Evaluation of the validity and utility of a transdiagnostic psychosis dimension encompassing schizophrenia and bipolar disorder
Ulrich Reininghaus et al

VRK2 gene expression in schizophrenia, bipolar disorder and healthy controls
Martin Tesli et al

Impact of loneliness and depression on mortality: results from the Longitudinal Ageing Study Amsterdam
Tjalling Holwerda et al

Rates of voluntary and compulsory psychiatric in-patient treatment in England: an ecological study investigating associations with deprivation and demographics
Patrick Keown et al
Contents

Editorials
93 Schizophrenia genetics moves into the light
D. Curtis

95 Paternalism v. autonomy – are we barking up the wrong tree?
P. Lepping, T. Palmstierna and B. N. Ravesh

97 Hospitalisation and compulsion: the research agenda
T. Burns and J. Rukkāsa

Review articles
99 Psychosocial concerns reported by Syrian refugees living in Jordan: systematic review of unpublished needs assessments
R. Wells, Z. Steele, M. Abo-Hilal, A. H. Hassan and C. Lawsin

Papers
107 Evaluation of the validity and utility of a transdiagnostic psychosis dimension encompassing schizophrenia and bipolar disorder

114 VRK2 gene expression in schizophrenia, bipolar disorder and healthy controls

120 The Qur'an, Chapter 93: The Morning Hours – psychiatry and sacred texts
Idkheh and T. Hossain

121 Risk of dementia and death in community-dwelling older men with bipolar disorder
O. P. Almeida, K. McCaul, G. J. Hankey, B. B. Yea, J. Gollidger and L. Flicker

127 Impact of loneliness and depression on mortality: results from the Longitudinal Ageing Study Amsterdam

135 Parenting style in childhood and mortality risk at older ages: a longitudinal cohort study
P. Demakakos, D. Pillas, M. Marcott and A. Steptoe

141 Sherlock Holmes: the case of the man with the mistaken diagnosis – psychiatry in literature
Yadon Zheng & Paul O. Wilkinson

142 Depressive symptoms and all-cause mortality in people with type 2 diabetes: a focus on potential mechanisms
G. Niels, V. J. M. Pop, J. Demollet and F. Pouwer

149 Keeping the Woof from the Door – poem
Jo McFarlane

N. Spiers, T. Qassim, P. Beebington, S. McManus, M. King, R. Jenkins, H. Melzer and T. S. Brugha

157 Rates of voluntary and compulsory psychiatric in-patient treatment in England: an ecological study investigating associations with deprivation and demographics

162 Calibrating well-being, quality of life and common mental disorder items: psychometric epidemiology in public mental health research
J. R. Bohnke and T. J. Croudale

Short report
169 Impact of childhood trauma on risk of relapse requiring psychiatric hospital admission for psychosis
N. Petros, E. Foglia, E. Klamers, S. Beards, R. M. Murray and S. Bhattacharyya

Columns
171 Correspondence
173 Book reviews
174 Contents of BJPsych Advances
175 Ten books
178 Contents of the American Journal of Psychiatry
179 Kaleidoscope
181 From the Editor's desk

Cover picture
Crop (2009). Margaret Proudfoot (b.1961)
Margaret Proudfoot, a London-based sculptor, often uses maps as both inspiration and material to explore ideas about networks, location and conflict.
She studied at Camberwell School of Arts and Crafts, has worked in public and private collections and exhibits widely. Her piece War Work (Ypres) was shown in the Royal Academy Summer Exhibition 2015.
Crop was made in response to strangely beautiful press photographs of British soldiers walking through fields of Afghan opium poppies. Maps of the country become both the metre high plants and the soil through which they grow. Each flower includes new familiar names, Heimroad, Laskargah, Mazarr-e-Sharif, Bamiyan and also Peshawar in the surrounding Pakistan. Since Britain’s troop withdrawal, legacies remain in both countries and further affect’s bereavement, physical and emotional damage, post-traumatic stress disorder among former combatants and civilians, drug misuse following resurgent opium production, and the traumatic relocation of populations.
More work can be seen at open studio events, see website for dates.
http://clockworkstudios.co.uk/artists/margaret-proudfoot/
Photo: Conor Masterson.
We are always looking for interesting and visually appealing images for the cover of the Journal and would welcome suggestions or pictures, which should be sent to Dr. Allan Beveridge, British Journal of Psychiatry, 21 Prescot Street, London E1 8BB, UK or bpp@bcppsych.ac.uk.
Highlights of this issue

By Kimberlie Dean

Rates of involuntary in-patient treatment

Rates of involuntary psychiatric in-patient treatment are known to vary across settings and over time. Keown et al (pp. 157–161) conducted an ecological study to investigate the impact of sociodemographic factors such as age, ethnicity and deprivation on rates in urban and rural settings in England in 2010/11. Compulsory in-patient treatment rates were found to be higher in urban areas and were associated with ethnic density. Areas with higher levels of deprivation had higher rates of in-patient treatment while areas with a higher proportion of adults aged 20–39 years had higher rates of compulsion. In a linked editorial, Burns & Rugkás (pp. 97–98) welcome the ecological approach taken to the research and comment on the way in which research in the field has developed from simple descriptive studies of admission rates to explorations of the complexity underlying their patterns. The authors highlight the importance of considering both area-level and individual factors. In a related short report by Petros et al (pp. 169–170), the impact of childhood trauma on psychosis relapse requiring hospital admission is considered. The report reviews the findings of seven studies and concludes that there is a lack of consensus with regard to this potential association.

In another editorial in the BJPsych this month, the ethical issues central to understanding the implications of compulsory treatment rates are considered by Lepping et al (pp. 95–96). The authors argue that autonomy should not be considered to have automatic priority over other ethical values such as beneficence, non-maleficence and justice.

Rates and predictors of mortality among people with mental illness

Four papers in the BJPsych this month focus on factors associated with mortality – mortality in relation to depression, parenting style in childhood and bipolar disorder. Holwerda et al (pp. 127–134) explored loneliness and depression in later life together in order to assess their potential joint effect on mortality. After 19 years of follow-up in a Dutch sample of individuals aged 55–85 years, both factors were found to be associated with excess mortality in bivariate but not multivariate analyses. Severe depression was also found to have an impact on mortality in men who were also lonely, a result the authors describe as a 'lethal combination'. In another study of depression and mortality, Nefs et al (pp. 142–149) studied the impact of individual symptoms and potential mechanisms in a sample of people with type 2 diabetes. Anhedonia (but not dysphoria or anxiety) was found to be associated with mortality, and physical activity was revealed to be a potential mediator of the former effect. The authors argue that while studies of treatments for depression have so far failed to demonstrate a subsequent benefit on mortality risk, considering the role of individual symptoms and their associated mechanisms may represent a more fruitful approach.

Parenting style is known to have an impact on offspring health and well-being in early life, leading Demakakos et al (pp. 135–141) to examine the later impact on mortality risk at older ages. Using data from the English Longitudinal Study of Ageing, a graded inverse relationship between parenting style and mortality was identified even after adjustment for age, gender and a range of potential covariates. The authors also highlight a finding that parenting style was specifically associated with cancer mortality, but not cardiovascular mortality, and call for their novel findings to be replicated in other samples. In a study of outcomes for older men with bipolar disorder, Almeida et al (pp. 121–126) found evidence of an increased risk of both dementia and mortality. The authors comment on the potential for mechanisms underlying these associations to be amenable to intervention and thus to have relevance for preventive strategies.

Overlap between schizophrenia and bipolar disorder

Encouraged by the accumulating evidence of shared genetic and environmental factors contributing to the development of schizophrenia and bipolar disorder, Reininghaus et al (pp. 107–113) present the results of an evaluation of a transdiagnostic psychosis dimension encompassing features of both disorders. Using multidimensional item-response modelling of OPCRIT symptom ratings, the authors identified one transdiagnostic dimension and five specific dimensions, providing the best model fit. They also found evidence to support the diagnostic utility of the dimensions identified with respect to predicting categorical diagnoses.

Interestingly, another paper in the BJPsych this month presents evidence for a genetic factor that was differentially associated with schizophrenia but not bipolar disorder – VRK2 gene expression levels (Tesli et al, pp. 114–120). In an editorial also focused on schizophrenia genetics, Curtis (pp. 93–94) comments on the implications of recent findings that, for the first time, identify specific coding variations directly affecting schizophrenia risk. Two genes have been implicated – one, a common variation in C4 which codes for complement component 4 and has been shown to have a modest effect on risk, and two, rare disruptive mutations of SETD1A coding for a histone methylase which has been shown to have a large impact on risk.