EDITORIAL

Advances in neuropsychiatry

Conditions characterised mainly by disturbances in behaviour have generally been considered to be poorly understood and of interest and relevance largely to behavioural scientists. However, problems such as cognitive decline, aggression, and affective disturbance are common and are present in conditions that come under the care of professionals across a range of disciplines. For instance, aggressive behaviours develop in circumstances ranging from personality disturbances arising in childhood to disturbances of brain tissue. Basal ganglia disorders and the dementias are both increasingly recognised as broad disease groups in which behavioural disturbances are integral features, not just peripheral epiphenomena that may be safely ignored.

Although clinical and academic practice in these areas does not fall neatly into the province of any single specialty, in the past, particularly where no organic underpinnings could be determined, such problems were considered to fall within the remit of some aspect of psychiatry. The situation has been complicated by the various names used to describe this area of psychiatric practice, including terms such as neuropsychiatry, behavioural neurology, and organic psychiatry. This confusion has served to confirm to others, such as neurologists and neurosurgeons, that they would do well to avoid the entire area. And yet in recent years there has been an explosion in basic and applied science leading to the development of increased understanding of the biology of some categories of behavioural disturbance.

The aim of this review series is to examine recent advances in research and clinical practice in areas where such advances have changed, or are changing, our understanding. In the area of cognition in general and

dementia in particular, many of these developments have been in the field of molecular biology and these will be reviewed. In addition, anatomical and functional imaging and psychological research paradigms are also generating potentially useful data and these developments, as applied to aggressive behaviour, basal ganglia disorders, and states of primary psychopathology—for example, depression—will also be addressed.

Although the series is called *Advances in neuropsychiatry*, it will be seen that the conditions, as described above, include problems regularly encountered by neurologists and neurosurgeons as well as by psychiatrists. Indeed, the further development of fields such as functional neurosurgery, cognitive neurology, and neuropsychiatry emphasise the existence of a shared body of knowledge informing these complementary approaches. The authors of the reviews in this series have been asked to show how knowledge of the biology of behaviour within these areas is advancing and to discuss how recent advances may be used to support more rational treatment and research in these conditions.

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