HIGHLIGHTS IN THIS ISSUE

This issue features groups of papers on genetics, the distributional nature of the milder disorder featuring most prominently in community surveys, diagnostic co-morbidity, neuropsychological and related aspects of schizophrenia.

The first group of papers come from genetic epidemiology, all from twin studies. Agrawal *et al.* (pp. 1155–1164) examine genetic and environmental origins of detailed aspects of social support. They find evidence for genetic elements in almost all aspects, with some smaller differences between males and females. Wichers *et al.* (pp. 1165–1174) report effects of pregnancy and birth complications and genetic elements on childhood behaviour problems. They find one specific complication, being of lower birth weight for gestational age, associated with problem behaviour, and an interaction with genetic effects, such that these are weaker in the presence of low birth weight. Johnson *et al.* (pp. 1175–1185) examine the heritability of depression measured on a symptom scale in Danish twins. They find genetic effects, which do not vary with age over a wide span from 45 to over 95. An accompanying editorial (pp. 1145–1148) looks at the future of genetic epidemiology in a time of accelerating molecular genetic research activity.

Epidemiological surveys frequently measure so-called common mental disorder, psychiatric symptoms in a milder range which may not necessarily fit defined criteria for specific disorders. Melzer *et al.* (pp. 1195–1201) using this kind of data from a community survey, find a continuous single distribution with no natural cut-off point. Brugha (pp. 1149–1154) in an accompanying editorial discusses the implications of such a dimensional approach and its relation to diagnosis.

The concept of co-morbidity arises in part from the adoption of pure diagnostic criteria for disorders in the official classifications of DSM-III and its successors, and ICD-10, rather than considering some of them as single mixed disorders. Slade & Andrews (pp. 1203–1211) examine empirical data on the operation of exclusion criteria for specific disorders, in data from an Australian epidemiological survey. They find that the exclusion criteria in DSM-IV more closely mirror the patterns of association among related disorders in their data, than those in ICD-10, providing some support for the criteria. Kessler *et al.* (pp. 1213–1225) examine co-morbidity of generalized anxiety disorder in a large international epidemiological dataset. Six disorders, three of them other anxiety disorders, the other three affective disorders (dysthymia, major depression and mania) predict subsequent onset of GAD. Hoyer *et al.* (pp. 1227–1237) are primarily interested in milder anxiety syndromes, but they also find that GAD shows considerable co-morbidity. Harkness & Wildes (pp. 1239–1249) find some differences in childhood antecedents of major depression with co-morbid dysthymia, and major depression with co-morbid anxiety disorder.

Three papers address neuropsychological and related aspects of schizophrenia. Yücel *et al.* (pp. 1251–1260) find that schizophrenics have difficulty in resolving multiple and simultaneous response conflicts which may suggest a role for the anterior cingulate in the attentional dysfunction in schizophrenia. Tendolkar *et al.* (pp. 1261–1271) use event-related potentials to examine memory processes. Langdon *et al.* (pp. 1273–1284) examine formal thought disorder in relation to theory of mind and other deficits. They find clinical ratings of positive thought disorder associated with poor mind-reading and poor appreciation of irony; negative thought disorder with poor understanding of metaphors and executive dysfunction.

In a different approach to schizophrenia McKenzie *et al.* (pp. 1285–1291) address a problem of concern in the UK, the high rate of schizophrenia in those of Afro-Caribbean origin. They find less evidence of pre-morbid neurological illness in Afro-Caribbean psychotic patients than in White patients, supporting indirectly the possibility that social stresses may be more important in this group.