Available online at www.sciencedirect.com
SCIENCE DIRECT®
European Psychiatry 18 (2003) 142–144
EUROPEAN PSYCHIATRY
www.elsevier.com/locate/eurpsy

Letters to the editor

Psychotic disorders in Australia: patients respond to national survey results

Sir,

We report on a unique experience of presenting the findings of the recent Australian Study of Low Prevalence (Psychotic) Disorders [1] back to a group of psychotic people living at an inner city hostel within the study's catchment area. This study established Australian prevalence estimates for psychotic disorders and collected data on the characteristics and life-style of people with psychosis.

In response to the presentation of the study findings using simplified and illustrative overheads, hostel residents with psychosis demonstrated a complex, multi-faceted awareness of the contextual aspects of their disorder. They identified with several key survey findings in particular. The first was related to life in social isolation, exemplified by the finding that, despite high levels of disablement, one-third of the study population was living alone and 39% had no family member or intimate friend with whom to share thoughts and feelings. Residents reacted quite emotionally, demonstrating good insight into how their illness behaviour left them abandoned and alone: "There are few carers because it's too hard for them, to be with someone with a mental illness".

The second finding that drew a strong reaction was the poor use made of psychiatric rehabilitation services. Only 19% of the survey population had taken part in any rehabilitation program in the past year, and only 2% had used drug/alcohol services. High levels of substance abuse and poor use of rehabilitation services went hand in hand with bleak employment prospects. One resident commented: "What is there to stop for? When you wake up in the morning, what else is there?" Others agreed: "We smoke marijuana because there is nothing else to do".

Commenting on the surprising study finding that, in spite of negative experiences described above, 44% of the survey population were mostly satisfied with life, a hostel resident said: "I'm not surprised at that. We are satisfied very easily. Just an offer of a packet of cigarettes would make us feel it has been a good day. Or a word, a smile, a place to go". This view was shared by the others.

Our presentation completed the feedback loop from survey population to researcher and back to survey population and served as an interesting and illuminating example of applying the participatory research model in the study of psychosis. A more detailed description of this unique interactive communication with psychotic individuals who participated in the Australian Study of Low Prevalence (Psychotic) Disorders can be found elsewhere [2].

References

[1] Jablensky A, McGrath J, Herrman H, Castle D, Gureje O, Evans M, et al. Psychotic disorders in urban areas: an overview of the methods and findings of the study on low prevalence disorders. Australian and New Zealand Journal of Psychiatry 2000;34:221–36.
[2] Morgan V, Janca A, Jablensky A. National study of psychotic disorders in Australia: feedback from individuals with psychosis. Hong Kong Journal of Psychiatry 2000;12:8–12.

Vera Morgan
Aleksandar Janca *
Assen Jablensky
School of Psychiatry and Clinical Neurosciences, University of Western Australia, Medical Research Foundation Building, 50 Murray Street, Perth, WA 6000, Australia
E-mail address: ajanca@cyllene.uwa.edu.au

Received 8 October 2002; accepted 19 November 2002

* Corresponding author.

PII: S 0 9 2 4 - 9 3 3 8 (0 3) 0 0 0 3 0 - 0

Acute psychosis after injection of pegylated interferon alpha-2a

Pegylated interferon alpha-2a is a modified form of interferon which has been recently developed for the treatment of chronic hepatitis C/B virus infection. The attachment of a polyethylene glycol results in a 40 kDa branched peginterferon with unique pharmacological properties, which among them are sustained absorption and reduced clearance [3]. The most common adverse events are headache, fatigue, and myalgia. It was first approved in Switzerland in August 2001 and approval is pending in several countries worldwide including the EU, US, Canada, and Japan. In the US, peginterferon alpha-2a was approved as monotherapy for the treatment of adults with chronic hepatitis C on October 2002. It

has been estimated that the product has sales potential of about €1.1 billion [1].

We saw a patient who developed severe psychotic symptoms after volunteering to participate as a healthy control in a clinical study. The 21-years-old student had no history of psychiatric or other disorders. Within 10 d after injection of 180 µg peginterferon alpha-2a, the woman first showed unspecific symptoms (restlessness, sleep disturbances, emotional instability) and then manifest psychotic symptoms including delusions, paranoia, anxiety, and hallucinations. Initially, treatment was difficult, possibly due to the continued interferon secretion; the psychotic symptomatology improved only after combined administration of benperidol, risperidone, chlorprothixene, and lorazepam. Within 2 months of therapy, positive symptoms were significantly reduced, but the patient exhibited increasingly negative symptoms such as depressed mood, cognitive deficits, and loss of stamina. The family history revealed several cases of psychiatric disorders: the mother suffered from bipolar disorder and committed suicide; a grandmother was affected by a schizoaffective psychosis and a brother suffers from paranoid-hallucinatoric schizophrenia.

Mental disorders are significantly associated with interferon treatment. In as much as 30% of patients receiving non-pegylated forms of interferon alpha, various neuropsychiatric side effects and complications are observed, including anxiety states, suicidal tendencies, and psychotic symptoms [2]. However, this to our knowledge is the first report of an acute schizophrenia-like psychosis possibly related to the injection of the new drug peginterferon alpha-2a. We assume that the psychotic disorder was triggered by the interferon application. The vulnerability for psychiatric disorders probably was increased due to hereditary factors. Due to peginterferon's long biological halflife, the management of adverse effects can be more difficult than in standard interferon therapies. Side effects may occur after a single injection and discontinuation of administration may be not sufficient in order to cope with psychiatric complications. We conclude that a very careful indication is needed for the use of peginterferon alpha-2a, especially in cases with increased risk for neuropsychiatric disorders.

References

[1] Barnard DL. Pegasys (Hoffmann-La Roche). Curr Opin Investig Drugs 2001;2:1530–8.
[2] Debien C, De Chouly De Lenclave MB, Foutrein P, Bailly D. Interferon alpha et troubles psychiatriques. Encephale 2001;27:308–17.
[3] Zeuzem S, Heathcote JE, Martin N, Nieforth K, Modi M. Peginterferon alfa-2a (40 kDa) monotherapy: a novel agent for chronic hepatitis C therapy. Expert Opin Investig Drugs 2001;10:2201–13.

J. Thome *
U. Knopf
Central Institute of Mental Health, University of Heidelberg, Mannheim, Germany
E-mail address: thome@zi-mannheim.de

Received 13 January 2003; accepted 19 January 2003

* Corresponding author.

PII: S 0 9 2 4 - 9 3 3 8 (0 3) 0 0 0 3 2 - 4

Anorexia nervosa and anticonvulsant exposure during gestation

Dear Sir,

The causes of anorexia are unknown, but there is evidence to support the involvement of both psychological factors, such as media images [1], and physical factors, such as obstetric complications [2]. We describe a case, which demonstrates multiple factors involved in the aetiology of anorexia nervosa and suggests a novel link between anorexia nervosa and anticonvulsant exposure during gestation.

Ms. A, a 14-year-old female, presented with a historyof deliberate weight loss over 4 months (>15% of expected body weight), self-induced vomiting, irregular menstruation and fear of weight gain. She fulfilled ICD-10 criteria for anorexia nervosa. Assessment revealed that Ms. A's mother, who has epilepsy, took phenobarbitone and sodium valproate throughout pregnancy. Following a traumatic birth, Ms. A was in an incubator for 3 weeks. At this time, it was noted that Ms. A had no fingernails on two fingers of each hand. Her parents describe considerable difficulties establishing a feeding pattern in infancy and significant separation anxiety as a child. Owing to learning difficulties, Ms. A required special teaching at school. With the onset of puberty, she was bullied about her appearance both at school and at home, and became increasingly preoccupied with her weight. Ms. A got the idea to restrict weight through self-induced vomiting from a television programme in which a character displayed this behaviour. At the time of assessment, Ms. A had developed lanugo hair and had experienced dizzy spells, cold extremities, tiredness, poor concentration and irritability.

Anticonvulsant exposure during gestation may have both direct and indirect consequences, which may be related to the development of anorexia nervosa in the child. In the first instance, foetal exposure to anticonvulsant medication is directly associated with ectodermal hypoplasia, central nervous system anomalies and cognitive deficits [3]. These effects are particularly significant in light of the emerging association between certain obstetric complications and anorexia nervosa [2]. In our case, the patient was exposed to phenobarbitone and sodium valproate during gestation; had a particularly traumatic birth; and also demonstrated substantial ectodermal anomalies known to be associated with anticonvulsant medication during gestation. Anticonvulsant exposure, and subsequent incubation, also had multiple indirect