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been demonstrated to be associated with widespread changes in
In the current economic climate of increased austerity, there is an
awareness of demonstrating that increased quality of service
 provision correlates with clinical outcomes. Many policy decisions
are made on this basis but there is little direct evidence addressing
this complex question. Killaspy and colleagues (pp. 28–34) found
a positive association between quality of NHS mental health
rehabilitation services and the clinical outcomes of these services.
Interestingly, they report that rehabilitation delivered in hospital-
based units was largely of equivalent quality to that of
community-based units, and the psychiatric morbidity of the local
area had a greater impact on quality than the characteristics of the
patients placed there. They conclude that ongoing investment is
necessary to deliver high-quality care and achieve a positive
impact on patient’s autonomy. First-episode services lie at the
other end of the spectrum from rehabilitation and ever since they
were implemented, in the face of limited evidence of benefit, there
has been a question about their cost-effectiveness. Hastrup et al
(pp. 35–41) found that there was no difference in the costs of
their first-episode service, compared with standard treatment,
over a 5-year follow-up period, but there was also no difference
in health outcomes, with the loss of earlier benefits evident within
the specialised first-episode treatment group at 3-year follow-up.
The authors suggest that a longer period of intensive treatment
may serve to maintain these earlier gains. Psychotic illness has
been demonstrated to be associated with widespread changes in
cortical structures, with decreased hippocampal size being one of
the more robust findings. Brambilla and colleagues (pp. 50–55)
used a novel 3D magnetic resonance imaging mapping of the
hippocampus to show that while there were no morphological
differences between groups of patients and controls, decreases in
3D structure of the hippocampus correlated with increased
severity of disease, and with poorer social outcomes in patients.
The authors conclude that this supports the use of more advanced
imaging and analysis techniques to study brain changes, and that
decrements in hippocampal structure may index a subgroup of
patients with psychosis with poorer clinical and social outcomes.

Depression: outcomes in subthreshold states
and post-stroke

Major depressive illness is associated with a high level of
morbidity and mortality but the impact of subthreshold
depression is not clear. Cuipers and colleagues (pp. 22–27) carried
out a meta-analysis demonstrating that both major depression and
subthreshold depression were associated with significantly
increased levels of mortality, and that there were no significant
differences in mortality between major and subthreshold
depression. They support the view that depression lies on a
continuum from no depression at one end to severe depression
at the other, and that there is a need for an enhanced emphasis
on the benefits of interventions addressing subthreshold depression.
There is evidence that there is an increased incidence of depressive
illness following a stroke. Ayrbe et al (pp. 14–21) reported a
cumulative incidence of depressive illness of 52% within 5 years
of a stroke, from their systematic review and meta-analysis of 50
studies in this area. They also found a prevalence of depression
of approximately 30% in the first 10 years following stroke. A
pre-stroke history of depressive illness and the extent of post-
stroke disability were the most consistent predictive factors for
post-stroke depression; other risk factors included cognitive
impairment, lack of social support and anxiety. The authors
highlight that depression following a stroke requires clinical
attention in the long term, which should be focused on patients
at the highest risk.

Genetics, smoking cessation and oestrogen therapy

Genes have been recognised to influence the development of
psychiatric illness but only recently has technology developed to
allow screening of large numbers of genetic markers in large
sample sizes, characterised by the genome-wide association
studies. In their editorial, Collins & Sullivan (pp. 1–4) provide
an elegant overview of these studies in psychiatry, both of the
methodology and the conclusions that can be drawn from the data
so far. They suggest that the evidence supports a polygenic view
of psychiatric disorders, acting on a diverse range of biological
pathways. They are encouraged that these larger studies are
throwing up new hypotheses, leading to investigation of novel
mechanisms. There has been a renewed public health focus on
decreasing the number of people smoking cigarettes. Smoking is
more prevalent in patients with psychiatric disorder and there is
a popular belief that smoking reduces anxiety. McDermott and
colleagues (pp. 62–67) followed up smokers attending NHS
smoking cessation clinics over 6 months and demonstrated that
people achieving abstinence experienced a marked reduction in
anxiety, while those who continued smoking showed a modest
increase in anxiety. The decrease in anxiety at follow-up was
greater for those with a psychiatric disorder at baseline, and
those reporting smoking to cope with stress. There are gender
differences in the incidence of several psychiatric disorders
and an increased interest in oestrogen treatment across a range of
diagnoses, including premenstrual syndrome, depression,
Alzheimer’s disease and schizophrenia. Craig (pp. 9–13) reappraises
the evidence for oestrogen therapy in psychiatry and concludes
that it may have a therapeutic role in premenstrual dysphoric
disorder, postpartum and perimenopausal depression, although
evidence for efficacy in Alzheimer’s disease and schizophrenia is
more limited.

We take this opportunity to wish a healthy, harmonious and
happy new year to the readers of the Journal.
Highlights of this issue
Sukhwinder S. Shergill

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