

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 inter-

active 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.

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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