

Highlights of this issue

By Kimberlie Dean

Obstetric events and mental disorder

Fergusson *et al* (pp. 444–451) conducted an analysis of longitudinal data from the Christchurch Health and Development Study in order to examine the links between pregnancy and mental health outcomes. The authors comment that this is an area of research which has been beset by inconsistent findings, methodologically flawed studies, and ideologically driven researchers. Induced abortion was found to be associated with a small increase in risk of mental disorder but other pregnancy outcomes were not related to risk of mental health problems. In an Australian study, Dingle *et al* (pp. 455–460) compared psychiatric outcomes in women after induced abortion and miscarriage. In this birth cohort study, young women reporting a pregnancy loss, either abortion or miscarriage, had nearly three times the odds of a lifetime drug use disorder. Abortion was also associated with having an alcohol use disorder and 12-month depression.

Borderline personality disorder

In a Spanish study by Pascual *et al* (pp. 471–476), those being admitted to a psychiatric emergency service were found to be diagnosed with borderline personality disorder less frequently if they were of immigrant compared with indigenous background. Particularly low rates of diagnosis were found among those of Asian and sub-Saharan African origin. Two papers in the *Journal* this month describe interventions for borderline personality disorder. Chanen *et al* (pp. 477–484) report on a randomised controlled trial (RCT) to investigate the effectiveness of cognitive analytic therapy (CAT) compared with manualised good clinical care for out-patients aged 15–18 years. Both interventions were equally effective in reducing externalising symptomatology and no adverse effects were detected for either. There was some evidence of more rapid improvement among those receiving CAT. Schulz *et al* (pp. 485–492) report on a large multicentre RCT designed to assess the efficacy of variable-dosed olanzapine *v.* placebo for adult out-patients with borderline personality disorder. Both trial arms showed improvements and did not differ at the end-point. Time to response was, however, significantly shorter for those receiving

olanzapine but the occurrence of weight gain and elevated prolactin levels was higher.

Interventions for bereavement and bulimia nervosa

McDaid *et al* (pp. 438–443) conducted a systematic review of interventions for individuals bereaved through suicide. Eight controlled studies were identified and all but one had significant methodological flaws. Compared with no intervention, there was some evidence of benefit for specific interventions from single studies whereas studies that included two or more active interventions were more equivocal. Schmidt *et al* (pp. 493–500) report findings from an RCT designed to assess the effectiveness of a CD-ROM-based cognitive-behavioural self-care intervention for individuals with bulimia nervosa and eating disorders not otherwise specified. The study was conducted in a routine setting and individuals were randomised to either CD-ROM without support for 3 months or waiting list, with both receiving therapist-delivered cognitive-behavioural therapy after this period. Although the CD-ROM group appeared to do better at the 3-month point, the opposite appeared to be true at 7 months, and on *post hoc* analysis no differences were found at either time point.

IQ and risk of death from homicide

In a large cohort of Swedish men administered an IQ test at military conscription, mortality was examined over a 20-year period (Batty *et al*, pp. 461–465). A high IQ score was found to be associated with a reduced risk of death from homicide, with a gradient seen across IQ groups. The association was reduced by only a small amount after adjustment for confounders.

Cornelia de Lange syndrome

Abnormalities on chromosomes 5, 10 and X have been found to be associated with Cornelia de Lange syndrome – characterised by a physical phenotype, intellectual disability, poor expressive communication and self-injurious behaviour. In a case-control study by Oliver *et al* (pp. 466–470), the behavioural phenotype of the syndrome was explored. No differences were found on global measures of behavioural disorder when those with the syndrome were compared with a control group with intellectual disability, but severe autism was more common in the syndrome group. Higher levels of compulsive behaviour were also found.