

HIGHLIGHTS IN THIS ISSUE

This issue features papers on community care, neuropsychological abnormalities in antisocial personality disorder, schizophrenia and other disorders, pharmacological aspects of affective disorders including effects of carbamazepine and lithium on inter-episode morbidity in bipolar disorder, and effects of tryptophan depletion in the relatives of bipolars.

Community management of psychiatric problems

There is a large literature on the management of severe psychiatric disorder outside the hospital. Most publications have emphasized the benefits, but recently, as controlled trials have accumulated, reservations regarding effectiveness and cost have grown. The two lead papers in this issue emphasize the reservations. Catty *et al.* (pp. 383–401) have conducted a systematic review of a large number of controlled trials of home treatment. They find that the effects on length of hospitalization are small. Harrison-Read *et al.* (pp. 403–416) conducted a randomized controlled trial of enhanced community management compared with standard care alone in heavy users of psychiatric beds in a London borough. Despite a more than two-fold increase in community contacts, there were no significant differences in overall use of psychiatric services, in overall costs, in symptoms or social function.

Neuropsychology of psychiatric disorders

Neuropsychology is a potential window to regional brain function in psychiatric patients. Dolan and colleagues (pp. 417–427) investigated subjects with antisocial personality, in one of few such studies. They found impairment on a broad range of dorsolateral prefrontal executive function tasks and on some ventromedial tasks. Other papers in the neuropsychological group report on attentional abnormalities in eating disorders, and memory deficits in the elderly.

The neuropsychological literature on schizophrenia is larger. A group of papers in this issue extends findings. Wood *et al.* (pp. 429–438) found visuospatial recognition memory deficits in subjects with first schizophreniform episode and established schizophrenia, and deficits in the latter group on a pattern–location association learning test. They link this to right medial temporal lobe abnormalities. Other schizophrenia papers examine delusional cognition in schizophrenia, and use negative priming in schizophrenics, OCD checkers and non-checkers.

Neuropsychology is particularly powerful when coupled with functional imaging. Kircher *et al.* (pp. 439–449) using functional MRI, also found temporal abnormalities. In normals the numbers of words produced in a speech task were correlated with left superior temporal gyrus activation, in schizophrenics the correlations were mainly with the right superior temporal gyrus.

Pharmacology of affective disorders

Recently, questions have been raised as to the comparative value of lithium in bipolar disorder but there have been few long-term studies of anticonvulsants. Kleindienst *et al.* (pp. 493–501) in a large randomized controlled trial of lithium and carbamazepine found an important advantage for lithium in reduction of inter-episode morbidity.

Sobczak *et al.* (pp. 503–515) undertook a study of pharmacological vulnerability in first-degree relatives of subjects with bipolar disorder. Healthy bipolar relatives had impairments of long-term memory performance and speed of information processing after tryptophan depletion compared with controls and some baseline differences. This is the first study to use the acute tryptophan depletion paradigm in bipolar relatives.