

## IN THIS ISSUE

This issue contains one review, on the endophenotype concept in psychiatric genetics. Three papers examine various aspects of post-traumatic stress disorder (PTSD), two use historical methods to address aspects of military psychiatry and dissociation, and five individual papers examine a variety of topics.

### **The endophenotype concept**

Flint & Munafò (pp. 163–180) report on a series of meta-analyses designed to examine the assumption that effect sizes of genetic loci contributing to endophenotypes for psychiatric disorder are larger than for those contributing to disease susceptibility. Focusing on studies of COMT (for which there are most data), the authors found no evidence to support this assumption. That is, they conclude that the genetic architecture of endophenotypes is as complex as that for psychiatric disorders, a conclusion supported by findings from studies of model organisms. These results should give some pause to those who advocate use of endophenotypes as an important strategy for psychiatric genetics research.

### **Post-traumatic stress disorder**

This issue contains three papers on aspects of PTSD. In the first, Koenen *et al.* (pp. 181–192) investigated associations between a number of childhood neurodevelopmental, temperamental, behavioural and family environment factors and risk of PTSD in a sample of 980 subjects drawn from the Dunedin birth cohort. A number of these childhood factors were associated with increased risk of PTSD, including IQ at age 5 years, childhood externalizing characteristics and loss of a parent. The authors conclude that vulnerability to PTSD may have developmental origins.

Drogendijk *et al.* (pp. 193–202) examined the correspondence between self-report and GP recognition of psychological distress in a sample of 879 subjects recruited to a study of the impact of the Enschede fireworks disaster which occurred in The Netherlands in 2000. Overall, they found a relatively high correspondence rate of 73% between self-report and GP recognition. However, for specific disorders, such as depression and anxiety, this declined to less than 20%.

Baçoğlu *et al.* (pp. 203–213) report findings from a randomized controlled trial (RCT) of single-session behavioural treatment for PTSD in 31 survivors of earthquakes in Turkey in 1999. Compared with a control arm of repeated assessments, the behavioural intervention group showed marked global improvements, particularly in fear and PTSD symptoms. The authors conclude that this provides further evidence of the effectiveness of single-session behavioural interventions for survivors of earthquakes.

### **Historical studies**

In the first of two papers drawing on historical records, Jones *et al.* (pp. 215–223) examined data on 3580 soldiers admitted with shell shock to medical centres, situated near battles in Europe in 1917, which practised ‘forward psychiatry’; this aimed to treat soldiers close to battle and quickly so as to minimize loss of troops to base hospitals. Jones *et al.* tested the assumption that such practices are effective. They found that admissions for shell shock rose dramatically during offensives, and that the majority were combat troops. However, contrary to the assumption that ‘forward psychiatry’ is effective at returning troops to battle, the authors found that less than 20% returned to battle.

In a second study employing an unusual methodology, Pope *et al.* (pp. 225–233) investigated the question of whether ‘dissociative amnesia’ is a natural phenomena or a culture-bound syndrome dating from the 19th century. To do this they attempted to locate literary references to the condition pre-1800 using extensive advertising on the internet and offering \$1000 to the first person to find a

reference. No descriptions of individuals showing dissociative amnesia for a traumatic event were found. On the basis that other phenomena such as depression are documented throughout human history, the authors conclude that the absence of dissociative amnesia from such records pre-1800 suggests it is a culture-bound phenomena.

### Other topics

This issue concludes with five papers examining a variety of topics. Elzinga *et al.* (pp. 235–245) used fMRI to examine working memory in 13 patients with a dissociative disorder and 14 controls. They found that, while performing verbal memory tasks, cases showed greater activation of brain regions typically involved in working memory, including anterior, dorsolateral and ventrolateral prefrontal cortex. In line with the imaging findings, the authors found that cases made fewer errors with increasing task load. The authors conclude that trait dissociation is associated with enhanced working-memory capacities.

Batelaan *et al.* (pp. 247–256) used data on 7076 subjects from The Netherlands Mental Health Survey and Incidence Study to investigate whether using a double threshold (i.e. distinguishing three groups: healthy, mildly ill and ill) is useful to dealing with sub-threshold panic disorder (SPD). They found that the symptom profiles and risk indicators associated with panic disorder (PD) and SPD were similar. SPD was mid-way between PD and no panic on number of symptoms and function. The authors conclude that SPD is a clinically relevant mild form of PD, and that use of a double threshold will help guide treatment.

Riese *et al.* (pp. 257–267) investigated genetic correlations between neuroticism and a number of cardiovascular measures, using data on 125 female twin pairs drawn from the Groningen Twin Register. They found neuroticism to be associated with baroreflex sensitivity (BRS) and heart rate variability (HRV). The association of neuroticism and BRS was entirely explained by genetic effects. The data further suggested more of a genetic than environmental influence on the relationship between neuroticism and HRV, but this was statistically non-significant.

Bailer *et al.* (pp. 271–281) examined the stability over time and correlates of idiopathic environmental intolerance (IEI) and somatoform disorder (SFD) in a sample of 146 subjects (49 with IEI, 43 with SFD, 59 controls). Both IEI and SFD were highly stable at 1-year follow-up. Similar variables were associated with IEI and SFD, both at baseline and follow-up, including trait negative affectivity, somatic symptom attribution and somatosensory amplification. The authors conclude that similar psychological processes may underlie the perpetuation of both IEI and SFD.

In the final paper in this issue, Aiarzaguena *et al.* (pp. 283–294) present data from a randomized controlled trial of specific GP communication techniques for patients with medically unexplained symptoms, focusing on physical explanations. Thirty-nine GPs were randomized to the new technique or use of the standard Goldberg reattribution technique. All patients' quality of life improved, across intervention and control arms of the study. The time-course of quality of life was better for patients receiving the new intervention on a majority of quality-of-life items. The authors conclude that specific communication techniques used by GPs that focused on physical explanations can impact positively on body pain in those with medically unexplained symptoms.

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