

## From the Editor's desk

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### DINING AT THE SLOW FOOD RESTAURANT

I have recently returned from a summer school in Denmark, where they not only enjoy their lifestyle but are more than happy to promote it. So we were reminded that Danes tend to start work 'half an hour later than most other nations and, to compensate for this, finish half an hour earlier'. This gives them plenty of time for the delectable task of eating, and so, like the tortoise and the hare, slow food restaurants – indeed they are advertised as such – are catching up inexorably on the faster ones. In this issue I would like you to imagine you are eating at the slow food *British Journal of Psychiatry* restaurant and implore you to give a little more time to relish the articles and dwell on their messages.

In this context it is worth reminding our readers that one of the best known Danish specialities is *smørrebrød*, or the open sandwich. The Danes believe it is best to see exactly what you are eating and in the same way the *Journal* wants you to dwell on its pages and digest each dish precisely and slowly. You might start with support for the statement that the best tranquilliser in the world is a good square meal, as it is the Danes and the Swedes (please forget all that nonsense about every Swede being about as optimistic as Ingmar Bergman) who have the least affective disturbance in old age (Castro-Costa *et al*, pp. 393–401). If you then move to the topical issue of cannabis and schizophrenia, we see each element of the *smørrebrød* exposed, with three genes separately examined for their role in the link. The answer appears to be 'no' for all three (Zammit *et al*, pp. 402–407), so spiking the claims that if you lack the Val<sup>158</sup>Met polymorphism you can smoke cannabis indefinitely without risk of psychosis. Moving onto the next course from that flamboyant master chef Stefan

Priebe and his European cooking team, you will see that, far from computers replacing good doctor–patient communication, they can enhance it (Priebe *et al*, pp. 420–426). Perhaps it is not surprising that focused patient-oriented interaction does so well, as other research we have recently published supports this (Johnson *et al*, 2005; Garety *et al*, 2006; Kendrick *et al*, 2006), but we still need to hammer home that our services should be focused on patient rather than manager satisfaction (Shiple *et al*, 2000) and that this offers an opportunity for outcomes to be used positively in promoting better care (Slade *et al*, 2006). In any case, computers are more logical than people, and clearly more suited to helping to treat schizophrenia (Owen *et al*, pp. 453–454).

Close and careful study of the exciting paper by Boisjoli *et al* (pp. 415–419) is also justified. Anything that brings disruptive boys back into a socially inclusive fold is worth promoting and the evidence that academic performance was promoted and criminal behaviour reduced over a 15-year period in their 'preventive intervention' is impressive. But what is the main component of this intervention's three-pronged assault, or are all three needed? This brings us back to food again, or rather its avoidance, in anorexia nervosa. The papers by Gowers *et al* (pp. 427–435) and Byford *et al* (pp. 436–440) show that general child and adolescent psychiatric services can give themselves a pat on the back for their efforts in successfully treating this condition and that in-patient services should be avoided. Is there a message here? Well, everyone knows how unattractive hospital food is to the average customer, and when this knowledge is combined with the expansion of Danish cuisine across the Oresund to Sweden, is it so surprising that the outcome of Swedish adolescents with anorexia nervosa has improved dramatically (Hjern *et al*, 2006)? So, please, be like the Danes, don't put a piece of another journal's

indigestible verbal bread over your *British Journal of Psychiatry* *smørrebrød*, let it caress your taste buds and allow you to stay at the slow food restaurant till closing time.

### SERVING UP THE FAST-TRACK OPTION

We introduced a fast-track option in the *British Journal of Psychiatry* a year ago. This, like many innovations in medical journalism, was introduced by *The Lancet*, who claim that for the really important papers they 'can publish a peer-reviewed manuscript in the print journal in as little as 4 weeks of receipt, after full clinical/scientific and statistical review'. Nice aspiration, but I wonder how often this really happens. We will be reporting on our own fast-track results shortly, but in the meantime could I remind contributors that the following recent reasons given for the fast track route are not, shall we say, looked on with enthusiasm:

I am getting married in the autumn and would like to have it in print for my wedding

I am looking for promotion but need to have a least one publication on my CV

Although this subject is not of international importance at present it will become so when my paper is published

The subject is of great local interest and will cause great excitement at the parish council meeting

Try again, please.

**Garety, P. A., Craig, T. K. J., Dunn, G., et al (2006)** Specialised care for early psychosis: symptoms, social functioning and patient satisfaction. Randomised controlled trial. *British Journal of Psychiatry*, **188**, 37–45.

**Hjern, A., Lindberg, L. & Lindblad, F. (2006)** Outcome and prognostic factors for adolescent female in-patients with anorexia nervosa: 9- to 14-year follow-up. *British Journal of Psychiatry*, **189**, 428–432.

**Johnson, S., Nolan, F., Hoult, J., et al (2005)** Outcomes of crises before and after introduction of a crisis resolution team. *British Journal of Psychiatry*, **187**, 68–75.

**Kendrick, T., Simons, L., Mynors-Wallis, L., et al (2006)** Cost-effectiveness of referral for generic care or problem-solving treatment from community mental health nurses, compared with usual general practitioner care for common mental disorders: randomised controlled trial. *British Journal of Psychiatry*, **189**, 50–59.

**Shiple, K., Hilborn, B., Hansell, A., et al (2000)** Patient satisfaction: a valid measure of quality of care in a psychiatric service. *Acta Psychiatrica Scandinavica*, **101**, 330–333.

**Slade, M., McCrone, P., Kuipers, E., et al (2006)** Use of standardised outcome measures in adult mental health services: randomised controlled trial. *British Journal of Psychiatry*, **189**, 330–336.