

this a quite objective and judicious form to assess the professionals who want to practice in the area, as they are required to be updated and to have enough knowledge to get their approval. The approval rate of professional formed in Mato Grosso do Sul's services is higher than the Brazilian mean.

An interesting information regarding the rate of physicians who go practicing in the countryside is that our state became a formation center of psychiatrists and a source of propagation of new knowledge for several places, especially the regions with less specialists. Former residents are spread over 7 states: Mato Grosso do Sul (20 colleagues), Mato Grosso (5), Roraima (2), Goiás (1), São Paulo (2), Paraná (1) and Santa Catarina (1).

These data indicate an urgent need of creation and/or enlargement of psychiatric residence in the Center-Western region, where there is a lack of mental health services, in such a large and at the same time promising area for new colleagues, with the opening of new sources of job opportunities and without the saturation of professionals, a phenomenon which is already a reality at almost all big cities of the Southern and Southeastern regions.

Fabiano Coelho Horimoto and Juberty Antônio de Souza
Federal University of Mato Grosso do Sul

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Auditory integration training: "miracle" in the treatment for autism?

Dear Editor,

Problems of auditory sensation have been associated with autism: auditory hyposensitivity (i.e., 'tuning out behavior'), hypersensitivity (e.g. covering ears), and over selectivity to sound have been observed. Autism is associated with an abnormal pattern of activation of the temporal cortex (auditory associative cortex and the superior temporal sulcus).¹

Auditory integration training (AIT) is an audiological approach for the treatment of 'auditory distortions' and hyperacusis, which its proponents believe are central to the dysfunction experienced by persons with autism.²

The goal of AIT is to reduce the symptoms that are interfering with auditory functioning.

The treatment requires that an accurate audiogram be obtained, which has to be evaluated to determine if the subject shows 'hypersensitive hearing' or has 'uneven hearing'. The client is then considered as a candidate for treatment. Treatment consists on listening to music for half an hour twice a day for 10 days. The music is filtered to eliminate the frequencies to which the person is 'hypersensitive', or where the audiogram demonstrates peaks and is also modulated so that different parts of the frequency band are

randomly modified in intensity. Audiograms are repeated midway and at the end of the training sessions, to document 'progress' and to determine whether additional sessions are needed.

AIT is based on the theory that listening to altered music can improve the listener's ability to process auditory stimuli. The effectiveness of the treatment is determined by changes in both hearing and behavior.²

Several research studies have been published on the efficacy of AIT in autism.^{3,4} The most frequently reported improvements include improved attention, improved auditory processing, decreased irritability, reduced lethargy, improved expressive language and auditory comprehension and reduction in sound sensitivity. Unfortunately, little scientific documentation exists to support these assertions.

Although two investigations indicate that AIT may help some children with autism, there are no controlled studies to support its use yet.^{4,5}

It is the position of the American Academy of Pediatrics that AIT has not been scientifically proven and currently should be considered as an experimental approach.⁴

Several problems contribute to the lack of consensus: the available literature provides little information on outcome variables and their means on experimental and control groups; The statistically significant changes in the subjects' thresholds were less than 1-5 dB (normal clinical variation test-retest); AIT use behavioral audiometric data to support their claims of benefit, although many children are difficult to test.

Long-term follow-up study of this method is necessary for fair and empirical evaluation.

It is recommended that consumers be informed that AIT is experimental in nature and a controversial treatment option for autism before they participate in the treatment.

There is still much to learn about AIT. It may be useful to ask under what conditions AIT does demonstrate effectiveness. Its effectiveness should be further investigated, as for instance in a randomized controlled trial with evaluators blind to treatment type.

Lorena Kozłowski

Tuiuti University of Paraná – Brazil and Université de Montréal – Faculté de Médecine – École d'orthophonie et d'audiologie - Canada

Maya Kroupnik

Université de Montréal – Faculté de Médecine – École d'orthophonie et d'audiologie - Canada

Ana Paula Kochen

Tuiuti University of Paraná – Brazil

Bianca Simone Zeigelboim

Master Program in Communication Disturbances at the Universidade Tuiuti do Paraná

Study performed at the Tuiuti University of Paraná and Université de Montréal

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Depression and personality traits among women submitted to domestic violence

Dear Editor,

Domestic violence against women, inflicted by the spouse, has remarkably increased, being considered by the World Health Organization (WHO) and the Pan-American Health Organization (PAHO) as a severe health public problem.¹⁻²

According to the Seade Foundation (State Data Analysis Foundation), cited by Schritzmeyer,³ in Brazil every four minutes a woman is attacked at her own home by a person with whom she has an emotional relationship. Available statistics and the records of police stations specialized in crimes against women show that 70% of the incidents occur at home and that the aggressor is their own husbands or partners.

According to Heise,⁴ domestic violence and rape are deemed the sixth cause for loss of life years due to death or physical incapacitation among women aged 15 to 44 years – more than all types of cancer, traffic accidents and wars. Therefore, it is a subject that deserves full attention as, besides having emotional consequences for children who testify violence, it harms the country's economy, regarding health costs, and has psychophysical consequences for women.

Women who report having suffered domestic violence show combined forms of physical aggressions – black stains, fractures, burnings, marks of strangling attempts, bruises provoked by sharp instruments etc – as well as psychological aggressions which have as sequels: fear, affective isolation, emotional dependence, feelings of guilt and depressive pictures.

Our proposal was thus to verify the occurrence of depression and the presence of some personality trait that would compromise the health of women who suffer domestic violence and decide to stay in the conflicting and aggressive relationship.

With this objective, the Minnesota Multiphasic Personality Inventory (MMPI), and the Beck Depression Inventory⁵⁻⁶ were applied. The use of these instruments allowed us to notice that attacked women who remain in the marital relationship are more prone to depression, showing feelings of loneliness, sadness, hopelessness, disbelief, irritation, low self-esteem and low self-confidence, which may characterize dysthymic symptoms.

Regarding personality traits, we verify that women who suffer domestic violence show schizotypic or schizoid traits, which favor introversion, affective isolation, persecutory anxiety, etc. This would lead women to perform objectal love choices identified with the same characteristics, increasing, therefore, the risks of trying to solve conflicts with aggressive impulses, as there is an increasing difficulty to solve them with dialogue.

There is, thus a vicious cycle: attacked women who remain with the aggressor become frequently aggressive, leading couples to have a daily life increasingly violent in which conflicts multiply and intensify.

Patricia Gugliotta Jacobucci and Mara Aparecida Alves Cabral
Department of Psychiatry of the Medical School of the State University of Campinas, São Paulo

Sponsoring: This article is based on master dissertation presented by Patricia Gugliotta Jacobucci, at the State University of Campinas in 2004, which received a grant from CAPES.

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