How to present at a meeting

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Presentation at a meeting tends to be one way communication process. You must prepare your presentation well by understanding your audience, rehearsing your presentation, preparing prompt cards and checking the venue and equipment. Describe the purpose of the talk, deliver the talk and summarize. The delivery of the presentation is important, try to think carefully about both verbal and non-verbal communication and visual aids.

To prepare a meeting you must put into consideration the following points: the key to a good lecture is presentation and rehearsal. Check the content of the meeting at which you are going to talk, the subject and timing. Understand the audience in order to select the right level at which to pitch your presentation. Think carefully about the title and the content of your talk. Select and arrange information according to the audience and time given. Note rehearsal is mandatory .

Your talks must be of different lengths require slightly different techniques but the general principles are the same. Use an overhead projector for five minutes talk. For a fifteen minutes talk information must be brief and to the point. There are several types of forty five minutes talks: the teaching lecture, at a symposium, the guest lecture and the eponymous lecture and you should prepare for each type accordingly .

Visual aids are essential when giving medical presentations. Only use board and colored pens if you have the necessary talent, flip charts are also not encouraged. Videos are occasionally valuable in demonstrating a new practical technique. Slides are most common form of visual aid used, especially in power point. Remember that the fewer slides used the better, keep them simple and make figures and tables easy to understand.

Your appearance on the stage is a very important subject, make sure you arrive in plenty of time. Spend time before your presentation to do a sound check. Look self-assured. When speaking be audible, intelligible and engaging. Maintain eye contact with the audience .

Be clear what your message are and try to keep them simple. Only have two or three key messages in your presentation. Ensure that the audience understands the benefits of the messages. Maintain the right projection of emotion and interest. When preparing a presentation, prepare for the types of the questions that might be asked afterwards. Make sure you cater for the particular audience you are addressing. When being interviewed prepare up to five points and try to remain courteous but cautious. If you are a member of a panel respond with a relevant answer and do not interrupt your colleagues. And finally in order to chair a session you must do your home work thoroughly. The role and responsibilities of the chair will be colored by the type of meeting. Get to know your speakers and their work a few months before the meeting. Identify what visual aids the speakers will be using and familiarize your self with the technical arrangements of the venue. On the day of the session get there early to check that everything is organized and running to schedule. Ensure that the speakers keep to their allotted time .

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Journal Search

From Journal Abstracts

Am. J. Psychiatry
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Fertility Of Patients With Schizophrenia, Their Siblings, and the General Population: a Cohort Study from 1950-9 In Finland (pp. 460-3): by Haukka, J., Suvisaari, J., and Lönngrist, J.

Objective: Genetic factors are the most important risk factors for schizophrenia. However, despite the fact that patients with schizophrenia have significantly fewer offspring than the general population, schizophrenia persists. The authors investigated whether the siblings of patients with schizophrenia produce more offspring, thereby compensating for the low fertility of the affected individuals.

Method: From all 870,093 individuals born in Finland from 1950 to 1959, the authors determined how many had schizophrenia or were siblings of schizophrenia patients and how many offspring they had. The population data were obtained from the Population Register Center of Finland, and the National Hospital Discharge Register was used to identify all persons who had been hospitalized because of schizophrenia.

Results: Of the total population, 1.3% were patients with schizophrenia, and 2.8% were their siblings. The mean number of offspring among female siblings was slightly but significantly higher than among women in the general population (1.89 versus 1.83), while the opposite was true for

the male siblings (1.57 versus 1.65 among men in the general population). The mean number of offspring among patients with schizophrenia was 0.83 for women and 0.44 for men.
Conclusions: Lower than average fertility among patients with schizophrenia is not compensated for by higher fertility among their siblings. Thus, the persistence of schizophrenia in the general population is not explained by this simple evolutionary mechanism.

Do Hypertension and Diuretic Treatment in Pregnancy Increase the Risk of Schizophrenia in Offspring? (pp. 464-8): by Sorensen, H., Mortensen, E., Reinsch, J., and Mednick, S.

Objective: Diuretics prescribed after the first trimester for treatment of hypertension in pregnant women may interfere with normal plasma volume expansion and cause volume depletion. The authors hypothesized that prenatal exposure to diuretics and maternal hypertension might disrupt fet al neurodevelopment and increase, the risk of schizophrenia in offspring.
Method: Using data from the Copenhagen Perinatal Cohort of individuals born between 1959 and 1961, the authors studied the relationship of maternal hypertension and diuretic treatment during pregnancy with the risk of schizophrenia (ICD-8 code 295) in the offspring. Prenatal medical information was linked to the Danish National Psychiatric Register. The effects of maternal hypertension and diuretic treatment were adjusted for the maternal history of schizophrenia, social status of the family breadwinner, mother's age, and concomitant drug treatment during pregnancy.
Results: In a risk set of 7,866 individuals, 84 cases of schizophrenia were found (1.1% prevalence). Logistic multiple regression analysis identified the following independent risk factors: maternal hypertension (odds ratio=1.69 [95% CI=1.02—2.80]), diuretic treatment in the third trimester (odds ratio=2.55 [95% CI=1.21—5.37]), and maternal schizophrenia (odds ratio=11.12 [95% CI=4.60—29.91]) Prenatal exposure to both hypertension and diuretic treatment in the third trimester conferred a 4.01-fold (95% CI = 1.41-11.40) elevated risk.
Conclusions: Children of mothers with hypertension in pregnancy plus diuretic treatment in the third trimester were at significantly increased risk of developing schizophrenia. In pregnancies complicated by hypertension, diuretics may interfere with aspects of fet al neurodevelopment and thus increase the vulnerability of offspring to the development of schizophrenia later in life.

Association Between a Functional Catechol O – Methltransferase Gene Polymorphism and Schizophrenia: Meta-Analysis of Case-Control and Family-Based Studies (pp. 469-76): by Gatt, S., Faraone, S., and Tsuange, M.

Objective: There is strong evidence for a genetic contribution to schizophrenia, but efforts to identify susceptibility genes have been largely unsuccessful because of the low power of individual studies. The authors' goal was to evaluate the collective evidence for an association between the Val158/108Met polymorphism of the catechol O-methyl transferase (COMT) gene and schizophrenia.
Method: They performed separate meta-analyses of existing case-control and family-based association studies.
Results: Overall, case-control studies showed no indication of an association between either allele and schizophrenia, and family-based studies found modest evidence implicating the Val allele in schizophrenia risk. The pooled analyses of studies from diverse geographical regions may have obscured ethnic differences in patterns of genetic risk for schizophrenia. Stratification of the studies by ethnicity of the subjects yielded evidence for an association with the Val allele in case-control studies of European samples and, especially, in family-based studies of European samples. Case-control and family-based studies of Asian samples produced mixed results and, overall, little evidence for association.
Conclusions: The results of the two types of association studies diverged somewhat, but the evidence from the family-based studies, although based on fewer reports, may be more accurate. The Val allele may be a small but reliable risk factor for schizophrenia for people of European ancestry, but the influence of this polymorphism on risk in Asian populations remains unclear. These results call for more family-based studies to confirm the association between COMT and schizophrenia in European samples and to clarify its contribution to risk in Asian samples. They also suggest that case-control studies should use methods of genomic control to avoid being confounded by population stratification.

Do Urbanicity And Familial Liability Coparticipate In Causing Psychosis? (pp. 477-82) by Van Os, J., Hanssen, M., Bak, M., Bijl, R., and Vollebergh, V.

Objective: The urban environment and familial liability are risk factors for psychotic illness, but it is not known whether a biological synergism exists between these two proxy causes.
Method: The amount of biological synergism between familial liability (defined as a family history of delusions and/or hallucinations necessitating psychiatric treatment) and a five-level rating of population density of place of residence was estimated from the additive statistical interaction in a general population risk set of 5,550 individuals.
Results: Both the level of urbanicity and familial liability increased the risk for psychotic disorder, independently of each other. However, the effect of urbanicity on the additive scale was much larger for individuals with evidence of familial liability (risk difference = 2.58%) than in those without familial liability (risk difference = 0.40%). An estimated 60%—70% of the individuals exposed to both urbanicity and familial liability had developed psychotic disorder because of the synergistic action of the two proxy causes.
Conclusions: Given that familial clustering of psychosis is thought to reflect the effect of shared genes, the findings sup-

port a mechanism of gene-environment interaction in the causation of psychosis.

Working Memory Deficits and Levels of N-Acetylaspartate in Patient with Schizophreniform Disorder (pp. 483-9): by Bertolino, A., Sciota, D., Brudaglio, F., Altamura, M., et al.

Objective: The authors used proton magnetic resonance spectroscopic imaging (^{1}H-MRSI) to assess potential reductions of *N*-acetylaspartate (a marker of neuronal integrity) in the hippocampal area and dorsolateral prefrontal cortex of patients with schizophreniform disorder. In addition, they assessed the relationship between *N*-acetylaspartate levels and working memory deficits.
Method: Twenty-four patients with DSM-IV schizophreniform disorder and 24 healthy subjects were studied. Subjects underwent ^{1}H-MRSI and were given the N-back working memory test.
Results: The schizophreniform disorder patients had selective reductions of *N*-acetylasparate ratios in the hippocampal area and the dorsolateral prefrontal cortex, and a positive correlation was seen between *N*-acetylaspartate ratios in the dorsolateral prefrontal cortex and performance during the 2-back working memory condition.
Conclusions: Similar to findings reported in schizophrenia studies, *N*-acetylaspartate reductions in the hippocampal area and the dorsolateral prefrontal cortex were seen in patients with schizophreniform disorder. Moreover, the results support other evidence that neuronal pathology in the dorsolateral prefrontal cortex accounts for a proportion of working memory deficits already present at illness outset.

Parental Schizophrenia Spectrum Disorders in Childhood-Onset and Adult-Onset Schizophrenia (pp. 490-5), by Nicolson, R., Brookner, F., Lenane, M., Gochman, P., et al.

Objective: Childhood onset of "adult" psychiatric disorders may be caused, in part, by more salient genetic risk. In this study, the rates of schizophrenia spectrum disorders among parents of patients with childhood-onset and adult-onset schizophrenia and parents of community comparison subjects were compared.
Method: To assess the presence of axis I and axis II disorders associated with schizophrenia, parents of patients with childhood-onset schizophrenia (95 parents), patients with adult-onset schizophrenia (86 parents), and community comparison subjects (123 parents) were interviewed directly by using semistructured instruments. Information on 19 additional parents (parents of childhood-onset patients, N=2; parents of adult-onset patients, N=11; parents of community comparison subjects, N=6) was obtained by using a family history interview with the same instruments.
Transcribed interviews were scored by a rater blind to group membership, and the morbid risks for schizophrenia spectrum disorders in the three groups were compared.
Results: Parents of patients with childhood-onset schizophrenia had a significantly higher morbid risk of schizophrenia spectrum disorders (24.74%) than parents of patients with adult-onset schizophrenia (11.35%), and parents of both patient groups had a greater risk of schizophrenia spectrum disorders than did parents of comparison subjects (1.55%).
Conclusions: Parents of patients with childhood-onset schizophrenia have a higher rate of schizophrenia spectrum disorders than parents of patients with adult-onset illness. This is consistent with the hypothesis that a childhood onset of schizophrenia is due, at least in part, to a greater familial diathesis for the disorder.

Generalized Anxiety Disorder in Patients with Major Depression: Is DSM-IV's Hierarchy correct? (pp. 504-12). By: Zimmerman, M., and Chelminiski, I.

Objective: DSM-III imposed a hierarchical relationship in the diagnosis of anxiety disorders in depressed patients, stipulating that anxiety disorders could not be diagnosed if their occurrence was limited to the course of a mood disorder. In the subsequent versions of the DSM this hierarchy was eliminated for all anxiety disorders except generalized anxiety disorder. The authors examined the validity of this remaining hierarchical relationship between mood and anxiety disorders.
Method: Psychiatric outpatients with major, depressive disorder (N=332) were evaluated with a semistructured diagnostic interview and completed paper-and-pencil questionnaires on presentation for treatment. To study the validity of the DSM-IV hierarchical relationship between generalized anxiety disorder and mood disorders, the authors made a diagnosis of modified generalized anxiety disorder for patients with major depressive disorder who met all the criteria for generalized anxiety disorder except for the exclusion criterion. The analysis compared the characteristics of three nonoverlapping groups of patients with DSM-IV major depressive disorder: 1) those with coexisting DSM-IV generalized anxiety disorder, 2) those with coexisting modified generalized anxiety disorder, and 3) those with neither DSM-IV nor modified generalized anxiety disorder.
Results: Compared to the depressed patients without generalized anxiety disorder, the depressed patients with DSM-IV and modified generalized anxiety disorder had higher levels of suicidal ideation; poorer social functioning; a greater frequency of other anxiety disorders, eating disorders, and somatoform disorders.
Conclusions: The findings question the validity of the DSM-IV hierarchical relationship between major depressive disorder and generalized anxiety disorder suggest that the exclusion criterion should be eliminated.

Capsulotomy for Refractory Anxiety Disorder: Long-term Follow-up of 26 Patients (pp. 513-21): by Ruck, M., Andréewitch, S., Flycktik., Edman, G., et al.

Objective: To evaluate the long-term efficacy and safety of

capsulotomy in patients with anxiety disorders.
Method: Twenty-six patients who had undergone bilateral thermocapsulotomy were followed up 1 year after the procedure and after a mean of 13 years. Primary diagnoses were generalized anxiety disorder (N=13), panic disorder (N=8), and social phobia (N=5). Measures of psychiatric status included symptom rating scales and neuropsychological testing. A quantitative magnetic resonance imaging (MRI) evaluation was conducted to search for common anatomic denominators. Seventeen of the 23 patients who were alive at long-term follow-up were followed up in person and one was interviewed by telephone; as well as their relatives.
Results: The reduction in anxiety ratings was significant both at 1-year and long-term follow-up. Seven patients, however, were rated as having substantial adverse symptoms; the most prominent were apathy and dysexecutive behavior. Neuropsychological performance was significantly worse in the patients with adverse symptoms. No common anatomic denominator could be found in responders in the analysis of MRI scans.
Conclusions: Thermocapsulotomy is an effective treatment for selected cases of nonobsessive anxiety but may carry a significant risk of adverse symptoms indicating impairment of frontal lobe functioning.

Controlled Clinical Trial of Interpersonal Psychotherapy Versus Parenting Education Program for Depressed Pregnant women (pp. 555-62) by: Spindelli, M., and Endicott, J.

Objective: Antenatal depression is a significant risk factor for postpartum depression, with a 10%—12% prevalence in all pregnancies. Rates of depression are higher for pregnant women with chronic stressors, financial and housing problems, and inadequate social support. Despite the prevalence and associated family and infant morbidity, there are no controlled clinical treatment trials regarding this topic, to the authors' knowledge. APA has identified treatment of depression during pregnancy as a priority for clinical guidelines.
Method: A 16-week bilingual controlled clinical trial compared a group receiving interpersonal psychotherapy for antepartum depression to a parenting education control program. Fifty outpatient antepartum women who met DSM-IV criteria for major depressive disorder were randomly assigned to inter- personal psychotherapy or a didactic parenting education program. Thirty-eight women remained in the study and were included in the data analysis.
Depressed mood was measured with the Edinburgh Postnatal Depression Scale, the Beck Depression Inventory, and the Hamilton Depression Rating Scale. The Clinical Global Impression (CGI) and the Hamilton depression scale measured recovery.
Results: The interpersonal psycho-therapy treatment group showed significant improvement compared to the parenting education control program on all three measures of mood at termination. Recovery criteria were met in 60% of the women treated with interpersonal psychotherapy according to a CGI score of ≤2. In addition, there was a significant correlation between maternal mood and mother-infant interaction.
Conclusions: Interpersonal psycho- therapy is an effective method of antidepressant treatment during pregnancy and should be a first-line treatment in the hierarchy of treatment for antepartum depression.

Dimensions of Religiosity and Their Relationship to Lifetime Psychiatric and Substance Use Disorder (pp. 469-503), by: Kendler, K., Liu, X., Gardner, C., Me Cullough, M., et al.

Objective: The role of religion in mental illness remains understudied. Most prior investigations of this relationship have used measures of religiosity that do not reflect its complexity and/or have examined a small number of psychiatric outcomes.
Method: Responses to 78 items assessing various aspects of broadly defined religiosity were obtained from 2,616 male and female twins from a general population registry. The association between the resulting religiosity dimensions and the lifetime risk for nine disorders assessed at personal interview was evaluated by logistic regression. of these disorders, five were "internalizing" (major depression, phobias, generalized anxiety disorder, panic disorder, and bulimia nervosa), and four were "externalizing" (nicotine dependence,
alcohol dependence, drug abuse or dependence, and adult antisocial behavior).
Results: Seven factors were identified: general religiosity, social religiosity, involved God, forgiveness, God as judge, unvengefulness, and thankfulness.
Conclusions: Religiosity is a complex, multi- dimensional construct with substantial associations with lifetime psychopathology. Some dimensions of religiosity are related to reduced risk specifically for internalizing disorders, and others to reduced risk specifically for externalizing disorders, while still others are less specific in their associations. These results do not address the nature of the causal link between religiosity and risk for illness.

Sexual Orientation and Self-Harm in Men and Women (pp. 541-6), by: Skegg, K., Nada-Raja, S., et al.

Objective: Recent studies of homosexual people have found higher rates of nonfatal suicidal behavior than among heterosexuals. The purpose of this study was to determine associations between self-harm and sexual orientation for men and women separately, defining sexual orientation by sexual attraction rather than by behavior.
Method: In a birth cohort of 1,019 New Zealand young adults eligible to be interviewed at age 26 years, 946 participated in assessments of both sexual attraction and self-harm.
Results: Both women and men who had experienced same-sex attraction had higher risks of self-harm. Men with same-sex attraction were significantly more likely to report having attempted suicide. In both sexes, a greater degree of

same-sex attraction predicted increasing likelihood of self-harm, with over one-third of men and women with persistent major same-sex attraction reporting this. One-quarter of deliberate self-harm among men and one-sixth among women was potentially attributable to same-sex attraction.
Conclusions: This study provides evidence of a link between increasing degrees of same-sex attraction and self-harm in both men and women, with the possibility of some difference between the sexes that needs to be explored further.

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Impaired Fasting Glucose Tolerance in First-Episode, Drug-Naïve Patients with Schizophrenia (pp. 284-9) by: Ryan, M., Collins, P., and Thakore, J.

Objective: This Study examined the prevalence of impaired fasting glucose tolerance in first-episode, drug-naive patients with schizophrenia.
Method: In this cross-sectional study, fasting plasma levels of glucose, insulin, lipids, and cortisol were measured in 15 male and 11 female hospitalized Caucasian patients with DSM-IV schizophrenia (mean age=33.6 years) and age-and sex-matched healthy comparison subjects. The patients and comparison subjects were also matched in terms of various life-style and anthropometric measures.
Results: More than 15% of the drug-naive, first-episode patients with schizophrenia had impaired fasting glucose tolerance, compared to none of the healthy volunteers. Compared with the healthy subjects, the patients with schizophrenia had significantly higher fasting plasma levels of glucose (mean=88.2 mg/dl, SD=5.4, for the healthy subjects versus mean=95.8 mg/dl, SD=16.9, for the patients), insulin (mean=7.7 µu/ml, SD=3.7, versus mean= 9.8 µu/ml, SD=3.9), and cortisol (mean=303.2 nmol/liter, SD=10.5, versus mean=499.4 nmol/liter, SD=161.4) and were more insulin resistant, as measured with homeostasis model assessment (mean= 1.7, SD=0.7, for the healthy subjects versus mean=2.3, SD= 1.0, for the patients).
Conclusions: First-episode, drug-naive patients with schizophrenia have impaired fasting glucose tolerance and are more insulin resistant and have higher levels of plasma glucose, insulin, and cortisol than healthy comparison subjects.

The Longitudinal Course of Borderline Psychopathology: 6-years Prospective Follow-Up of the Phenomenology of Borderline Personality Disorder (pp. 274-83) by Zanarini, M., Frankenburg, F., Hennen, J., and Silk, K.

Objective: The syndromal and subsyndromal phenomenology of borderline personality disorder was tracked over 6 years of prospective follow-up.

Method: The psychopathology of 362 in-patients with personality disorders was assessed with the Revised Diagnostic Interview for Borderlines (DIB-R) and borderline personality disorder module of the Revised Diagnostic Interview for DSM III-R Personality Disorders. Of these patients, 290 met DIB-R and DSM-III-R criteria for borderline personality disorder and 72 met DSM-III-R criteria for other axis II disorders (and neither criteria set for borderline personality disorder). Most of the borderline patients received multiple treatments before the index admission and during the study. Over 94% of the total surviving subjects were reassessed at 2, 4, and 6 years by interviewers blind to previously collected information.
Results: Of the subjects with borderline personality disorder, 34.5% met the criteria for remission at 2 years, 49.4% at 4 years, 68.6% at 6 years, and 73.5% over the entire follow-up. Only 5.9% of those with remissions experienced recurrences. None of the comparison subjects with other axis II disorders developed borderline personality disorder during follow-up. The patients with borderline personality disorder had declining rates of 24 symptom patterns but remained symptomatically distinct from the comparison subjects. Impulsive symptoms resolved the most quickly, affective symptoms were the most chronic, and cognitive and interpersonal symptoms were intermediate.
Conclusions: These results suggest that symptomatic improvement is both common and stable, even among the most disturbed borderline patients, and that the symptomatic prognosis for most, but not all, severely ill borderline patients is better than previously recognized.

Delusional Thoughts and regional Frontal/Temporal Cortex Metabolism in Alzaheimer's Disease (pp.341-9) By Sultzer, D., Broen,C.,Mandelkern, A., Makhler M., et al.

Objective: Delusional thoughts are common in patients with Alzheimer's disease and contribute prominently to morbidity. The pathophysiology underpinnings are not well understood. In this study the authors examined the relationship between delusional thoughts and regional cortical metabolism in patients with Alzaheimer's disease.
Methods: Twenty-five patients with probable Alzaheimer's disease were included. None was taking psychotropic medication. Severity of delusions and other neuropsychiatric symptoms was assessed by using a semistructured interview and the Neurobehavioral Rating Scale just before using [^{18}F] Fluorodeoxyglucose positron emission tomography to measure resting cerebral glucose metabolic rates in the cortical lobes and in anatomically defined subregions of the frontal and temporal cortexes.
Results: A linear regression model, controlling for the effects of cognitive deficits, revealed a significant relationship between severity of delusional thought and the metabolic rates in three frontal regions: the right superior dorsolateral frontal cortex (Brodmann's area 8), the right inferior frontal pole (Brodmann's area 10), and the right lateral orbitofrontal region

(Brodemann's area 47). Bivariate partial correlation analysis indicated that severity of delusions was associated with hypometabolism in additional prefrontal and anterior cingulated regions. Robust relationships with metabolism in regions of the temporal cortex were not apparent.
Conclusion: Dysmetabolism in specific regions of the right prefrontal cortex may be associated with delusional thought in Alzheimer's disease. Delusions appear to reflect the pathophysiologic state of particular cortical regions. Activity across distributed neuronal networks and the specific content of delusional thoughts may modulate these relationships.

Inhibitory Effect of Hippocampal 5-HT1A Receptors on Human Explicit Memory (pp.334-40) ByYasuno, F., Suhara, T., Nakayama, T., Ichimiya, T., et al.

Objective: Recent studies have indicated that the serotonergic (5-HT) system plays important roles in memory function. However, the specific relationship between 5-HT_{1A} receptors and memory function is not clear in the human brain. To clarify this relationship, the authors determined the availability of 5-HT_{1A} receptors in the human brain and the relationship between regional receptor binding and memory function.
Method: Using positron emission tomography (PET) with [^{11}C] WAY-100635, the authors examined 5-HT_{1A} receptors and assessed their relationship with memory function. The 5-HT_{1A} agonist tandospirone was then administered to investigate the effect of 5-HT_{1A} receptor stimulation on cognitive function and neuroendocrinological response.
Results: There was a significant negative correlation between explicit memory function and 5-HT_{1A} receptor binding localized. In the bilateral hippocampus where the postsynaptic 5-HT_{1A} receptors are enriched. Furthermore, the administration of tandospirone dose-dependently impaired explicit verbal memory, while other cognitive functions showed no significant changes. The changes in memory function paralleled those of body temperature and secretion of growth hormone, which were reported to be induced by the stimulation of postsynaptic 5-HT_{1A} receptors.
Conclusions: Postsynaptic 5-HT_{1A} receptors localized in the hippocampal formation have a negative influence on explicit memory function, which raises the possibility that the antagonistic effect of postsynaptic 5-HT_{1A} receptors in the hippocampus leads to improvement of human memory function. Drugs that work as antagonists on postsynaptic 5-HT_{1A} receptors may be favorable for improved control of memory impairment.

Differential Effects of Developmental Cerebellum Abnormality on Cognitive and Motor Functions in the Cerebellum: An FMRI Study of Autism (pp.262-73) By Allen, G., and Courchesne, E.

Objective: New findings suggest that the cerebellum plays a role in multiple function domains: cognitive, affective, and sensory as well as motor. These findings imply that developmental cerebellar pathology could play a role in certain nonmotor functional deficits. Autism provides a useful model, since over 90% of autistic cerebella examined autopsy have shown well-defined cerebellar anatomic abnormalities. The present study was to examine how such pathology ultimately impacts cognitive and motor function within the cerebellum.
Methods: Patterns of functional magnetic resonance imaging (FMRI) activation within anatomically defined cerebllar regions of interest were examined in eight autistic patients (ages 14-38 years) and eight matched healthy comparison subjects performing motor and attention tasks. For the motor task, subjects pressed a button at a comfortable pace, and activation was compared with a rest condition. For the attention task, visual stimuli were presented one at a time at fixation, and subjects pressed a button to every target. Activation was compared with passive visual stimulation.
Results: While performing these tasks, autistic individuals showed significantly greater cerebellar motor activation and significantly less cerebellar attention activation.
Conclusions: These findings shed new light on the cerebellar role in attention deficits in autism and suggest that developmental cerebellar abnormality has differential functional implications for cognitive and motor systems.

Risk Factors for the Onset of Eating Disorders in Adolescent Girls: Results of the McKnight Longitudinal Risk Factor Study (pp.248-54) By The McKnight Investigators

Objective: This study examined the importance of potential risk factors for eating disorder onset in a larger multiethnic sample followed for up to 3 years, with assessment instruments validated for the target population and a structured clinical interview used to make diagnoses.
Methods: Participants were 1.103 girls initially assessed in grades 6-9 in school districts in Arizona and California. Each year, students completed the McKnight Risk Factor Survey, has body height and weight measured, and underwent a structured clinical interview. The McKnight Risk Factor Survey, a self-report instrument developed for this age group, includes question related to risk factors for eating disorders.
Results: During follow-up, 32 girls (2.9%) developed a partial-or full-syndrome eating disorder. At the Arizona site, there was a significant interaction between Hispanics and higher scores on a factor measuring thin body preoccupation and social pressure in predicting onset of eating disorders. An increase in negative life events also predicted onset of eating disorders in this sample. At the California site, only thin body preoccupation and social pressure predicted onset of eating disorders. A four-item screen derived from thin body preoccupation and social pressure had a sensitivity of 0.72, a specificity of 0.80, and an efficiency of 0.79.
Conclusions: Thin body preoccupation and social pressure are important risk factors for the development of eating disorders in adolescents. Some Hispanic groups are at risk of developing eating disorders. Effects to reduce peer, cultural, and other

sources of thin body preoccupation may be necessary to prevent eating disorders.

Childhood Obsessive – Compulsive Personality Trails in Adult Women With Eating Disorders: Defining a Broader Eating Disorder Phenotype (pp. 242-7) By Anderlah, M., Tchanturia, k., Rabe-Heasketh, S., and Treasure, J.

Objective: The authors retrospectively examined a spectrum of childhood traits that reflect obsessive-compulsive personality in adults women with eating disorders and assessed the predictive value of the traits for the development of eating disorders.
Methods: In a case-control design, 44 women with anorexia nervosa, 28 women with bulimia nervosa, and 28 healthy female comparison subject were assessed with an interview instrument that asked them to recall whether they had experienced various types of childhood behavior suggesting traits associated with obsessive-compulsive. The subject also completed a self-report inventory of OCD symptoms.
Results: Childhood obsessive-compulsive personality value of development of eating disorders, with the estimated odds ratio for eating disorders increasing by a factor of 6.9 for every additional trait present. Subjects with eating disorders who reported perfectionism and rigidity in childhood had significantly higher rates of obsessive-compulsive personality disorder and OCD comorbidity later in life, compared with eating subjects who did not report those traits .
Conclusions: Childhood traits reflecting obsessive-compulsive personality appear to be important risk factors for the development of eating disorders and may represent markers of a broader phenotype for a specific subgroup of patients with anorexia nervosa.

Fatigue in Obstructive sleep Apnea: Driven by Depressive Symptoms Instead of Apnea Severity (pp. 350-5) By Bardwell, W., More, P., Ancoli-Istael, S., and Dimsdale, J.

Objective: Obstructive sleep apnea is a common and frequently devastating illness that often includes significant fatigue. Fatigue is also a hallmark depressive symptom. The authors wondered if depressive symptoms in patients with obstructive sleep apnea would account for some of the fatigue beyond that explained by obstructive sleep apnea severity.

Methods: Sixty patients with obstructive sleep apnea-i.e., score $\geq$ 15 on the respiratory disturbance index (mean score = 49; range = 15-111) – underwent polysomnography and completed the Center for Epidemiological Studies Depression Scale (CES-D Scale), Profile of Mood States (POMS), and Medical Outcomes Study surveys. Data were analyzed by using hierarchical regression, with POMS fatigue score as the dependent variable (step1, forced entry of apnea severity variables; step 2, forced entry of CES-D Scale score).
Results: Whereas score on the respiratory disturbance index and the percent of time oxygen saturation was < 90% together accounted for 4.2% of variance in scores on the POMS fatigue scale, the CESD Scale score accounted for 10 times the variance (i.e., an additional 42.3%) in POMS fatigue scale score.
Conclusions: After obstructive sleep apnea severity was controlled, higher levels of depressive symptoms were dramatically and independently associated with greater levels of fatigue. **Assessment and treatment of mood symptoms-not just treatment of the disordered breathing itself**-might reduce the fatigue experienced by patients with obstructive sleep apnea.

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Testosterone Gel Supplementation for Men With Refractory Depression: A Randomized, Placebo – Controlled Trial (pp. 105-11) By Pope,H., Cohane, G., Kanayama, G., Siegel, A., and Hudson,J.

Objective: Testosterone supplementation may produce antidepressant effects in men, but until recently it has required cumbersome parenteral administration. In an 8-week randomized, placebo-controlled trial, the authors administered a testosterone transdermal gel to men aged 30-65 who had refractory depression and low or borderline testosterone levels.
Methods: Of 56 men screened, 24 (42.9%) displayed morning serum total testosterone levels of 350 ng/dl or less (normal range=270-1070). Of these men, 23 entered the study. One responded to an initial 1-week single –blind placebo period, and 22 were subsequently randomly assigned: 12 to 1% testosterone gel, 10 g/day, and 10 to identical-appearing placebo. Each subject continued his existing antidepressant regimen. Ten subject receiving testosterone and nine receiving placebo completed the 8-week trial.
Results: The groups were closely matched on baseline demographic and psychiatric measures. Subjects receiving testosterone gel had significantly greater improvement in scores on the HAM-D Rating Scale than subjects receiving placebo. These changes were noted on both the vegetative and affective subscales of the HAM-D Rating Scale. A significant difference was also found on the Clinical Global impression severity scale but not the Beck Depression Inventory. One subject assigned to testosterone reported increased difficulty with urination, suggesting an exacerbation of benign prostatic hyperplasia; no other subject reported adverse events apparently attributable to testosterone.
Conclusions:
These preliminary findings suggest that testosterone gel may produce antidepressant effects in the large and probably under recognized population of depressed men with low testosterone levels.

Dysfunctional Attitudes and 5-HT_2 Receptors During Depression and Self-Harm (pp.90-9) By Meger J., McMain, S., Kennedy, S., Korman, L et al.

Objective: Dysfunctional attitudes are negatively biased assumptions and beliefs regarding oneself, the world, and the future. In health subjects, increasing serotonin (5-HT) agonism with a single dose of d-fenfluramine lowered dysfunctional attitudes. To investigate whether the converse, a low level of 5-HT agonism, could account for the higher levels of dysfunctional attitudes observed in patients with major depression or with self-injurious behavior, cortex 5-HT_2 receptor binding potential and dysfunctional attitudes were measured in patients with major depressive disorder, patient with a history of self-injurious behavior, and healthy comparison subjects (5-HT_2 receptor density increases during 5-HT depletion).
Methods: Twenty-nine healthy subjects were recruited to evaluate the effect of d-fenfluramine or of clonidine (control condition) on dysfunctional attitudes. Dysfunctional attitudes were assessed with the Dysfunctional Attitude Scale 1 hour before and 1 hour after drug administration. In a second experiment, dysfunctional attitudes and 5-HT_2 binding potential were measured in 22 patients with a major depressive episode secondary to major depressive disorder, 18 patients with a history of self-injurious behavior occurring outside of a depressive episode, and another 22 age-matched healthy subjects. Cortex 5-HT_2 binding potensial was measured with [^{18}F] setoperone positronemission tomography.
Results: In the first experiment, dysfunctional attitudes decreased after administration of d-fenfluramine. In the second experiment, in the depressed group dysfunctional attitudes were positively associated with cortex 5-HT_2 binding potential, especially in Brodmann's area 9 (after adjustment for age). Depressed subjects with extremely dysfunctional attitudes had higher 5-HT2 binding potential, compared to healthy subjects, particularly in Brodmann's area 9.
Conclusions: Low levels of 5-HT agonism in the brain cortex may explain the severely pessimistic, dysfunctional attitudes associated with major depression.

Mathematics Deficits in Adolescents with Bipolar I Disorder (pp.100-4) By Lagace, D; Kutiher, S., and Robertson, H.

Objective: This study examined mathematical ability in adolescents with bipolar I disorder, compared to adolescents with major depressive disorder and psychiatrically healthy comparison subjects.
Methods: Participants (N=119) included adolescents in remission from bipolar disorder (N=44) or major depressive disorder (N=30), as well as comparison subjects (N=45) with no psychiatric history. Participants were assessed with the following measures: the Wide–Range Achievement Test, Revised 2 (WRAT-R2).Peabody individual Achievement Test, Bay Area Functional Performance Evaluation Task-Oriented Assessment (functional mathematics subtest), Test of Nonverbal Intellegence –2, and a self-report of mathematics performance.
Results: WRAT-R2 and Peabody individual Achievement Test scores for spelling, mathematics, and reading revealed that adolescents with bipolar disorder had significantly lower achievement in mathematics, compared to subjects with major depressive disorder and comparison subjects. Results for the Test of Nonverbal Intellegence-2 were not significantly different between groups. Adolescents with bipolar disorder took significantly longer to complete the Bay Area Functional Pertormance Evaluation mathematics task. Significantly fewer adolescents with bipolar disorder (9%) reported above-average mathematics performance, compared with the other groups.
Conclusions: Adolescents with remitted bipolar disorder have a specific profile of mathematics difficulties that differentiates them from both adolescents with unipolar depression and psychiatrically healthy comparison subjects. These mathematics deficits may not derive simply from more global deficits in nonverbal intelligence or executive functioning, but may be associated with neuroanatomical abnormalities that result in cognitive deficits, including a slowed response time. These deficits suggest the need for specialized assessment of mathematics as part of a comprehensive clinical follow-up treatment plan.

Obesity as a Correlate of Outcome in Patients with Bipolar I Disorder (pp.112-7) By Fagiolini, A., Kupfer, D., Houck, P., Novick, D., and Frank, E.

Objective: This study sought to evaluate the relationship of obesity to demographic and clinical characteristics and treatment outcome in a group of 175 patients with bipolar I disorder who were treated for an acute affective episode and followed through a period of maintenance treatment.
Methods: Data were from participants entering the Maintenance Therapies for Bipolar Disorder protocol between 1991 and 2000. analyses focused on differences in baseline demographic and clinical characteristics and in treatment outcomes between obese and nonobese patients.
Results: A total of 35.4% of the patients met criteria for obesity. Significant differences between were observed for years of education, numbers of previous depressive and manic episodes, baseline scores on the Hamilton Ranting Scale for Depression, and durations of the acute episode. A Kaplan-Meier survival analysis indicated a significantly shorter time to recurrence during the maintenance phase among obese patients. The number of patients experiencing a depressive recurrence was significantly higher in the obese than in the nonobese group.
Conclusions: Obesity is correlated with a poorer outcome in patients with bipolar I disorder. Preventing and treating obesity in bipolar disorder patients could decrease the morbidity and mortality related to physical illness, enhance psychological well-being, and possibly improve the course of bipolar illness. Weight-control interventions specifically designed for patients with bipolar illness should be developed, tested and integrated into the routine care provided for these patients.

Decision Making in Adolescents with Behavior Disorders and Adult with substance Abuse (pp. 33-40) By Ernst, M., Grant, S., London, E., Contoreggi, C., et al

Objective: The study assessed the validity of the Gambling Task as a test of decision-making ability in adolescents and examined whether adolescents with behavior disorders, who are at a risk for substance abuse, have deficits in decision making similar to those exhibited by adults with substance abuse.
Methods: Performance on the Gambling Task in two testing sessions separated by 1 week was assessed in 64 12-14 year - old adolescents (31 healthy,33 with externalizing behavior disorders) and 52 adults (22 healthy, 30 with substance abuse).
Results: The healthy adolescents and the healthy adults had similar performance on the Gambling Task. Adolescents with behavior disorder performed more poorly than healthy adolescents, but only in the second testing session. In adults, overall Gambling Task performance did not differ between the healthy and substance abuse groups at either testing session, indicating no difference in learning of decision-making strategies between groups. However, adults with substance abuse performed more poorly than healthy adults during an early stage of the task, when participants presumably begin to understand the rewards and penalties involved in the task but are not yet sure of the actual risk of incurring penalties.
Conclusions: The Gambling Task can be used with adolescents. Testing with the Gaming Task revealed a deficit in decision making in adolescents with behavior disorders, who are at risk for substance abuse . this deficit may represent a vulnerability factor for the development of substance abuse.

Predictors and Correlctes of Suicide Attempts over 5 years in 1, 2 3 4 Alcohol - Dependent Men and Women (pp. 56-63) By Preuss, U., Schuckit, M., Smith, T., Danko, G., et al.

Objective: In previous studies, factors related to a history of suicide attempts in persons with alcohol dependence have included sociodemographic variables, amore severe course of alcoholism, additional substance use disorders, and psychiatric comorbidity. This 5-year prospective study evaluated attributes associated with suicide attempts in a group of treatment seeking persons with alcohol dependence. Psychiatric comorbidity was examined in terms of a distinction between substance-induced and independent psychiatric disorders.
Methods: Semistructured interviews were conducted with 1,237 alcohol-dependent subjects from the Collaborative Study on the Genetics of Alcoholism both at an initial evaluation and at a 5-year follow-up. Clinically relevant information was gathered at baseline, and suicidal behavior, aspects of alcohol dependence, and drug use were evaluated at the follow-up interview.
Results: Alcohol-dependent subjects (N=56) with suicide attempts during the follow-up period were more likely than subjects with no suicide attempts (N=1,181) to have made prior attempts. Other factors related to future suicide attempts in univariate analyses included younger age, being separated or divorced, other drug dependence, substance-induced psychiatric disorders, and indicators of a more severe course of alcoholism. Gender did not predict future attempts.
Conclusions: A 5-year prospective evaluation of attributes associated with suicide attempts among alcohol-dependent persons identified factors that contributed to a small but significant proportion of the variance for future suicidal behavior.

Br. J. Psychiatry
182, (Feb, 2003).

- Impact of comorbid personality disorder on violence in psychosis (Report from the UK 700 trial) by: Moran, P. Walsh, E., Tyrer, P., Burns, T.; et al. (pp. 129-34).

Background: the impact of comorbid personality disorder on the occurrence of violence in psychosis has not been fully explored.
Aims: To examine the association between comorbid personality disorder and violence in community-dwelling patients with psychosis.
Method: A total of 670 patients with established psychotic illness were screened for comorbid personality disorder. Physical assault was measured from multiple data sources over the subsequent 2 years. Logistic regression was used to assess whether the presence of comorbid personality disorder predicted violence in the sample.
Results: A total of 186 patients (28%) were rated as having a comorbid personality disorder. Patients with comorbid personality disorder were significantly more likely to behave violently over the 2-year period of the trial.
Conclusions: Comorbid personality disorder is independen - tly associated with an increased risk of violent behavior in psychosis.

- Dialectical behavior therapy for women with border- line personality disorder (12 month, randomized clinical trial in Netherlands), by: Verheul, R., Van Den Bosch, L., Koeter M., De Ridder, M., et al. (pp. 135-40).

Background: Dialectical behavior therapy (DBT) is widely considered to be a promising treatment for borderline personality disorder (BPD). However, the evidence for its efficacy published thus far should be regarded as preliminary.
Aims: To compare the effectiveness of DBT with treatment as usual for patients with BPD and to examine the impact of baseline severity on effectiveness.
Method: Fifty-eight women with BPD were randomly assigned either 12 months of DBT or usual treatment in a randomized controlled study. Participants were recruited

through clinical referrals from both addiction treatment and psychiatric services. Outcome measures included treatment retention and the course of suicidal, self-mutilating and self-damaging impulsive behaviors.
Results: Dialectical behavior therapy resulted in better retention rates and greater reductions of self-mutilating and self-damaging impulsive behaviors compared with usual treatment, specially among those with a history of frequent self-mutilation.
Conclusions: Dialectical behavior therapy is superior to usual treatment in reducing high-risk behaviors in patients with BPD.

• Flashbacks and Post-traumatic stress disorder: the genesis of a 20th century diagnosis, by Jones, E., Vermaas, R., McCartney, H., Beech, C., et al. (pp. 158-63)

Background: It has been argued that post-traumatic stress disorder (PTSD) is a timeless condition, which existed before it was codified in modern diagnostic classifications but was described by different names such as "railway spine" and "shellshock". Others have suggested that PTSD is a novel presentation that has resulted from a modern interaction between trauma and culture.
Aims: To test whether one core symptom of PTSD, the flashback, has altered in prevalence over time in soldiers subjected to the intense stress of combat.
Method: Random selections were made of UK servicemen who had fought in wars from 1854 onwards and who had been awarded war pensions for post-combat disorders. These were studied to evaluate the incidence of flashbacks in defined, at-risk populations.
Results: The incidence of flashbacks was significantly greater in the most recent cohort, veterans of the 1991 Persian Gulf War: flashbacks were conspicuous by their absence in ex-servicemen fro the Boer War and the First and Second World Wars.
Conclusions: Although this study raises questions about changing interpretations of post-traumatic illness, it supports the hypothesis that some of the characteristics of PTSD are culture-bound. Earlier conflicts showed a greater emphasis on somatic symptoms.

Br. J. Psychiatry 182, (Jan. 2003).

• Death rate from ischaemic heart disease in Western Australian psychiatric patients 1980-98, by: Lawrence, D., Holmanc., Jablensky, A., and Hobbs M. (pp. 31-6).

Background: People with mental illness suffer excess mortality due to physical illnesses.
Aims: To investigate the association between mental illness and ischaemic heart disease (IHD) hospital admissions, revascularisation procedures and deaths.
Method: A population-based record linkage study of 210 129 users of mental health services in Western Australia during 1980-1998. IHD mortality rates, hospital admission rates and rates of revascularisation procedures were compared with those of the general population.
Results: IHD (not suicide) was the major cause of excess mortality in psychiatric patients. In contrast to the rate in the general population, The IHS mortality rate in psychiatric patients did not diminish over time. There was little difference in hospital admission rates for IHD between psychiatric patients and the general community, but much lower rates of revascularisation procedures with psychiatric patients, particularly in people with psychoses.
Conclusions: People with mental illness do not receive an equitable level of intervention for IHD. More attention to their general medical care is needed.

• Developmental precursors of child-and adolescent-on- set schizophrenia and affective psychoses: diagnostic specificity and continuity with symptom dimensions, by Hollis, C., (pp. 37-44)

Background: An increased rate of premorbid impairment has been reported in both child-and adolescent-onset schizophrenic and affective psychoses.
Aims: To examine the evidence for a specific association between premorbid impairment and child-and adolescent-onset schizophrenia, and whether specific continuities exist between premorbid impairments and psychotic symptom dimensions.
Method: Retrospective case note study of 110 first-episode child-and adolescent-onset psychoses (age 10-17 years). DSM-III-R diagnoses derived from the OPCRIT algorithm showed 61 with schizophrenia (mean age 14.1 years) and 49 with other non-schizophrenic psychoses (mean age 14.7 years).
Results: Premorbid social impairment was more common in early-onset schizophrenia than in other early-onset psychoses (OR 1.9, P=0.03). Overall, impaired premorbid development, enuresis and incontinence during psychosis were specially associated with the negative psychotic symptom dimension.
Conclusions: Premorbid social impairments are more marked in child-and adolescent-onset schizophrenia than in other psychoses. There appears to be developmental continuity from premorbid impairment to negative symptoms.

• Nithsdale schizophrenia survey 24: sexual dysfunction (case-control study), by: Halliaday S., Sharkey T., Farrington S., Wall S., and Mc Creadie, R. (pp.50-6).

Background: That sexual dysfunction occurs in schizophrenia is not in doubt previous studies have had weaknesses such as the use of selected populations or the absence of a control group.
Aims: To measure rates of sexual dysfunction in people with schizophrenia compared with the general population.

Method: Sexual dysfunction was assessed by self-completed gender specific questionnaire. Ninety-eight (73%) of 135 persons with schizophrenia and 81 (71%) of 114 persons recruited as controls returned the questionnaire.
Results: At least one sexual dysfunction was reported by 82% of men and 96% of women with schizophrenia. Male patients reported less desire for sex, were less likely to achieve and maintain an erection, were more likely to ejaculate more quickly and were less satisfied with the intensity of their orgasms. Female patients reported less enjoyment than the control group. Sexual dysfunction in female patients was associated with negative schizophrenic symptoms and general psychopathology. There was no association between sexual dysfunction and type of antipsychotic medication and smoking.
Conclusions: People with schizophrenia report much higher rates of sexual dysfunction than do the general population. Men and women with schizophrenia have a different pattern of sexual dysfunction.

- Evaluation of a community-based rehabilitation model for chronic schizophrenia in rural India. By: Chatterjee, S., Patel, V., Chatterjee, A., and Weiss, H., (pp. 57-62).

Background: There are no community services for the majority of the estimated 10 million persons with schizophrenia in India. Community-based rehabilitation (CBR) is a model of care which has been widely used for physical disabilities in resource-poor settings.
Aims: To compare CBR with out-patient care (OPC) for schizophrenia in a resource-poor settings in India.
Method: A longitudinal study of outcome in patients with chronic schizophrenia contrasted CBR with OPC. Outcome measures were assessed using the Positive and Negative Symptom Scale and the modified WHO Disability Assessment Schedule at 12 months.
Results: Altogether, 207 participants entered the study, 127 in the CBR group and 80 in the OPC group. Among the 117 fully compliant participants the CBR model was more effective in reducing disability, especially in men. Within the CBR group, compliant participants had significantly better outcomes compared with partially compliant or non-complaint participants ($P<0.001$). Although the subjects in the CBR group were more socially disadvantage, they had significantly better retention in treatment.
Conclusions: The CBR model is a feasible model of care for chronic schizophrenia in resource-poor settings.

- Medical outcome of pregnancy in women with psy- chotic disorders and their infants in the first year after birth. By: Howard, L., Goss C., Leese M., and thornicroft G., (pp.63-7).

Background: There has been little research into the health of infants of women with psychotic disorders.
Aims: To investigate the antenatal care of mothers with a history of psychotic disorders, obstetric outcomes and the subsequent health of their babies.
Method: matched, controlled cohort study was carried out using the General Practice Research Database. Women with a history of psychotic disorders, who gave birth 1996-1998, were compared with women matched for age and general practice (199 cases and 787 controls) and their infants.
Results: Cases had a higher proportion of stillbirths ($P=0.03$) and neonatal deaths ($P<0.001$). There was no difference in gestational age at antenatal booking. Mothers with psychotic disorders were less likely than controls to attend for infant immunizations 90-270 days after birth ($P=0.03$). There was no significant difference in the rates of accidents and hospital contacts for infants.
Conclusions: There is an increased risk of stillbirth and neonatal death in women with a history of psychotic disorder, and it is therefore important for health care professionals to focus on optimal obstetric care. The physical health of babies who live with mothers with psychotic disorders is not significantly different from that of matched baby controls.

Letters to the Editors

Comments & Brief Communications:
In their work published in Am.J.Psych. (2003; 160 Jan. 142-8) on (untreated initial psychosis: relation to cognitive deficits and brain morphology in first-episode schizophrenia), Choon, et al., concluded that untreated initial psychosis has no direct toxic neural effects and early intervention in the prepsychotic or early psychosis phase may be based on incorrect assumptions that neurotoxicity or cognitive deterioration may be avoided. Nevertheless, I strongly agree with them in that early treatment is justified because it reduces patients and their families sufferings. However, I should emphasize that volumetric measures of total brain tissue gray and white matter, and CSF and measures of brain surface anatomy are not indicative of what they were investigating ! Previous researches have been limited by exclusive reliance on measures of brain volumes. In fact, the structural changes may be in the form of an alteration in the migration of subplate neurous or in the pattern of programmed cell death that could lead to defective CORTICAL CIRCUITY and to be followed LATER by impaired cognition. Even the use of computer assisted microscopic examination and high-dimensional brain mapping would not reveal these structural abnormalities throughout neurocircuits.

T. EL MEADAWI , MD.
Consultant Psychiatrist

Eranti & Mc Loughlin (2003) reported in their editorial of Br. J. Psychiat., 182, 8-9 that electro convulsive therapy (ECT) is one of the most clinically neglected treatment in psychiatry, particularly in UK and USA despite substantial advance in its

safety and technique, and that its use is declining in UK from 137 940 administration in 1985, to 105 466 in 1991, and to 65 930 in 1999 (i.e. 5.8 patients / 100 000 total population). They also noted that the neglect extends to research in ECT (117 articles in the past 10 years, with 18% were investigating preclinical studies). They attributed the remarkable variation in psychiatric practice between European and developing countries to its availability (with its anesthetic services) only in specialist European centers, and the scanty original literature gets diss- eminated through many other specialist journals. They questioned the presence of data on its use in developing countries, however, they admitted its common use in India, and limited practice in Nigeria.

In the Egyptian psychiatric practice, although a crude estimate of its use is even lacking, it is to say that the professional and public concerns about this treatment is fair, and the anesthetic resources are available to the extent that could limit the use of unmodified ECT. The amount of complacency on the part of Egyptian psychiatrists in addition to the figure of physicians in general in the Egyptian culture that considers them as "Wisemen", whose decisions are respected, could render such treatment choice accepted by people, and helped using ECT up till now. In their work on tardive dyskinesia (T.D.) in neuroleptic-treated Egyptian mental inpatients, El-Fiky, et al. (1985) found that its low prevalence rate (1.7%) would be attributed in part to the treatment style in Egyptian psychiatric practice which favours the libral use of ECT as a substitute for very high doses of neuroleptics guarding against their side effects, ensuring patients compliance, and lessening the treatment costs. In that study, 14%-17%-11% and 8% of T.D. patients received 1-12, 13-24, 25-48, and more than 48 administrations respectively!!!

I believe that the availability of electronic versions of EJP on its new web site will maximize the exchange of experiences and make the Egyptian psychiatric practice known to others.

Abdullah MANSOUR
G. manager of Heliopolis
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Clinician's Notes:

The interesting clinical phenomenon that deserves more attention of psychiatrists as health promoters is the smoking in mental patients, especially when these patients refer to its potential usefulness.

Insead of engaging their patients in other pleasant activities that help to attain smoking abstinence particularily when they are admitted to mental hospitals, the psychiatrists, in practice, perceive the reinfercement value of smoking and they openly use cigarette reward in shaping of their patients' behavior.

Every psychiatrist should view smoking in mental patients as an additional diagnosis of substance abuse that needs further management in the planned treatment program. Psychiatrists consider nicotine influences on brain regions (increased r CBF in left frontal region, decreased r CBF in left amygdala, and right hemishpere reticular system), and do not address the apparent and hidden costs of smoking supported by sophisticated statistics in their arguments with patients. Mental patients ascribe verified benefits to smoking and neglect the attributed draw backs to smoking.

Patients require more incentives to quit and this phenomenon warrants more attention in tailoring smoking control interventions for smokers during admission periods.

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View Points

American Dream and the Opposite Ends

In his book "Dark Corners: An Overview on Egyptian Case" published by Dar El-Sherouk, Prof. Ahmed Okasha, WPA - President , introduced a typical study of the Arabian psyche in general, and the Egyptian psyche in particular.

He dedicated a whole chapter titled "With - against America", where he discussed the psychological attitude of developing countries towards 'American dualism', 'America as an Egyptian Ally', and 'America lets Egyptians down'.

Prof. Okasha related the issue back to the early 90s. "There are certain psychological dynamics behind the contradicting feelings of the Arab developing countries towards America. Those dynamics eventually lead to the mere frustration felt by our people," Okasha said in his book.

"There is no doubt that the United States had become the only overwhelming power that controls the world... especially after the fall of USSR and its social system." The American dualism does not end the continual disability and despair against that controlling power.

"That hatred is usually accompanied by a feeling of admiration and obsession toward everything that's American; scientific

inventions and the easy way of living." Prof. Okasha stressed the great role media plays to deepen the American charisma.
"Not to mention the colored ambassador that occupies a corner in every house (TV), the role played by all American series and movies that embraces unfair comparison between the life of those who live in developing countries and those who live in America:" He stated that Arabs have to know that America is a unique experiment far from repetition. But the DREAM is still there in the mind of all developing countries. This dream embraces forms of immigration to America.
"Media created a double-edged weapon; some people are trying to apply the unique American example in the national environment. Then they try to look for the reasons after they fail to do it."
We stand half-admiring (toward the scientific progress) and half-against before the American dream. Americans are very realistic about dealing with us. They managed to introduce themselves as 'perfect models' in the Arab world and they succeeded.
Prof. Okasha moved to the Egyptian arena, where the charisma is related back to the 50s and the British invasion.
"The Egyptians have seized the chance of the Second World War to sympathize with Germany, the enemy's enemy, against Britain.
Meanwhile America impresses the world with its charming human slogans of self-control rights and independence, slogans that put the world under the American spell.
Revolution of 1952 came and the feeling that America is an Egyptian Ally was there. However, America was succeeding the Colonial Throne... It found the Tripartite Invasion in 1956 a golden chance to improve her image in Egypt than ever."
On the economic level, the welcoming reception that American products always receive here in Egypt helped to weaken Egyptian economy and increase the subordination to the American entity.
The real attitude of the Third World is not hatred to all that's American but to the American policy. "It's a kind of psychological contradiction towards the American policy not the American individual."

Students' Studies

New Trends in COMPLEMENTARY and ALTERNATIVE MEDICINE: A Step towards INTEGRATIVE MEDICINE

Introduction by the Editors:

This article is written by A.T. El Hady (1st year student, pharmacy school – Cairo univ.) as a journey into the world of alternative medicine. It focuses on the new relevant fields like magnetic medicine, biogeometry, etc. and other recent researches in the traditional fields e.g. herbal medicine, aromatherapy and homeopathy. It also clarifies the concept of integrative medicine, and answers many questions like: Is there room for care and compassion within science – based medicine ? are people going to accept this new emerging science? Hoping it would be an exciting journey into the new mysterious domain of care.

Complementary and Alternative Medicine (CAM)

Introduction:

The choice of addressing of the issue "Alternative medicine" comes from the arising debate about it. Surveys show that between one-third and one-half of people in industrialized countries are using complementary therapies. Nearly half of all U.S. adults now go outside the health system for some of their care. They make more visits to non-conventional healers then they do to M.Ds and they spend about $30 billion a year. At many of the U.S. leading hospitals and research institutions, conventionally trained physicians are studying herbs, acupuncture. The short-term goal is to identify the CAM (complementary and alternative medicine) practices with the greatest benefits and the fewest hazards. A new kind of medicine —integrative medicine- is about to emerge. The terms complementary and alternative medicine will become meaningless. We will have one health system instead of two and healers of every stripe will work together while being guided by science. The integrative approach to health with its emphasis on active self help and on making use of complementary approaches is specially relevant for chronic illnesses and stress related conditions. Here is some evidences about the emerging of the integrative medicine:

- In the U.S. the national center for complementary and alternative medicine (NCCAM) its budget have arose from $2 million to $100 million.
- At least two thirds of U.S. medical colleges offer courses in CAM.
- The number of hospitals offering complementary therapies doubled between 1998 and 2000.

There is also a new developing term **"holistic" medicine** which means the understanding of the whole person not just of his or her physical diseases or symptoms.

So, what are the major types of complementary and alternative medicine?