

Synopses of important papers published in specialty and other general medical journals

Psychiatry at 200 – facing an identity crisis?

The term 'psychiatry' was introduced in a treatise by Professor Johann Christian Reil, of Halle University, in 1808. Reil proposed that in addition to the two established branches of medicine, surgery and pharmacy (medicine), there ought to be a third that addressed disorders of the mind to take into account the continuity between soma and psyche. He considered psychiatry to be a 'pure medical specialty' that should attract the best physicians (and exclude psychologists and philosophers!). He sought optimal care for people who suffered mental illnesses and he believed the medical model was the best means of achieving this.

Marneros A. Psychiatry's 200th birthday. *Br J Psychiatry* 2008; 193:1–3.

Fellows and members of the Royal College of Psychiatrists have expressed concern about the current direction of British psychiatry. They argue psychiatry has become demedicalised, which has disadvantaged those patients who most need its skills. They see the specialty as increasingly embracing the stressed and distressed at the cost of those with severe mental illness, through adoption of a care model in which patients have become clients, referrals go to teams rather than consultants, and the emphasis is on providing non-specific psychosocial support rather than treatment. They view the fundamentals of the medical model that underpinned psychiatric practice as essentially purged instead of incorporated in the welcome developments of community care and multidisciplinary teamworking.

Craddock N, Antebi D, Attenburrow M-J et al. Wake-up call for British psychiatry. *Br J Psychiatry* 2008; 193: 6–9.

Substance use – genes or environment?

The Virginia Adult Twin Study of Psychiatric and Substance Use Disorders has collected annual estimates of the level of use of nicotine, caffeine, alcohol and cannabis for every year of its participants' lives. This analysis of male-male twins (N=1,796) examined how genes and environment influenced substance use from adolescence through to middle adulthood using univariate/bivariate structural modelling. For nicotine, cannabis and alcohol, social factors were crucial in determining use during adolescence, and genetic factors played little or no role. However, environmental factors diminished in significance with ageing, while genetic factors became increasingly important. So social factors influence initiation of substance use during adolescence, whereas genetic factors strongly influence use in middle life.

Kendler KS, Schmitt E, Aggen SH et al. Genetic and environmental influences on alcohol, caffeine, cannabis and nicotine use from early adolescence to middle adulthood. *Arch Gen Psychiatry* 2008; 65: 674–82.

George Masterton

Body piercing – a risky business

A market research survey found that 1,049 of 10,503 individuals (10%) aged 16 years and over had had 1,934 body piercings excluding the ear lobes (average/individual 1.7; maximum/individual 10). Piercing was more common in

younger people, in women and in lower social grades. The frequency of sites of piercing was navel>nose>ear>tongue>nipple>eyebrows>lip>genitalia. Eighty percent of piercings were done in specialist shops. Complications occurred after 27.5% of piercings, most frequently affecting the tongue, genitalia and nipples, and mainly as swelling, infection and bleeding. In the 16–24-year-old group, a third had complications, one in seven sought help and one in 100 was admitted to hospital. Body piercing is far from risk-free.

Bone A, Ncube F, Nichols T et al. Body piercing in England: a survey of piercing at sites other than earlobe. *BMJ* 2008; 336: 1426–8.

Antivirals – a triumph in HIV treatment

This collaborative study from Canada, Europe and the US examined 43,355 previously untreated HIV-infected patients, including 2,050 (4.7%) deaths. All were over 16 years old and had been treated with at least three drugs for at least one year between 1996 and 2005. The overall mortality rate fell over each three-year period from 16.3 to 12.0 deaths per 1,000 person years, and life expectancy at 20 years of age rose from 36.1 years to 49.4 years. Mortality rates were higher in men (12.9%) than in women (9.1%), in injecting drug users (20.7%) than in non-injecting drug users (10.5%) and in those with CD4 cell counts <100/ul (21.4%) than in those with counts of 100–199/ul (13.4%) or ≥200/ul (7.0%). Combination antiretroviral therapy for HIV infection, introduced in 1996, is increasingly effective. Socioeconomic factors as well as HIV infection may be important in injecting drug users. Early antenatal diagnosis may benefit women.

The Antiretroviral Therapy Cohort Collaboration. Life expectancy of individuals on combination antiretroviral therapy in high-income countries: a collaborative analysis of 14 cohort studies. *Lancet* 2008; 372:293–9.

Cardiac arrest and adrenaline (epinephrine)

Adrenaline is the vasopressor of choice for cardiopulmonary resuscitation in cardiac arrest, but the outlook for those requiring this drug is poor. Animal, and some human, studies suggest vasopressin on its own or in combination with adrenaline may be equally effective. This French double-blind study analysed 2,894 out-of-hospital cardiac arrests in which adrenaline 1 mg and vasopressin 40 IU was compared with adrenaline 1 mg and saline placebo. For combination and adrenaline treatments respectively, survival to hospital admission (20.7% v. 21.3%), survival to hospital discharge (1.7% v. 2.3%) and one-year survival (1.3% v. 2.1%) were the same. Subgroup analysis of patients with better prognostic features showed no advantage of combination therapy. Witnessed cardiac arrest, immediate resuscitation and ventricular fibrillation give the best prospect of successful treatment. Rapid defibrillation and vigorous chest compression are the most effective treatments, but when a vasopressor is required only adrenaline needs to be used.

Gueugniaud P-Y, David J-S, Chanzy E et al. Vasopressin and epinephrine vs. epinephrine alone in cardiopulmonary resuscitation. *New Engl J Med* 2008; 359:21–30.

Niall Finlayson