

## The psychosis continuum: diagnosis and other phenotypes

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The ongoing discussion on the revision of DSM and ICD is undulating between keeping to the tradition of diagnostic entities like schizophrenia or bipolar disorder or changing to new diagnostic constructs like the “Saliency Syndrome”. The current issue of the European Archives brings together some aspects along this ongoing discussion.

Läge et al. [1] address this question with their article “Combining the categorical and the dimensional perspective in a diagnostic map of psychotic disorders”. In a prospective study, Rössler et al. [2] analyzed the interplay between psychosis and depression in the development of psychotic syndromes. This is of special interest to clinicians and researchers because the interaction between these two psychological subsyndromes has for a long time been underestimated sticking to categories like schizophrenia and depression.

Taking the course of illness into account, childhood adversity and development of a chronic mood disorder is specifically addressed by the paper of Angst et al. [3]. It stresses the necessity to perform a detailed biographical interview when assessing patients in order to estimate whether specific psychotherapy is needed. This is in accordance with a paper of Shavitt et al. [4] examining the impact of trauma and posttraumatic stress disorder on the treatment response of patients with obsessive compulsive disorder. These papers outline the bridge between early

traumatic experiences and the later development of affective syndromes.

Looking at psychotic syndromes, gender-specific issues are of special interest. Along these lines, Wustmann et al. [5] point at gender-related features in persistent delusional disorders, which has not been discussed in the literature so far.

Speaking about boundaries between psychopathological subsyndromes, it is important to measure them in an adequate way. Bent-Hansen and Brech [6] tested the validity of different aspects of the Hamilton Depression Scale along these lines.

Finally, attention is drawn to the paper by Brisch et al. [7] analyzing the septal nuclei in schizophrenia and affective disorder morphometrically. One of the main findings is a selective reduction of neural density in the lateral septal nucleus in bipolar disorder. This stresses the importance of doing detailed analysis functionally and neuroanatomically when trying to understand neural circuitry underlying distinct psychopathological subsyndromes in severe mental disorder (e. g. Ziauddeen et al. [8]).

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