Highlights of this issue

BY MARY CANNON

VIOLENCE AND VITAMINS

We always knew that vitamins are good for us but now it seems they may be good for society too! A randomised placebo-controlled trial of vitamin and mineral supplementation in 172 institutionalised young offenders reports a 26% decrease in the rate of antisocial behaviour (as measured by disciplinary incidents) in the active treatment group. Gesch *et al* (pp. 22–28) note that many young prisoners did not possess the most basic knowledge about diet and some had not even heard of vitamins. The authors speculate that the beneficial effects of improved nutrition on antisocial behaviour may be even more marked in a community setting than in custody, where regular meals are provided.

SEX AND ANTIPSYCHOTICS

Patients are more concerned about the sexual side-effects of medication than any others, yet psychiatrists do not routinely enquire about sexual problems. Using a specially designed questionnaire, Smith *et al* (pp. 49–55) asked about sexual problems among a group of patients taking conventional (typical) antipsychotic medication compared with a group of unmedicated controls and a group of attenders at a sexual dysfunction clinic. Patients taking antipsychotics reported high levels of sexual dysfunction but normal libido. Sexual dysfunction was associated with autonomic side-effects of medication in male patients and with hyperprolactinaemia in female patients. One limitation of the study is that none of the patients was taking atypical antipsychotics, which may have fewer effects on prolactin.

COST OF PERSONALITY DISORDER

Rendu *et al* (pp. 62–66) investigated the economic impact of personality disorders on UK health services. Among a sample of GP attendees 24.5% fulfilled criteria for at least one personality disorder. However, the authors found no increase in costs associated with these patients compared with those without personality disorder.

CHALLENGING BEHAVIOUR

Thompson & Reid (pp. 67–71) show that behavioural symptomatology (particularly stereotypy, emotional problems, eye avoidance and overactivity) among people with severe and profound intellectual disabilities show little change over time. This study demonstrates not only the remarkable persistence of such challenging behaviours but also the remarkable persistence of the second author, who has followed the same group of individuals for 26 years!

MEASURING OUTCOMES

How can we measure the success of different models of mental health services? Holloway (pp. 1–2) questions the applicability of the randomised controlled trial (RCT) methodology to the evaluation of socially complex interventions. Gilbody *et al* (pp. 8–16) discuss another approach – outcomes research whereby a rich and clinically meaningful set of outcomes would be collected for all patients during their routine care. However, they caution that this is not a 'revolution', as outcomes research should be seen as a complement to RCTs rather than an alternative.

CASE MANAGEMENT – WHO IS RIGHT?

Ziguras *et al* (pp. 17–21) compare key methodological differences between their meta-analysis supporting the effectiveness of case management and the Cochrane review on the same topic, which came to the opposite conclusion. Not surprisingly, perhaps, they conclude that they were right.

PATHWAYS TO CARE IN ADHD

Sayal *et al* (pp. 43–48) find that non-recognition by general practitioners is the main barrier to accessing specialist services for attention-deficit hyperactivity disorder. However, parental request for referral was the strongest determinant of GP recognition, indicating that parents are actually the main 'gatekeepers' for access to specialist services and that GPs are responsive to parental concern.

TIRED AND EMOTIONAL IN AUSTRALIA

Prolonged and excessive fatigue affects 13% of the Australian population, according to the latest report from the Australian National Mental Health Survey. However, only one in nine of these fatigued individuals fulfils criteria for neurasthenia, indicating that it is a rare disorder. Hickie *et al* (pp. 56–61) find that the degree of disability and service use associated with neurasthenia is largely because of comorbid affective and physical disorders rather than the fatigue itself.

DOCTORS DON'T NEED TO READ BOOKS

states Simon Wessely in the introduction to his 'Ten books' feature (pp. 81–84). However, he then takes us on a personal literary journey starting with Anthony Clare's *Psychiatry in Dissent* – the book which persuaded him that psychiatry was important, interesting and even glamorous (!), via the Battle of the Somme and the Final Solution, to end (Walter Mitty-like) facing the firing squad, cigarette in hand, defiant to the last.