Are SSRI a Cost- Effective Alternative to Tricyclics? By: Matthew Hotopf, Glynlewis and Charles Normand. *British Journal of Psychiatry* (1996), **168**, 404-409.

Background. Selective serotonin reuptake inhibitors (SSRIs) are more expensive than tricyclics. Reports have suggested that SSRIs are cost- effective because they are better tolerated and safer in overdose.

Method. A systematic review of all randomised controlled trials (RCTs), meta- analyses, and cost- effectiveness studies comparing SSRIs and tricyclic antidepressants (TCAs).

Results. None of the RCTs provided an economic analysis and there were methodological problems in the majority which would preclude this approach. Meta- analyses suggest that clinical efficacy is equivalent but slightly fewer patients prescribed SSRIs drop out of RCTs. Cost- effectiveness studies have been based on crude modelling' approaches and over-estimate the difference in attrition rates and the cost of treatment failure. It appears impossible to evaluate the economic aspects of suicide because of its rarity.

Conclusions. There is no evidence to suggest that SSRIs are most cost-effective than TCAs. the debate will only be concluded when a prospective cost- effectiveness study is done in the setting of a large primary care based RCT.

The Galway Study of Panic Disorder III Outcome at 5 to 6 Years By: D. O'rourke, T.J. Fahy, J. Brophy and P. Prescott. *British Journal of Psychiatry* (1996), **168**, 462-469.

Background. The aim was to evaluate long- term outcome of DSM- III -R panic disorder at a mean of 5.3 years following a controlled trial of treatment that included antidepressants and behavioural counselling.

Method. Sixty - eitht (86%) subjects were evaluated by lengthy research interview.

Results. Thirty- four percent recovered and remained well, 46% were minimally impaired and 20% had persistent panic disorder of whom half remained significantly impaired. anxious- fearful personality dysfunction was the most important predictor of poor outcome, followed by poor clinical status of discharge and inability at baseline to recall vividly the initial panic attack. Those who dropped out from the original trial did badly.

Conclusions. Complete recovery can occur even after many years of severe illness in a large minority of subjects who receive both antidepressants and behavioural counselling in the acute stage of treatment. The comparative prognostic value of personality, severity and chronicity need to be more fully addressed in future studies

The Diagnosis and Prevalence of Hyperactivity in Chinese Schoolboys By: Patrick W.L. Leung, S. L., Luk, T.P. HO, Eric Taylor, Felice Lieh Mak and John Baco-Shone. *British Journal of Psychiatry* (1996), **168**, 486-496.

Background. This study was undertaken to examine the validity of different diagnostic definitions of hyperactivity in a Chinese population. Estimates of the prevalence of hyperactivity were made according to these different diagnostic definitions.

Method. In a two-stage epidemiological study of hyperactivity in Hong Kong, 3069 Chinese schoolboys were screened by questionnaires; and a stratified sample of 611 of them entered a

second stage for more detailed diagnostic assessment.

Results. Children with hyperkinetic disorder (ICD-10) or ADDH (DSM-III) both displayed significant hyperactive symptoms, but with somewhat different external correlates; hyperkinetic disorder tended to show more neurodevelopmental impairments, ADDH more cognitive and educational difficulties . These findings raise the possibility of heterogeneity in the disorders present with hyperactivity. The DSM-III-R category of ADHD was more common, and those extra cases, that did not overlap with ADDH or hyperkinetic disorder, included children with no obvious behavioural, cognitive or neurodevelopmental impairments. Hence ADHS may be an over- inclusive category. Prevalence rates for hyperkinetic disorder, ADDH and ADHD were respectively 0.78% , 6.1% and 8.9%.

Conclusions. A disorder of hyperactivity does exist in the chinese culture displaying the same kinds of symptomatology and external correlates as in the West. The prevalence rates of hyperkinetic disorder and ADDH in chinese schoolboys are on the low side when compared to those reported in Westem studies.

Tardive Dykinesia and Positive and Negative Symptoms of Schizophrenia A Study Using Instrumental Measures By: Owen Yuen, Michael P. Caligiuri, Richard Williams an Ruth A. Dickson. *British Journal of Psychiatry* (1996), **168**, 702-708.

Background. Controversy surrounds the relationship between tardive dyskinesia (TD) and symptoms of schizophrenia. While some studies reported that negative symptoms of schizophrenia may be a risk factor for TD, others reported a relationship between TD and positive symptoms.

Method. Eighty- four patients were studied, of whom 47 met criteria for TD. Clinical and instrumental procedures were used to increase the sensitivity of our assessments of the presence and severity of TD. Stepwise logistic and linear regression procedures were used to identify demographic variables, psychopathology, and motor parameters associated with the presence and severity of TD.

Results. A 3- factor model consisting of age, clinical tremor, and negative symptoms explained 25% of the variance in clinical TD severity. A 6 factor model consisting of female gender, instrumental and clinical measures of parkinsonism, positive and negative symptoms explained 49% of the variance in severity of instrumentally derived dyskinesia.

Conclusions. These results that the presence of TD may be associated with positive symptoms; that the severity of TD may be related to negative symptoms , and that the relationship between negative symptoms and TD severity may be influenced by the presence of parkinsonism.

Psychosocial Study of Depression in Early Pregnancy By: T. Kitamura, M. Sugawara, K. Sugawara, M.A. Toda and S. Shima. *British Journal of Psychiatry* (1996), **168**, 732-738.

Background. The psychosocial correlates of depression during pregnancy were explored.

Method. Pregnant women attending the antenatal clinic of a general hospital (n=1329) received a set of questionnaires including Zung's Self- Rating Depression Score (SDS). SDS high scorers (>49) (the cases: n=179) were compared with low scorers (<38) (the controls, n=343).

Results. The cases were characterised

by: first delivery , more nausea, vomiting , and anorexia, more menstrual pains and premenstrual irritability, early paternal loss; lower maternal care and higher paternal overprotection; higher public self-consciousness score; more smoking and use of medication in pregnancy, unwanted pregnancy, negative psychological response to the pregnancy by the woman and husband; poor intimacy by the hushand , and having remarried.

Conclusions. Depression in early pregnancy is determined mainly by psychosocial factors.

Present Use of the Hamilton Depression Rating Scale: Observations on Method of Assessment in Research of Depressive Disorders By: R.P. Snaith. *British Journal of Psychiatry* (1996), **168**, 594-597.

Background. The Hamilton Depression Rating Scale retains its primacy in research. There have been recent important critiques. It is clear that instructions provided by its author are widely overlooked.

Method. A survey of the present use of the HDRS was conducted by inspection of five major journals publishing studies in the field of psychiatry . Note was especially made of whether a recognised version of the Scale was quoted, also of whether authors had selected specific scores on one or other of the versions to indicate a criterion for inclusion of a subject in a study, and likewise whether a specific score had been selected as an indication of recovery following some procedure or treatment.

Results. One hundred and fourteen articles were reviewed in which 71 had used a depression scale. This was the HDRS in 66% of the studies. There was considerable evidence that the instruction that the HSRS was only to be used in situations where the patient had received a diagnosis of a primary depressive illness had been ignored. There was considerable degree of arbitrary selection of Scale scores.

Conclusions. The survey causes concern about the methodology of much research in the field of assessment of severity of psychiatric disorder. The rationale of assessment by the rating scale method is considered and suggestion made for improvement in research practice.

Demographic and Obstetric Risk Factors for Postnatal Psychiatric Morbidity By: Rachel Warner, Louis Appleby, Anna Whitton and Brian Faragher. *British Journal of Psychiatry* (1996), **168**, 607-611.

Background. Postnatal depression follows 10% of live births but there is little consensus on the risk factors associated with its development. Previous smaller studies have been unable to quantify the impact of independent risk factors as relative and attributable risks.

Method. The Edinburgh Postnatal Depression Scale (EPDS) was used to screen a systematic sample of 2375 women, six to eight weeks after delivery. Information on socio- demographic and obstetric variables was collected at the screening interview. The risk factors associated with high EPDS scores (>12) were determined and entered stepwise into a regression model.

Results. Four independent variables were found to be associated with an EPDS score above this threshold. These were an unplanned pregnancy (OR 1.44); not breast- feeding (OR 1.52), and unemployment in either the mother, i.e. no job to return to following maternity leave (OR 1.56), or the head of household (Or 1.50). These four vari-

ables appeared to explain the risk associated with other risk factors.

Conclusions. Although a direct aetiological role for these risk is not certain , they may indicate strategies for the prevention of affective morbidity in postnatal women. These may include reducing unwanted pregnancy and employment for women after childbirth.

Development of a Clinical Rating Scale to Assess Mother - Infant Interaction in a Psychiatric Mother and Baby Unit By: R. Kumar and A.E. Hipwell. *British Journal of Psychiatry* (1996), **169**, 18 - 26.

Background. Psychiatrists are sometimes asked to express an opinion about the competence and motivation of a mentally ill mother to be a consistent, adequate and safe parent of her recently born infant. There are no reliable methods for assessing mother- infant interaction and relationship in a psychiatric context.

Method. The Bethlem Mother- infant Interaction Scale (BMIS) was developed by the staff of a specialised psychiatric mother and baby unit. Of the seven subscales, four measured different aspects of the mother's contribution to the dialogue with her baby, one measured her capacity to organise and maintain routine care, one attempted to rate the perception by staff of risk to the child, and the remaining subscale rated the baby's contribution to their interaction. In normal clinical practice the ratings were made consensually by nurses and they encompassed observations that had been made by them during the previous week.

Results. Despite the simple and global nature of the ratings of the BMIS, moderate to high coefficients of inter- rater reliability were obtained for weekly ratings by nurses as well as for intra- rater reliability of ratings of videotaped interactions between mothers and their infants. Ratings of mothers and babies in day- today activity in the unit that were based on one hour's observation only were much less reliable. The internal consistency of the BMIS was high and comparisons with other methods used in non- clinical setting showed good criterion- related validity.

Conclusions. Using the BMIS facilitated attempts to reliably assess disturbances of mother infant interaction and the scale was acceptable and clinically useful. The nurses' ratings of their perceptions of 'risk' to the infant, which are in some ways the most important , were the least reliable . Repeated weekly ratings gave a valuable impression of change or lack of it over time. The predictive validity of the scale has yet to be determined.

Comparative Incidence of Depression in Women and Men , During Pregnancy and after Childbirth Validation of the Edinburgh Postnatal Depression Scale in Portuguese Mothers: By M.E.G. Areias, R. Kumar, H. Barros and E. Figueiredo. *British Journal of Psychiatry* (1996), **169**, 30 - 35.

Background. Comparing women's and men's emotional reactions to childbirth can clarify the impact on mental health of childbirth as a life event

Method. Fifty- four first - time mothers attending obstetric services in Oporto, portugal , and 42 of their husbands or partners participated in a longitudinal study of their mental health. All subjects were given a semi- structured clinical interview (SADS) at 6 months antenatally and at 12 months postnatally and subsamples were interviewed at 3 months postnatally. At all these times all the

mothers and fathers also competed a translated version of a self- rating scale for depression, the Edinburgh Postnatal depression Scale (EPDS).

Results. More women than men had past thistories of depression but their rates of depression did not differ significantly during pregnancy. In the first 3 months postnatally, nearly a quarter of the women at risk' were found to have become depressed (major , minor and intermittent) in contrast with less than 5% of the men. In the next nine months men were more prone to become depressed than previously and their conditions tended to follow an earlier onset of depression in their spouses.

Conclusions. Comparisons of EPDS and SADS ratings showed that the translated EPDS was a valid instrument for women but it was less satisfactory when applied to men.

Prediction of ECT Response: Validation of a Refined Sign- Based (CORE) System for Defining Melancholia By: Ian Hickie, Catherine Mason, Gordon Parker and Henry Brodaty. *British Journal of Psychiatry* (1996), **169**, 68 - 74.

Background. The clinical validity of melancholia has been argued on the basis of its capacity to predict response to electroconvulsive therapy (ECT). We have argued that a sign - based (CORE) rating system of psychomotor disturbance can identify patients with melancholia. Therefore, the clinical validity of the CORE system was tested here in terms of its capacity to predict response to ECT.

Method. The response of 81 patients with primary affective disorders to an individualised course of ECT was investigated. Core scores and other clinical predictors were evaluated in terms of their capacity to predict effect size changes in symptoms and disability.

Results.CORE scores predicted ECT response, as did the presence of psychotic features. The combination of marked psychomotor change (high Core scores) and psychotic features predicted the best response to ECT.

Conclusions. This study supports the clinical validity of the CORE system for diagnosing melancholia.

The Nottingham Study of Neurotic Disorder: Influence of Cognitive Therapists on Outcome By: David Kingdon, Peter Tyrer, Nicholas Sevewright, Brain Ferguson and Sibhan Murphy. *British Journal of Psychiatry* (1996), **169**, 93 - 97.

Background. In previously published papers from the Nottingham Study of Neurotic Disorder a short treatment package of cognitive - behaviour therapy was no more effective than placebo drug treatment after 10 weeks' assessment in a cohort of 210 patients neurotic disorders. This paper examines the outcome over two years of the patients treated by cognitive- behaviour therapy separated into two therapist groups, those who were competent in administering treatment and those of uncertain competence.

Method. The therapists (mainly community psychiatric nurses) of 70 patients with an original DSM-III diagnosis of either dysthymic, panic or generalised anxiety disorder were separated into two groups on the basis of their perceived competence by their supervisor (DK). Ratings of psychopathology were made at regular intervals over two years by assessors blind to knowledge of treatment or therapist.

Results. The patients treated by competent therapists (n=30) generally showed greater improvement than those allocated to therapists of uncertain competence (n=40) , mainly with respect to depressive symptoms, and the difference symptoms, and the difference persisted over two years, long after the cognitive - behaviour therapy had been completed.

Conclusions. Cognitive - behaviour therapy given by competent therapists over a 10 week period is of lasting benefit in neurotic disorder.

Patterns of Positive and Negative Symptoms in First Episode Schizophrenia By: Joséluis vázquez-Barquero, Ismael Lastra, MaJesús Cuesta Nu´nez, Sara Herrera Castando and Graham Dunn. *British Journal of Psychiatry* (1996), **168**, 693-701.

Background. The aim is to examine, in first episodes of schizophrenia, the appropriateness of the simple two-dimensional model of schizophrenia (´negativé and ´positivé dimensions) and more complex variants.

Method. All patients with a first episode of schizophrenia who, over a two-year period, made contact with any of the public mental health services of the autonomous region of cantabria in northern Spain were investigated. The psychiatric evaluation included, among other instruments, the Present State Examination (PSE-9), and the scales for the assessment of the ´positivé and ´negativé symptoms of schizophrenia (SAPS and SANS respectively). The dimensionality of the SAPS/SANS item scores and subscales was examined through the use of principal component analysis.

Results. The principal component solution that best fits the data obtained with the initial SANS/SAPS sub-scales reflects the existence of three different (´negativé, ´positivé ´disorganisation') factors. The strategy adopted of repeating the analysis after extracting the principal components of the original subscales, revealed that although the nature and item composition of the initial ´negativé and ´disorganisation' factors were in general confimed, the ´positivé dimension presented a more complex structure with at least two ´positivé (´Non-Paranoid' and ´Paranoid') independent factors.

Conclusions. The psychopathological structure of the early stages of schizophrenia, as evaluated by the SANS/SAPS, is characterised by the presence of four dimensions: two ´positivé one ´negativé and one ´disorganisation'.

Tardive Dyskinesia and Positive and Negative Symptoms of Schizophrenia A Study Using Instrumental Measures By: Owen Yuen, Michael P. Caligiurl, Richard Williams and Ruth A. Dickson. *British Journal of Psychiatry* (1996), **168**, 702-708.

Background. Controversy surrounds the relationship between tardive dyskinesia (TD) and symptoms of schizophrenia. While some studies reported that *negative* symptoms of schizophrenia may be a risk factor for TD, others reported a relationship between TD and positive symptoms.

Method. Eighty-four patients were studied, of whom 47 met criteria for TD. Clinical and instrumental procedures were used to increase the sensitivity of our assessments of the presence and severity of TD. Stepwise logistic and linear regression procedures were used to identify demographic variables, psychopathology, and motor parameters associated with the presence and severity of TD.

Results. A 3-factor model consisting of age, clinical tremor, and negative symptoms explained 25% of the variance in clinical TD severity. A 6=factor rnodel consisting of female gender, instrumental and clinical measures of parkinsonism, positive, and negative symptoms explained 49% of the variance in severity of instrumentally derived dyskinesia.

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Pychosocial Study of Depression in Early Pregnancy By: T. Kitanura, M. Sugawara, K. Sugawara, M. A. Toda and S. Shima. *British Journal of Psychiatry* (1996), **168**, 732-738.

Background. The psychosocial correlates of depression during pregnancy were explored.

Method. Pregnant women attending the antenatal clinic of a general hospital (n = 1329) received a set of questionnaires including Zung's Sef-Rating Depression Score (SDS). SDS high scorers (>49) (the cases: n=179) were compared with low scorers (<38) (the controls' n=343).

Results. The cases were characterised by: first delivery; more nausea, vomiting, and anorexia; more menstrual pains and premenstrual irritability; early paternal loss; lower maternal care and use of medication in pregnancy; unwanted pregnancy; negative psychological response to the pregnancy by the woman and husband; poor intimacy by the husband; and having remarried.

Conclusions. Depression in early pregnancy is determined mainly by psychosocial factors.

Present Use of the Hamilton Depression Rating Scale:Observations on Mothod of Assessment in Research of Depressive Disorders R. P. SNAITH The British journal of psychiatry May 1996 Vol . 168

Background. The Hamilton Depression Rating Scale retains its primacy in research. There have been recent important critiques. It is clear that instructions provided by its author are widely over looked.

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Demographic and Obstetric Risk Factors for Postnatal Psychiatric Morbidit Rachel Warner, Louis Appleby, Anna Whitton and Brian faragher. The British Journal of Psychiatry May 1996 Vol . 168

Background. Postnatal depression follows 10% of live births but there is little consensus on the risk factors associated with its development. previous smaller studies have been unable to quantify the impact of imdependent risk factors as relative and attributable risks.

Method. The Edinburgh postnatal Depression scale (EPDS) was used to screen a systematic sample of 2375 women, six to eight weeks after delivery. information on socio - demographic and obstetric variables was colected at the screening nterview. The risk factors associated with high EPDS scores (>12) were determined and entered stepwise into a regression model.

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Conclusions. Although a direct aetiological role for these risk factors is not certain, they may indicate strategies for the prevention of affective morbidity in postnatal women. These may in - clude reducing unwanted pregnancy and employment for women after childbirth.

Are SSRIs a Cost - Effective Alternative to Tricyclics ? By: Matthew Hotopf, Glynlewis and Charles Normand *British Journal of Psychiatry 1996, 186, 404*

Background. Selsctive serotonin requptake inhibitors (SSRIs are more expensive than tricyclics . Reports have suggested that SSRIs are cost-effective because they are better tolerated and safer in overdose .

Method. Asystematic review of all randomised controlled trials (RCTs) , meta - analyses , and cost - effectiveness studies comparing SSRIs and tricuclic antidepressants (TCAs).

Results. None of the RCTs s provided an economic anaylis and ther were methodological problems in the majority which would preclude this approach . Meta - analyses suggest that clinical effcacy is equivalent but slighty fewerpatients prescribed SSRIs drop out of RcTs. Cost - effectiveness studies have been hased on crude modelling approach and over - estimate the difference in attrition rates and the cost of treatment failure . It appears impossible to evaluate the economic aspects of suicide because of its rarity .

Conclusion. There is no evidence to suggest that SSRIs are more cost - effective than TCAs. The debete will only be concluded when a prospective cost - effectiveness study is done in the setting of a lage primary care based RCT.

The Gealway Study of Panic Disorder III Outcome at to 6 Years By: D. O'Rourke, T.J. Fahy , J . Brophy and P. Prescott. *British Journal of Psychiatry* (1996) , 168, 462
Background The aim was to evaute long - term outcome of DSM-III R panic disorder at a mean of 5.3 years following a controlled trial of treatment taht included antidepressants and behavioual conslling .

Method. Sixty - eight (86% subjects were evaluated by lenghty research interview .

Results. Thirty - four per cent recovered of whom half remained significantly impaired . Anxious-fearful personality dysfunction was the most important predictor of poor outcome , followed by poor clinical status at discharge and inability at baseline torecall vivdily the initial panic attack. Those who dropped out from the original trial did badly . **Conclusion.**Complete recovery can occur even after many years of severe illness in a large minority of subjects who receive both antidepressants and behavioural counselling in the acute satge of treatment . The comparative prognostic value of personality , severity and chronicity need to be more fully addressed in future studies .

The Dignosis and Prevalence of Hyperactivity in Chinese Schoobloys By: Patrick W . L. Leung , S .L . Luk, T.P. Ho Eric Taylor, Felice Lieh Mak and John Bacon - Shone. *British Journal of Psychiatry* (1996) , 168, 486

Background. This study was undertaken to examine the validity of different diaganostic definitions of hyperactivity in a Chinese population . Estimates of the prevalence of hyperactivity were made according to these different diagnostic definitions . **Method.** In a two - stage epidemiological study of hyperactivity in Hong , 3069 Chinese schoolboys were screened by questionnaires ; and a stratified sample of 611 of them entered a second satge for more detailed diagnostic assessment .

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Conclusions. A disorder of of hyperactivity does exist in the Chinese culture , displaying the same kinds of symptomatology and external correlates as in the WEAT . The prevelence rates of hyperkinetic disorder and ADDH in Chinese schoolboys are on the low side when compared to those reported in Western studies .

The Use of Environmental Strategies and Psychortpic Medicatattion in the Management of Deliriumby: David J. Meagher Donal O, Hanilon, Edmond O,Mahony and Patricia R. Casey. *British Journal of Psychiatry* **168:** 512 1996

Background. This paper examines the pattern and frequency of implematation of environmental strategies and the use of psychotrotropic medication in the management of patients with dellirium in acute hospital setting .

Method. The study involved 46 consecutive referrals to a consultation paychiatry service each and whom met ICD - 10 criteria for delirum . Patients subdivided into hyperactive , hypoactive and mixed subtypes of delirum and assessed regarding severity of delirum ,

the use of psychotropic medication prior to consulation and the implementation of environmental measures in tropic medngement .

Results. Mean age was 60.1 years . Thirty per cent of patients were of the hyperactive subtype , 14% hypoactive and 46% mixed . Psychotropic medication was given to 6.5% prior to consultation and this is significiantly associated with severity of delirium and in particular in over 5% of the overall severity of delirium , agitation Conclusions. The application of these strategies was associated with overall severity of delirum , agitation , mood lability and sleep - wake cycal disurbance . It was not significantly associated with severity of disorienation or with disturbed percerption / Thinkin.

Conclusions. Simple environmental strategies such as limiting changes in staff , minimising noise levels and involving relatives in re-orientatation are frequently overlooked in the management of patients with delirium . Our study suggests that implementation of environmental strategies occurs primarily in response to behavioural challenges rather than to limit the core features of delirium .