

## From the Editor's desk

PETER TYRER

### NUGGETS OF GOLD

Good scientific discovery always has elements of the unexpected. When cynics describe researchers as people who 'when looking for the solution of a problem, always know the answer in advance' they describe a facet of commonly executed research that is a far cry from the good studies we hope to publish in the *Journal*. So where are the nuggets of gold in this issue? Well, gold has three important properties for the beholder; mimicry, malleability and improbability, and illustration of all these are manifest in the earlier pages. The disproving of seductive hypotheses, the false gold of knowledge, is an important task for the good scientist, but is proving more difficult at a time when big combines and pressure groups have usurped the role of expert, and scientists are finding it more difficult to defend their corner.

Debunking outmoded theories therefore has to become more strident. So herewith our megaphone messages: aripiprazole has no special attributes as an atypical antipsychotic (El-Sayeh *et al*, pp. 102–108); counselling is a total waste of time for post-traumatic stress disorder (Sijbrandij *et al*, pp. 150–155) with only cognitive-behavioural treatment showing any benefit (Bisson *et al*, 2004; Turpin *et al*, 2005); post-traumatic stress disorder is determined more by pre-trauma pathology than by the trauma itself (Dirkzwager *et al*, pp. 144–149); we consume more psychotropic drugs but at no gain to overall mental health (Colman *et al*, pp. 156–160; Helgason *et al*, 2004), and schizophrenia is a neurological disease in which impaired memory is almost universal (Al-Uzri *et al*, pp. 132–136; Joyce *et al*, 2005). This will

not be enough to dull the glitter of the alternative falsehoods reflecting off iron pyrites, but they will help to redress the balance.

The malleability of gold, the ability of the element to be fashioned into almost any shape, is also the mark of good scientific knowledge; it should be universally applicable. The messages here are: beware the dangers of effective antidepressants as mood switchers in bipolar disorder (Post *et al*, pp. 124–131); and depression persists even though its diagnosis comes and goes (Paykel *et al*, pp. 118–123), further illustrating that our diagnostic boundaries are really quite arbitrary. The improbability factor, the capacity of gold to amaze and astound (the Au effect) is best shown by our case report of a patient with panic attacks and subsequent delusions (Parthasarathi *et al*, pp. 182–183). I have always suspected that patients with rapid and dramatic changes in phenomenology have an organic syndrome but voltage-gated potassium channel antibody-associated encephalopathy really gets the gold medal for differential diagnosis.

### CLIMBING THE FOOTHILLS OF THE IMPACT FACTOR PEAKS

Grumbles abound with the preoccupation many authors and institutions have with the impact factor of scientific journals and with the alleged superiority of those with higher scores (Barbui *et al*, 2006). At the college where I work we are exhorted to submit our papers regularly to journals such as *Lancet* or *Nature* even when we regard this as a waste of the Editor's time.

However, as a former editor of the *Lancet* once advised me, if you have a novel paper on a condition in which all its international experts are authors (preferably more than 50), and it also has the advantage of being totally unreadable, then the *Lancet* or a similar top-line journal is the place for you. You (and your greedy institution) will now be rewarded with an impact factor of 44.02 if you manage to scale the Everest of the *New England Journal of Medicine*, with a K2 score of 23.41 for the *Lancet*. For those lesser souls scrambling among the foothills the *British Journal of Psychiatry* is a good hike at 4.96 (the highest impact factor we have yet attained) and only the *Journal of Clinical Psychiatry* (5.04), *American Journal of Psychiatry* (8.29) and *Archives of General Psychiatry* (12.64) of the general psychiatric journals offer stiffer climbs. It is more satisfying to note that our own improvement has happened in spite of going against the advice generally given in order to improve our ranking (Howard & Wilkinson, 1997). We have not published more reviews, reduced the numbers of articles (they are now increased with short reports), or tilted the balance towards biological research. More importantly, I hope we have not become less readable – but that is for you to judge. My thanks to all our editors, reviewers and journal staff for adding to our stature, if indeed this landscape is more than a mirage.

#### Barbui, C., Cipriani, A. Malvini, L., *et al* (2006)

Validity of the impact factor of journals as a measure of randomized controlled trial quality. *Journal of Clinical Psychiatry*, **67**, 37–40.

Bisson, J. I., Shepherd, J. P., Joy, D., *et al* (2004) Early cognitive-behavioural therapy for post-traumatic stress symptoms after physical injury: randomised controlled trial. *British Journal of Psychiatry*, **184**, 63–69.

#### Helgason, T., Tomasson, H. & Zoega, T. (2004)

Antidepressants and public health in Iceland: time series analysis of national data. *British Journal of Psychiatry*, **184**, 157–162.

Howard, L. & Wilkinson, G. (1997) Impact factors of psychiatric journals. *British Journal of Psychiatry*, **170**, 109–112.

#### Joyce, E. M., Hutton, S. B., Mutsatsa, S. H., *et al* (2005)

Cognitive heterogeneity in first-episode schizophrenia. *British Journal of Psychiatry*, **187**, 516–522.

#### Turpin, G., Downs, M. & Mason, S. (2005)

Effectiveness of providing self-help information following acute traumatic injury: randomised controlled trial. *British Journal of Psychiatry*, **187**, 76–82.