Highlights of this issue

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BRAIN STRUCTURE AND FUNCTION IN SCHIZOPHRENIA

In a large, community-based sample, Andreone *et al* (pp. 113–119) were able to confirm the findings of previous, smaller diffusion-weighted imaging studies in schizophrenia. Evidence of cortical white-matter microstructure disruption was detected in the frontal and temporo-occipital lobes of individuals with schizophrenia compared with controls. The authors propose that abnormalities in myelination might account for their findings and call for future research to further explore white-matter integrity and genes for myelination, particularly in early-onset or high-risk groups. Focusing on frontal lobe functioning, Hyde *et al* (pp. 120–125) found that frontal release signs were more frequently identified in a group with schizophrenia in comparison with a group of their siblings or healthy controls. The relationship between frontal release signs and neuropsychological impairment was strongest for those with schizophrenia. In another study comparing those with schizophrenia both with their unaffected siblings and with unrelated controls, Bediou *et al* (pp. 126–130) found that facial recognition was impaired in the former two groups compared with controls, but gender recognition was preserved. The impairments in facial recognition for patients with schizophrenia persisted over time.

POST-CONFLICT OUTCOMES: IRAQ AND NORTHERN IRELAND

In a prospective study of Dutch troops deployed to Iraq in 2005, Engelhard *et al* (pp. 140–145) found that levels of distress remained stable following deployment, except in a small minority. They also found that post-traumatic stress disorder (PTSD) rates based on questionnaire responses were much higher than rates determined by diagnostic interview and that much of the PTSD identified was not directly related to deployment. Muldoon & Downes (pp. 146–149) examined the population occurrence of post-traumatic stress symptoms in post-conflict Northern Ireland and found evidence of probable PTSD in 10% of respondents. Those individuals with probable PTSD were less likely to rate national identity as important, and more likely to report direct experience of the 'troubles'. Those of lower socio-economic status were also more likely to report severe post-traumatic symptoms.

PRIMARY CARE, IN-PATIENT AND COMPULSORY MENTAL HEALTHCARE

Weich *et al* (pp. 164–169) found no evidence of an association between socio-economic status and treatment/adherence to treatment for depression in primary care in England and Wales. They did find that the lowest treatment rates were among the older groups. Acute in-patient psychiatric treatment is offered in both public and private facilities in Italy. De Girolamo *et al* (pp. 170–177) report that public beds account for 45.8% of in-patient provision overall, with substantial variation in relative provision by region. Their survey also highlighted problems with the physical environment in many in-patient facilities, a longer duration of stay in private facilities, lower staffing levels in private centres, and the relatively low rate of involuntary admission in Italy overall. In a systematic review of ethnicity and the Mental Health Act 1983, Singh *et al* (pp. 99–105) conclude that Black and minority ethnic status is independently associated with likelihood of psychiatric detention in the UK. Detention rates were found to be lower for first-episode patients, however.

ECOLOGICAL PERSPECTIVES ON SUICIDE AND COMMON MENTAL DISORDER

Over an 11-year period in England and Wales, Page *et al* (pp. 106–112) found that high daily temperatures (above a threshold of 18°C) were associated with an increased risk of suicide, particularly of suicide by violent means. The authors did not confirm previously reported seasonal peaks in suicide rates but there was evidence of a peak during the 1995, but not the 2003, heatwave. The Mental Illness Needs Index was found by Fone *et al* (pp. 158–163) to be strongly associated with rates of common mental disorder in a small-area ecological comparison. In further analysis, they found that the association persisted on an individual level even after account was taken of individual risk factors.

DEMENTIA AND INTELLECTUAL DISABILITY

In a cross-sectional survey, Strydom *et al* (pp. 150–157) were able to demonstrate that symptoms associated with all dementia subtypes are found in older adults with intellectual disability. Alzheimer's disease was most common and was in fact three times more prevalent than expected. The authors also found that Lewy body and frontotemporal dementia were more common than vascular dementia in this group, and that DSM–IV criteria were more inclusive than ICD–10.

INJECTABLE RISPERIDONE *V.* ORAL OLANZAPINE

In a 12-month, randomised, controlled, open-label study involving individuals with schizophrenia or schizoaffective disorder, Keks *et al* (pp. 131–139) found that injectable long-acting risperidone was not inferior to olanzapine tablets in the short phase of the study (13 weeks). Over the 12-month period, both groups demonstrated improvements in symptom scores and few were seen to drop out of the study because of adverse events.