

Highlights of this issue

By Kimberlie Dean

Rising rates of homicide and of common mental disorder?

Homicide rates in the general population in England and Wales have been rising but the contribution made by legally defined 'abnormal homicides' appears to have decreased. Using data from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, Swinson *et al* (pp. 485–489) found a significant increase in the number of homicides by individuals with a diagnosis of schizophrenia or experiencing psychotic symptoms at the time of the offence. In exploring potential explanations for the increase, the authors found evidence for the role of increasing use of drugs and alcohol. Trends established from general practice records have fuelled concerns about rising rates of common mental disorder in England over the past several decades. However, using data from three cross-sectional surveys (National Psychiatric Morbidity Surveys, 1993–2007) to undertake an age–period–cohort analysis, Spiers *et al* (pp. 479–484) found little evidence to support the notion that the prevalence of common mental disorder has increased. A rise in disorder was found for men for the cohort born in 1950–6 compared with those born in 1943–9 but rates remained stable thereafter. For women there was a more extended pattern of increase in sleep and mental health disorders but not consistently across either cohorts or measures.

Antidepressant response and outcomes for those with mixed anxiety and depression

In the context of a randomised controlled trial, Lewis *et al* (pp. 464–471) found no evidence to support the hypothesis that patients with depression who are homozygous for the long polymorphism of the serotonin transporter gene (5-HTTLPR) respond better to treatment with selective serotonin reuptake inhibitors than noradrenaline reuptake inhibitors. The authors suggest that understanding recovery from an illness such as depression should be considered in the same way as the aetiology of complex diseases – it is likely to be a multifaceted process involving a number of biological, social and psychological factors. In a primary care setting, mixed anxiety and depressive disorder (MADD) occurs commonly but is inadequately described. Walters *et al* (pp. 472–478) examined outcomes over 1 year for a sample of adults with mild-to-moderate distress recruited from seven London general practices, including individuals meeting criteria for MADD. Two-thirds of those with MADD reported no

significant psychological distress by 3 months or 1 year but were at increased risk of distress compared with those with no diagnosis at baseline, at least at 3 months. The authors comment that individuals with MADD should be actively monitored in primary care since it is not currently possible to identify those likely to suffer a poorer prognosis.

Consequences of exposure to abuse and to cannabis

Although a number of previous studies have found evidence for a gene × environment interaction involving the monoamine oxidase A gene (*MAOA*) in moderating the association between abuse or maltreatment and antisocial behaviour, recent studies have raised concerns about the replicability of the finding. In a 30-year longitudinal study, analyses undertaken by Fergusson *et al* (pp. 457–463) revealed consistent evidence of gene × environment interaction, even after account was taken of a range of potential confounders. Of the five antisocial behaviour outcomes considered, evidence of interaction was weakest for conviction. On the basis that adolescence may represent a period of particular vulnerability to the neurocognitive effects of substance use, Fontes *et al* (pp. 442–447) compared both early-onset users of cannabis (before age 15) and late-onset users, with controls. The early-onset group performed poorly on executive tasks compared with controls but this difference was not seen in the late-onset group.

Outcomes following coronary events among those with mental illness

Mitchell & Lawrence (pp. 434–441) undertook a comparative meta-analysis to examine inequalities in the provision of invasive coronary procedures and mortality following cardiac events among those with mental illness and those with schizophrenia compared to those without mental ill health. The authors identified 22 analyses of inequalities in coronary procedures and 6 related studies examining mortality following cardiac events. Overall, those with mental illness were found to have experienced a 14% lower rate of interventions following a cardiac event (47% for those with schizophrenia) and to have a mortality rate raised by 11%.

Glutamatergic metabolite loss in schizophrenia

Evidence has emerged from previous studies to support the notion that neurodegenerative processes occur in the early stages of schizophrenia. Aoyama *et al* (pp. 448–456) followed individuals with schizophrenia for 80 months after diagnosis and found that thalamic glutamate and glutamine levels decreased, with the reduction in levels correlated inversely with a measure of social functioning. The authors also found evidence of a correlation between thalamic glutamine levels and grey matter loss in several brain regions.