



Editorial

Siegfried Kasper

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Dear colleagues,

It is my great pleasure to welcome you to the second issue of 2015.

In our first article Nedopil et al. provide a review on the work of the **Ghent Group**, which is a **forum for forensic psychiatrists** from different European countries. The group mainly focuses on **teaching and training methods** at a **national and at a European level** in order to provide insight into the different national medico-legal procedures and to deepen the understanding of the legal traditions and practice in one's own country.

Rashid et al. assessed the efficacy of **adjunctive antipsychotic** medication in the treatment of **body dysmorphic disorder (BDD)**, which is associated with co-morbidity, treatment resistance and premature disengagement. They concluded that adjunctive antipsychotic medication increased treatment adherence among BDD patients significantly.

San et al. sought to develop a **pragmatic and operational definition** for **relapse in schizophrenia** by the two-round Delphi consensus approach. It emerged that a better definition of relapse was needed to improve prevention strategies.

Mauri et al. examined the clinical efficacy and tolerability of **olanzapine long-acting (OLZ-LAI)** in the **maintenance treatment of schizophrenia**. The authors concluded that OLZ-LAI was effective and ensured constant plasma levels.

Pietrini et al. investigated the **switch from oral to LAI antipsychotic** treatment in patients with **schizophrenia and schizoaffective disorder**. Their preliminary results suggest that the patients' subjective experience and attitude towards the switch were generally positive. However, further studies of longer duration and with larger sample sizes are needed to produce more generalizable results.

Situ et al. explored the **structural changes in the brain** of **schizophrenic patients** by diffusing tensor imaging. They concluded that structural abnormalities in the frontal region of grey and white matter were present at the same time in patients with schizophrenia.

Köhler et al. evaluated **patient satisfaction** of psychiatric treatment in **inpatients** with **major depressive disorder (MDD) and schizophrenia**. It emerged that patient satisfaction was equally high in patients with MDD or schizophrenia, while the severity of the disease and the number of prescribed drugs were linked to a decrease in patient satisfaction.

Shakeri et al. assessed the relationship between lifetime **suicide attempts (SAs)**, **serum lipid levels** and **metabolic syndrome** in patients with **bipolar disorder**. While the occurrence of SAs in bipolar patients was associated with higher cholesterol levels, no link was detected with regard to the metabolic syndrome.

Sansone et al. investigated the relationship between **borderline personality (BPD)** symptomatology and **adherence to general health care** among internal medicine outpatients. They concluded that patients with BPD showed lower adherence to general health care than those without BPD.

Pombo et al. examined the clinical implications of **multidimensional alcoholism typologies**. Type II (Cloninger), type IV (Lesch) and sociopathic and addictopathic (NETER) subgroups showed a worse outcome in terms of abstinence rates and clinical health care resource use. Their findings point at the need to differentiate between multidimensional alcoholism subtypes to improve clinical healthcare services.

Ozdemir et al. sought to determine the **chronobiological and mood features** in patients with **multiple sclerosis**. They concluded that both relapsing–remitting and secondary progressive patients scored higher on the subscales of the Profile of Mood States (POMS) than did the healthy controls. No significant differences between the two groups were found with regard to circadian preferences.

Yours sincerely,

Siegfried Kasper, MD
Chief Editor