The findings of systematic reviews covering cognitive remediation approaches differ considerably depending on the methodological rigor of included studies and the cognitive function targeted. The present meta-analysis provides support for small to medium improvements in attention, executive functioning and social cognition tasks, indicates small reductions in negative symptoms and a moderate transfer effect on social functioning. However, the durability of the effects remains unclear since follow-up data are missing.

ECT practice in Australia

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Objective: To determine the characteristics of electroconvulsive therapy (ECT) practice in Australia.

Method: From October 1, 2002 to February 29, 2004, a 29-item questionnaire was sent to 136 hospitals in Australia.

Results: 113 hospitals (83%) completed the questionnaire. ECT was available in 90 hospitals. A total of 7,469 patients received 58,499 ECTs from 356 psychiatrists, which gives an average course length of 8.5 treatments. ECT utilization as assessed by the crude treated-person and crude administration rates were 37.85 persons and 296.47 administrations per 100,000 population per annum, respectively. 63.4% of patients were female. Brief-pulse devices were used in all hospitals. EEG monitoring was used routinely in 80 hospitals. Unilateral ECT was used twice as often as bilateral ECT. 82.3% of ECT treatments were given to patients with major depression, 9.6% with schizophrenia, 4.9% with mania, and 1.7% with catatonia. Patients who received ECT were in age group over 65 years (38.4%), followed by 45-64 years (28.3%), 25-44 years (26.3%), 18-24 years (6.9%), and less than 18 years (0.2%). Unmodified ECT was not used in any hospital. 1,196 patients received continuation ECT in 83 hospitals and 1,044 received maintenance ECT in 77. There was no case of ECT-related death during a survey period.

Conclusion: ECT use in Australia is high. ECT training programs for psychiatry residents were acceptable. The pattern of use is similar to that of the United States.

ECT practice in Asia

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Objective: To obtain information on ECT practice in Asia.

Method: From September 1, 2001 to August 31, 2003, a 29-item questionnaire was sent to 977 institutions in 45 countries in Asia.

Results: 334 institutions (34%) in 29 countries replied, of which 257 institutions in 23 countries had ECT. 39,875 patients (men: women = 1.56: 1) received 240,314 ECTs from 1,919 psychiatrists during the survey period. Brief-pulse device was used in 103 institutions, 60 did not know the type of their ECT devices. Thymatron or MECTA devices were used in 58 institutions, 115 respondents did not know the brand of their ECT devices. EEG monitoring was used routinely in 59 institutions. Bilateral ECT was always used in 202 institutions. Patients commonly received ECT were schizophrenia (41.8%), major depressive disorder (32.4%), mania (14%), catatonia (6.9%), drug abuse (1.8%), and dysthymia (1.6%). 26,167 ECTs (73%) were given to patients age group 18-44 years, 2,138 ECTs (5.4%) to children and adolescent, and 1,581 ECTs (4%) to age group 65 and above. 22,194 patients (55.7%) received unmodified ECT totally of 129,906 treatments (54%) at 141 institutions in 14 countries. Continuation ECT was done in 115 institutions in 17 countries and maintenance ECT was done in 63 institutions in 14 countries.

Conclusions: ECT is commonly practiced in Asia. Unmodified ECT accounted for 54% of treatments. There was no formal training in any institution.

A prospective study of metabolic disease and monitoring practices in antipsychotic-treated community psychiatric patients

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Background and aims: Recent guidelines and consensus statements recommend stringent monitoring of metabolic function in individuals receiving antipsychotic drugs. We aimed prospectively to study the evolution of metabolic dysfunction in a cohort of antipsychotic-treated subjects with severe mental illness from across the diagnostic spectrum. We also investigated monitoring practices for metabolic disease and cardiovascular risk.

Methods: A prospective cohort study of 106 community-treated psychiatric patients from across the diagnostic spectrum from the Northeast of England. Detailed anthropometric and metabolic assessment was undertaken.

Results: A high prevalence of undiagnosed and untreated metabolic disease was present at baseline assessment. Mean follow-up time was 599.3 (SD $\pm$ 235.4) days. Body mass index ($p<0.005$) and waist circumference ($p<0.05$) had significantly increased at follow-up, as had the number of individuals who were either overweight or obese. Fifty-three per cent of individuals had hypertriglyceridemia, and 31% had hypercholesterolemia, but only 7% were receiving lipid-lowering therapy. A number of individuals on 'high risk' drugs with regard to glucose homeostasis disorders reverted from impaired fasting glucose to normoglycemia during the follow-up period. Monitoring practices were poor. Recording of measures of adiposity occurred in 0% of individuals, and >50% of subjects had neither blood glucose nor lipids monitored during the follow-up period.

Conclusions: This cohort has a high prevalence of metabolic disease and heightened cardiovascular risk. Despite the publication of a number of recommendations regarding physical health screening in this population, monitoring rates are poor, and physical health worsened during the 19 month follow-up period.

Assessing the needs of pregnant women and mothers with severe mental illness

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Background and aims: There is an absence of instruments to assess the complex needs of pregnant women and mothers with severe

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