ties. No other medication used in this service had such satisfactory results on equivalent number of patients and treatment duration. Further controlled studies with larger samples are needed to verify the positive finding reported.

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References

A comment on the editorial “Uso de maconha na adolescência e risco de esquizofrenia (Cannabis use in adolescence and risk of schizophrenia)"

In this editorial the authors K Weiser, M Weiser e M Davidson commented that:

‘In the Brazilian population, a recent study by SENAD (National Antidrug Agency) reported that 9% of adolescents (our emphasis) have already used cannabis at least once in lifetime. This concept (our emphasis), however, has been contested by recent longitudinal studies... This should warn us to the fact that the ‘naive’ use (authors’ quotes) of drugs...’

Due to the authors’ unintended confusion, we believe necessary to provide some explanations:

1) The cited study was planned and developed by CEBRID (Brazilian Information Center on Psychotropic Drugs) of UNIFESP/EPM (Federal University of São Paulo/ Paulista Medical School); SENAD has only sponsored the study;

2) In our study, 6.9% of the interviewed population, aged 12 to 65 years, claimed having used cannabis at least once in lifetime; therefore, figures were not of 9% of adolescents who stated such use;

3) The concept of lifetime use cannot be contested by the ‘recent longitudinal studies’, as they have different methodological designs. In fact, lifetime use only reveals that the person has used the drug at least once in his/her life, i.e., one, two, ten or thousand times;

4) Therefore, the statement suggesting that lifetime use can be a ‘naive’ one may be contested.

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Who suffers the impact: some observations on health

Mr. Editor,
The editorial entitled ‘Who suffers the impact: considerations about conflicts of interest’, published in September 2003, has focused on the impact factors, the politics of publication and the conflicts of interest. We would like to add some comments to that article, especially regarding the study by De Meis et al., initially presented in a lecture at the Institute of Advanced Studies of the University of São Paulo –EA/USP, and, several months afterwards, fully published in the Brazilian Journal of Medical and Biological Research.1 It is important to highlight that in this full version appear the impacts of the current academic rules on the researchers’ health. This reservation is not totally irrelevant as, differently from conflict of interests, the mental health of this type of worker is scarcely studied in our milieu. But, are researchers workers? Do they suffer with the new configurations of the academic work? At which point the psychological aspects interfere in this type of work? How can be measured the quality of work in Science? Are there differences in the working relations and conditions according to each area of knowledge?

De Meis et al.’s study seems to indicate that at least the second question should be affirmatively answered. Their findings, from interviews with tenured researchers and post-graduate students of the biochemical field, pointed to the existence of a burnout syndrome in that group. Twenty-one percent (21%) of the researched people had sought at least one psychiatric consultation or psychological therapy. In their conclusions these authors state that the growth of Brazilian science occurs at the cost of the huge emotional stress of the people involved.

At which point would this interest the clinician? Which type of attention our researchers – and especially post-graduate students as they still do not have the status of a researcher - receive regarding this situation? Are there data in Brazil about this issue? After all, if science is essential for the country’s growth, what has been done for its builders? Those are questions which aim to enlarge the reflection proposed by Clarice Gorenstein. Its time to start, in our milieu, a comprehensive debate on this issue, as well as it is beginning to occur in the international literature, in which it is possible to find data on anxiety and frustration among tenured researchers and young researchers (UK, US), due to the difficulties of working insertion or adaptation to the current demands of scientific work.2 In this debate most of the material is found on opinion articles or scientific papers which use qualitative methods. Some authors highlight that this subject is hardly dealt with in surveys. Anyway, it is possible to identify two recent surveys: one in Norway,3 performed in 2001, in which there were found mental disorders among 17.2% of scientific post-graduate students (n=396), firstly graduated in medicine; and other Canadian study,6 which assessed the stress among medical stu-

Letters to the editors

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Use of fluoxetine in somatic delusional disorder

Mr Editor,

Delusional disorders are characterized by the presence of an unshakeable, circumscribed idea, with a non-bizarre content and without deterioration of personality. Delusions are monothematic and likely to occur in daily life such as treachery or being infected. The minimum period of the condition should be one month.1

Obsessive-compulsive disorder (OCD) is characterized by the occurrence of obsessions and/or compulsions. Obsessions are thoughts, impulses or recurrent, intrusive and unpleasant mental images, recognized as products of the subject’s own mind and which cause anxiety. Compulsions are repetitive behaviors or mental acts which the individual is led to voluntarily perform in response to an obsession to reduce or prevent a determined event.1

The correlation between somatic delusional disorder (SDD) and OCD is scarcely known, but several similarities between them are noteworthy.2

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