

Highlights of this issue

By Kimberlie Dean

The overlap between mental and physical ill health

Several papers in the *BJPsych* this month address issues arising from the overlap or comorbidity between mental and physical ill health. In a UK sample of individuals with affective disorders, Forty *et al* (pp. 465–472) found significantly increased rates of several medical illnesses among those with bipolar and unipolar disorder compared with controls. Among those with affective disorder, migraine headache, asthma, and cardiovascular risk factors such as hyperlipidaemia and hypertension, were particularly common, for example. The authors also found a link between the burden of medical illness and the severity of mental illness course among those with bipolar disorder.

Among those with mental illness, not only is prevalence of physical ill health elevated but healthcare quality is often poorer. Crawford *et al* (pp. 473–477) examined the quality of physical healthcare offered to those with schizophrenia, utilising data from a UK cross-sectional survey, the National Audit of Schizophrenia, and a service user survey. The authors found that medical records for only one-fifth of patients with schizophrenia indicated that all of nine identified key health measures had been assessed, with only half having their body mass index recorded in the previous 12 months, for example. Levels of intervention for abnormal physical health results, including high blood sugar and dyslipidaemia, were also low but, despite this, most patients continued to report satisfaction with the physical healthcare they received. Considering the raised rates of cancer mortality among those with mental illness, Mitchell *et al* (pp. 428–435) conducted a systematic review and meta-analysis of breast cancer screening studies and found that overall rates of mammography are reduced among those with mental illness, particularly among women with severe mental illness. The authors conclude that such inequality of breast cancer screening could result in approximately 90 unnecessary extra deaths due to breast cancer each year in the UK.

Symptoms of delirium among general hospital patients are common and prognostically important but little studied. Meagher *et al* (pp. 478–485) undertook a point prevalence study of full and subsyndromal delirium in one acute general hospital in Ireland and found that approximately one-fifth of patients had delirium. The authors also found that another substantial proportion of patients had subsyndromal delirium. They conclude that current

conceptualisations of the syndrome and methods of definition lack precision; they describe a definition of subsyndromal delirium which they hope will facilitate more robust studies of the phenomenon.

Vitamins and the role of pill-taking

Two papers in the *BJPsych* this month focus on vitamins, one on deficiencies and one on treatment. Frighi *et al* (pp. 458–464) found an elevated rate of vitamin D deficiency among patients with intellectual disability compared with controls, with at least part of the explanation relating to reduced exposure to sunlight. The authors comment on the relevance of their findings to understanding, and thus preventing, the increased risk of osteoporosis and fractures found in this group, and generalise their results to other psychiatric patients likely to spend excessive time indoors. Given the inadequate clinical response to antidepressants seen in many studies and the elevated levels of homocysteine found in depression, Almeida *et al* (pp. 450–457) sought to determine whether B vitamin administration could enhance antidepressant response. In a randomised, double-blind, placebo-controlled trial, they found that B vitamins did not increase antidepressant efficacy at 12 weeks but did enhance and sustain response over 1 year.

Also in response to debate about the effectiveness of antidepressant medications, Leuchter *et al* (pp. 443–449) examined the role of pill-taking, patient expectation and therapeutic alliance as elements of the benefits seen in both the placebo and antidepressant treatment arms of controlled trials. In a trial of a community-recruited sample of adults with major depressive disorder, treatment with antidepressant or pill placebo plus supportive care was found to be superior to supportive care alone but no difference was seen between the medication and placebo arms. Expectations of medication effectiveness predicted response to pill placebo and appeared to be formed by enrolment, implying a role for prior experience gained outside the trial.

Suicide and economic indices across Europe

The potential impact of the recent global economic crisis on European suicide rates was examined by Fountoulakis *et al* (pp. 486–491) with data obtained from 29 countries covering the period from 2000 to 2011. A strong correlation between suicide rates and most economic indices was confirmed but a rise in suicide rates emerging well before the crisis was also identified, casting doubt on a clear causal relationship. The authors also identified significant variation in suicide rates between countries, although a consistent nadir in suicide rates occurred across the continent in 2007, a phenomenon which remains unexplained.