- 54 Stack S. Suicide among carpenters: a multivariate analysis. *Omega* 1999; 39: 229–32
- 55 van Wijngaarden E. An exploratory investigation of suicide and occupational exposure. J Occup Environ Med 2003; 45: 96–101.
- 56 Wong A, Escobar M, Lesage A, Loyer M, Vanier C, Sakinofsky I. Are UN peacekeepers at risk for suicide? Suicide Life Threat Behav 2001; 31: 103–12.
- 57 van Wijngaarden E, Savitz DA, Kleckner RC, Cai J, Loomis D. Exposure to electromagnetic fields and suicide among electric utility workers: a nested case-control study. West J Med 2000; 173: 94–100.
- **58** Greenland S. Meta-analysis. In *Modern Epidemiology* (eds KJ Rothman, S Greenland): 643–73. Lippincott-Raven, 1998.
- 59 Taylor R, Page A, Morrell S, Carter G, Harrison J. Socio-economic differentials in mental disorders and suicide attempts in Australia. Br J Psychiatry 2004; 185: 486–93.
- 60 Roberts SE, Jaremin B, Lloyd K. High-risk occupations for suicide. Psychol Med 2013; 43: 1231–40.
- 61 Agerbo E, Mortensen PB, Qin P, Westergaard-Nielsen N. Risk of suicide in relation to income level in people admitted to hospital with mental illness: nested case-control study. BMJ 2001; 332: 334–5.
- 62 Stack S. Occupation and suicide. Soc Sci Q 2001; 82: 384-96.
- 63 Lee E, Burnett CA, Lalich N, Cameron LL, Sestito JP. Proportionate mortality of crop and livestock farmers in the United States, 1984-1993. Am J Ind Med 2002; 42: 410–20.
- 64 Berlin K, Edling C, Persson B, Ahlborg G, Hillert L, Hogstedt B, et al. Cancer incidence and mortality of patients with suspected solvent-related disorders. Scand J Work Environ Health 1995; 21: 362–7.
- 65 Steenland K, Jenkins B, Ames RG, O'Malley M, Chrislip D, Russo J. Chronic neurological sequelae to organophosphate pesticide poisoning. Am J Public Health 1994: 84: 731–6.

- 66 Stallones L, Beseler C. Pesticide poisoning and depressive symptoms among farm residents. Ann Epidemiol 2002; 12: 389–94.
- 67 MacFarlane E, Simpson P, Benke G, Sim MR. Suicide in Australian pesticideexposed workers. Occup Med 2011; 61: 259–64.
- 68 Beard JD, Umbach DM, Hoppin JA, Richards M, Alavanja MCR, Blair A, et al. Suicide and pesticide use among pesticide applicators and their spouses in the agricultural health study. *Environ Health Perspect* 2011; 119.
- 69 Tsutsumi A, Kayaba K, Ojima T, Ishikawa S, Kawakami N. Low control at work and the risk of suicide in Japanese men: a prospective cohort study. Psychother Psychosom 2007; 76: 177–85.
- 70 LaMontagne AD, Keegel T, Louie AM, Ostry A. Job stress as a preventable upstream determinant of common mental disorders: a review for practitioners and policy-makers. Advances Ment Health 2010; 9: 17–35.
- 71 Stansfeld S, Candy B. Psychosocial work environment and mental health a meta-analytic review. Scand J Work Environ Health 2006; 32: 443–62.
- 72 Brugha TS, Matthews R, Morgan Z, Hill T, Alonso J, Jones DR. Methodology and reporting of systematic reviews and meta-analyses of observational studies in psychiatric epidemiology: systematic review. *Br J Psychiatry* 2012; 200: 446–53.
- 73 Barry MM, Jenkins R. Promotion mental health in the workplace. In Implementing Mental Health Promotion (eds MM Barry, R Jenkins): 215–53. Churchill Livingston, 2007.
- 74 LaMontagne AD, D'Souza RM, Shann CB. Socio-demographic and work setting correlates of poor mental health in a population sample of working Victorians: application in evidence-based intervention priority setting. Int J Ment Health Promot 2012; 14: 109–22.
- 75 LaMontagne AD, Keegel T, Vallance DA. Protecting and promoting mental health in the workplace: developing a systems approach to job stress. *Health Promot J Austr* 2007; 18: 221–8.



Obsessive-compulsive disorder

Lynne Drummond

Obsessive—compulsive disorder is common, affecting up to 3% of adults and children. Obsessions are anxiogenic intrusive thoughts, images or impulses. Compulsions are anxiolytic thoughts or behaviours which reduce the anxiety induced by obsessions. The relief of anxiety reduction maintains the obsessive—compulsive cycle. Symptoms range from mild to life-threatening, where lack of personal care can have potentially lethal consequences. A high proportion demonstrate suicidal behaviours. Most patients, irrespective of symptom severity, respond to treatment with graded exposure or with serotonin reuptake inhibitors, but some continue with a chronic or chronic relapsing course requiring ongoing psychiatric input and specialist interventions.

The British Journal of Psychiatry (2013) 203, 416. doi: 10.1192/bjp.bp.112.121343