symptoms? First it should be pointed out that the ICT found no significant difference between olanzapine and haloperidol on positive symptoms, but only on negative symptoms and depression.[1] Furthermore, as we pointed in our paper these symptom findings may have been an artifact of two serious methodological flaws that appear in the ICT and many studies of SGAs: 1) failure to continue to collect outcome data until the end of the trial on all subjects including those who changed medication, combined with 2) use of last observation carried forward (LOCF) analysis.

In addition, there is an extensive literature showing that one extrapramidal symptom, akinesia, can be indistinguishable from negative symptoms of schizophrenia and depression.[2] and this EPS side effect could explain the differences between our study and the ICT. In a recent meta-analysis, Leuct found SGAs to have lower relapse rates than first generation antipsychotics (FGAs).[3] However, 91% of the studies in this meta-analysis used haloperidol as the comparator and only 20% of these prescribed prophylactic anticholinergics. Reanalysis of these data shows that only when haloperidol was used *without* prophylactic anticholinergics there was risk of relapse, all cause failure and early termination less with SGAs than with haloperidol.

But could this meta-analysis of only 10 studies be generalizable to the many other studies of SGAs? A much larger meta-analysis involving 124 studies by Davis et al.[4] showed that two-thirds of all controlled trials of SGAs used haloperidol *without* prophylactic anticholinergics as the comparator, and thus were likely to have been seriously biased as noted above.

Taking all of the more than130 studies reviewed in three large meta-analyses together,[3-5] about two-thirds of the studies gave an unfair advantage to SGAs by comparing them with haloperidol *without* prophylactic anticholinergics, while the remainder, using low potency FGAs, did not find a robustly significant advantage for SGAs.

Drs. Silva de Lima and Garcia de Oliveira Soares also suggests that our study was under-powered and unrepresentative. We presented a power analysis in the methods section showing the first claim to be unlikely. We have also reanalyzed the data using only younger subjects and found the same results.

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Use of gabapentin in group B – DSM-IV personality disorders

Mr. editor,

Many professionals are skeptical regarding the treatment of personality disorders (PD) for considering it protracted and unsatisfactory.[1]

The therapeutical refractoriness of PD cannot be deduced from the diagnostic label in itself, but from the assessment of all the factors related to the subject's personality and global functioning. The identification of psychopathological aspects related to excitability, mood pattern, emotional lability and tolerance to frustrations, are important in the treatment, and may be accessible to pharmacological and psychotherapeutic approaches and to the psychosocial rehabilitation. The adequate development of social feelings, as a capability of considering the other, and the ethical awareness are decisive factors for that.

The PD outpatient clinic at the Psychiatric Institute of HC-FMUSP (IPq) has started its activities at the beginning of 1999 aiming the early intervention on those patients, in order to prevent the delinquent behavior, very common in the life history of those subjects. From June 2002 up to June 2003, 137 PD patients were seen at IPq's outpatient clinics. Of these, 40 [29.19%] were seen at the PD outpatient clinic.

It was observed that many of them had a long history of psychiatric consultations and hospitalizations, without improvement, besides representing a burden to their families and to society.

The main complaints were related to aggressiveness, hostility, impulsiveness, immediatism, irresponsibility, suggestibility, lack of introspection, affective and working instability, trend to lie frequently, drug use (without dependence), obstinate behavior and insensitivity regarding the others. Some of them had already committed some crimes against people, such as murder attempt, robbery, rape and corporal lesion, rarely with legal consequences due to lack of denunciation.

Several neuropsychopharmacological studies suggest a biological substrate for PD, what could be reduced by psychopharmacological intervention.[2] Gabapentin was chosen due to its probable inhibitory effect in the brain neurotransmission,[3] reducing the psychic hyper-excitability, different from that seen in mood disorders.

The aim of this observational study was to assess the behavioral improvement in group B PD (DSM IV) patients with the use of gabapentin.

The diagnosis was established using international criteria (ICD10;DSM-IV), and, in some cases, using personality assessment instruments (Rorschach Proof and PCL-R).[4,5] The intervention was psychotherapeutical and pharmacological.

Twenty-nine patients have been treated (8 with antisocial PD; 13 impulsive type; 7 histrionic type and 1 narcissistic), with the maximal dose of gabapentin 1200 mg/day, alone or concomitantly with other drugs (neuroleptics, mood stabilizers and benzodiazepines). In 23 of them (79.9%) it was verified, through the reports of patients and their people in charge, an improvement in the initial picture after 6 weeks of treatment, with decrease of aggressiveness, impulsivity, antisocial behavior and drug abuse. There was also an improvement in the concentration and introspection capabilities and higher interest in productive activi-

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 longitudi - nal 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 '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 -IEA/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 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.[2-4] 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,[5] 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-