Highlights of this issue

BY MARY CANNON

SELF-HARM: MEDIEVAL AND MODERN

We start the new year by returning to the 13th century. Seabourne & Seabourne (pp. 42–47) have translated the Eyre records, a type of medieval coroner's report, from Latin in order to examine the methods and demographics of suicide in England during the Middle Ages. Readers will sympathise with the plights of Ricardus de Kirkeby and Thomas, son of Henry Robekyn of Brandon, among others. This paper definitely adds a 'longitudinal perspective' to research on self-harm. A more modern perspective is provided by Haw *et al* (pp. 48–54), who report that 92% of individuals who self-harm have an ICD–10 psychiatric disorder, and 46% have comorbid disorders.

FORENSIC PSYCHIATRY – A LONG WAY TO GO?

Patients who require medium-secure care are very often managed by the private sector, usually in units several hundred kilometres away from home, report Lelliott *et al* (pp. 62–66) and Coid *et al* (pp. 55–61). This has detrimental effects on relationships not only between patients and their families but also between forensic and local psychiatric services. And what happens after discharge? Maden (pp. 5–6) pleads for urgent investment in information technology and an end to the management of risk in the community "by means of people writing on pieces of paper and hoping that other people will read them".

ADVOCATING PSYCHOTHERAPY IN THE COMMUNITY

Thornicroft & Susser (pp. 2–4) propose a research agenda for integrating the potential benefits from psychotherapeutic interventions, such as cognitive therapy, family therapy and compliance therapy for schizophrenia, into the routine practice of community mental health teams. They stress that useful psychotherapeutic interventions need vigorous advocacy and promotion – such as that provided by the pharmaceutical industry for efficacious medications.

WILL I GET ALZHEIMER'S DISEASE TOO, DOCTOR?

A clearly written review by Liddell *et al* (pp. 7–11) provides the answers for any psychiatrist faced with this query from a worried relative. Although first-degree relatives of patients with a non-Mendelian form of Alzheimer's disease have a risk of 15–20% compared with 5% in controls, the actual predicted risk at age 78 is only about 3%. Members of the very rare kindreds of 'familial Alzheimer's disease' have a 50% chance of developing the disorder by early middle age, and predictive or even prenatal testing in these families is potentially feasible.

PESSIMISTIC VIEWS ON PROGNOSIS

Van den Brink *et al* (pp. 18–22) find that general practitioners are overly pessimistic about the prognosis of depression and anxiety disorders, and may be poorly informed about predictors of the course of common mental disorders in primary care. However no-one could accuse Mojtabai *et al* (pp. 71–75) of undue pessimism about the prognosis of some patients with schizophrenia. Their report, based on two incidence cohorts of patients from India, found that 47% of the patients with a poor initial 2-year course had died before the 15-year follow up.

BIOLOGICAL AND SOCIAL RISKS FOR DEPRESSION

The association between stroke and depression is well known. Stewart *et al* (pp. 23–28) find that this association is not related to degree of disablement and find no relationship with other vascular risk factors. Ostler *et al* (pp. 12–17) find that area-level socio-economic deprivation is a powerful predictor of the prevalence and persistence of depressive symptoms in general practice patients.

THE GOLDBERG VARIATIONS

In this month's 'Ten books' feature, Professor Sir David Goldberg (pp. 88–91) begins by recalling the advice he received when starting his training at the Maudsley – don't read any textbooks, just original papers. True to his training, his eclectic selection of reading matter includes novels by Stendhal and Vidal and only one psychiatric book. Personally, however, I have always found Professor Goldberg's textbooks very useful!

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