

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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## 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 ‘naïve’ 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 ‘naïve’ 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 -IEA/USP, and, several months afterwards, fully published in the Brazilian Journal of Medical and Biological Research.<sup>1</sup> 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 psychical 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 this would 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.<sup>2-4</sup> 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,<sup>5</sup> 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,<sup>6</sup> which assessed the stress among medical stu-

dents, residents and post-graduate students in sciences and whose results pointed to higher levels of stress among the latter: 50% of the students stated being stressed (n=829).

Although the approaches are differentiated, these studies claimed the existence of psychical suffering among researchers and students, what demands a higher investment on research, in order to better characterize each of these groups, their sufferings and their rank in the scientific field. In our opinion, this is a debate of interest of both clinicians and academics, as, beyond its scientific results, it may shed lights on the working process in science.

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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.<sup>1</sup>

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.<sup>1</sup>

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

IMS, 65 years old, maidservant, Black, Catholic, some elementary school. In 2001, she had been complaining for one year about generalized pruritus, which she attributed to the presence of little insects on her skin. She was referred by the dermatological service after the exclusion of physical causes of these complaints. She intensely undertook the cleaning of her home, fearing that her granddaughter and her son would be infested and she also avoided touching them. The patient presented delusional, monothematic thought, related to the infestation by insects. Sensory-perception with signs of kinesthetic hallucinations. She had poor insight on her psychical disease. Without other psychopathological alterations or cognitive impairment. Normal neurological exam and brain tomography.

She received diagnosis of SDD and the treatment started. Pimozide 8 mg daily for seven months was used, trifluoperazine 10 mg for six months, and haloperidol 10 mg for five months. The raising of the dose of medications was limited due to the occurrence of extra-pyramidal side-effects. Risperidone 3 mg was also used and was discontinued after 15 days for non-compliance. She had no improvement with those medications. She started having new rituals in order to be sure of the condition of her skin, what decreased her anxiety. It was decided to start treatment with fluoxetine 40 mg daily, due to the successive failures with antipsychotics and based on some experiences reported in the literature.<sup>2</sup> After two months of treatment, the patient was almost asymptomatic, with insight about being infested and not being worried with the transmission to her family members.

The resemblance between SDD and OCD is due to their clinical similarities such as the occurrence of intrusive and recurrent thoughts, non-deterioration of personality and behaviors of verification and corporal cleanliness. Some authors have proposed that OCD patients with poor insight would belong to a different subtype, within a schizo-obsessive spectrum, whereas others included SDD among the psychiatric conditions related to OCD.<sup>3</sup>

Up to the '80s, SDD treatment was based on the use of antipsychotics, preferably pimozide, which besides being a dopaminergic antagonist has an opioid antagonistic action.<sup>4</sup> After this period, there have been reported cases with improvement using tricyclic antidepressants and, especially, clomipramine and selective serotonin reuptake inhibitors (SSRI).<sup>3</sup> Although this case adds evidence of the association between SDD and OCD, further studies with a larger number of patients are needed for the better understanding of this association.

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