuroprotective effect.

Edler *et al.* (pp. 131–141) examined the relationship between bulimic symptoms and ovarian hormones (oestrogens and progesterone) in women with bulimia nervosa (BN), on the basis that any links may underpin reported fluctuations in bulimic symptoms over the menstrual cycle. In a sample of nine subjects with BN and eight controls, hormone samples were collected daily for 35 days. The authors found that increases in binge eating were associated with both decreases in oestradiol and increases in progesterone in BN women with intact menstrual cycles.

Walters *et al.* (pp. 143–150) report findings from a study of the validity of the Trauma Screening Questionnaire (TSQ) in predicting the development of post-traumatic stress disorder (PTSD) following assault. Five hundred and sixty two subjects who presented to an emergency unit in the UK were followed up at 1 and 6 months. Baseline TSQ responses were effective in predicting later PTSD, with a sensitivity of 0.85, a specificity of 0.89, and a negative predictive value of 0.98. The positive predictive value was lower (0.48), largely because of a low overall prevalence of PTSD in the sample.

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