# NEWS BITES

### **International**

# Young people's disabilities due in large part to psychiatric disorders – *Lancet* study

For young people all over the world, the most prevalent causes of disability are in the mind. For youth, neuropsychiatric disorders including major depression and alcohol use comprise 45% of the disability burden among young people from 10 to 24 years old, according to a study published in the Lancet. That's about four times that caused by unintentional injuries (12%) and infectious and parasitic diseases (10%). The study - the first of its kind to provide a comprehensive look at young people's global health - surveyed data from the World Health Organization's 2004 Global Burden of Disease report and looked at men and women in different age groups and whether they were in richer or poorer countries. They added up the lost years of healthy living due to a disability or death, and found that young people were responsible for 15.5% of the total number of years lost for all age groups, and that 93.4% of those lost years were in low-income and middle-income countries. They also found that for youth, many of those lost years were due to psychiatric conditions rather than to disease or injury. However, out of those lost years due to incidents rather than conditions, the main risk factors for 10 - 24-year-olds were alcohol (accounting for 7% of the lost healthy years), unsafe sex (4%), and iron deficiency (3%), among

## Prolonged bottle-feeding tied to children's obesity



Two-year-olds who are still using bottles are more likely to be obese by kindergarten, a USA study says, raising the possibility that weaning babies from the bottle at an earlier age may help to prevent excessive weight gain. The study of nearly 7 000 US children, published in the *Journal of Pediatrics*, found that toddlers who still drank from bottles at age 2 were one-third more likely than other children to be obese at the age of 5. While researchers said they did not know if long-term bottle-feeding was directly to blame,

they said their findings suggested that weaning babies around their first birthday could help fight weight gain.

'Prolonged bottle use was associated with obesity at 5.5 years of age,' wrote study leader Rachel Gooze, a doctoral candidate in public health at Temple University.

Paediatricians already advise parents to wean children from the bottle to toddlerfriendly cups when they are about 12 - 14 months old, or even earlier - mainly because extended bottle-feeding, especially overnight, is thought to boost the risk of cavities and may contribute to iron deficiency. Gooze said their findings might provide an added incentive for weaning, since many 2-year-olds appear to still be using bottles. Of the 6 750 children studied by Gooze and her colleagues, 1 in 5 was still using a bottle at the age of 24 months, either at night or all the time. Of the longterm bottle users, roughly 1 in 5 was obese at the age of 5. That compared with about 1 in 6 children who had been weaned earlier. Gooze and her team then looked at other factors that could affect a child's risk of obesity, including the mother's weight, family income and education, and whether the child had ever been breastfed.

They found that prolonged bottle-feeding by itself was linked to a 33% increase in children's risk of obesity. 'The bottle may be providing a source of comfort, rather than meeting nutritional needs,' Gooze said. The extra calories may be substantial. Prolonged bottle-feeding may also get in the way of toddlers having a varied, nutritious diet, said Marc Jacobson, a member of the American Academy of Pediatrics&apos' Obesity Leadership Workshop. He agreed with Gooze that the current study shows an association, and not necessarily cause-andeffect, but added that the findings do raise the importance of early life in the risk of childhood obesity.

#### **Africa**

### Rainy season to worsen Chad cholera outbreak

A cholera outbreak that has killed more than 100 people in Chad is expected to worsen as the rainy season gets underway in the Central African country, Oxfam warned recently.

'We are concerned that the rainy season is arriving and that can provoke a quick and catastrophic rise in the number of cases,' Abakar Mahamat, Oxfam country director for Chad, said.

Chad's cholera epidemics usually occur in rainy seasons when houses and latrines flood and contaminated water collects in



stagnant pools. Last year, more than 6 800 people were infected and 209 died from the disease, while the country's August and September floods were the country's worst in 40 years. However, cholera has persisted through the dry season in Chad. With nearly 2 700 cases since the start of the year, aid groups worry the disease might become a permanent epidemic in one of the world's poorest countries that has also suffered meningitis, measles and polio outbreaks. Chadian health authorities have deployed emergency teams and launched a campaign communicating basic rules on hygiene and sanitation - including regular hand-washing with soap. They have also requested support from the international community to cope with the epidemic.

Aid groups such as Oxfam and Médecins Sans Frontières (MSF) have responded to the crisis by providing water, sanitation and health services at local hospitals where cholera treatment centres have been set up, and in parts of the country hit hardest by the disease. One such cholera treatment centre has been set up next to the Hopital de L'Union, south of the capital N'Djamena. MSF provided the centre with 60 beds. Each bed has a hole in the middle and a bucket underneath to collect patients' stools. 'Two weeks ago, there was an average of twenty patients per day. Now we are seeing five or six patients a day - we hope the situation is about to stabilise,' said Innocent Hountento, the doctor in charge.

Living conditions are poor for many in Chad, which also suffers from regular droughts and hunger crises. Last year 2 million people faced food shortages. Experts say emergency responses alone would not solve Chad's growing cholera problem.

The majority of Chad's population drinks water from traditional, open wells or from temporary or permanent rivers – water that is not safe for drinking owing to the risk of various water-borne diseases. The Chadian government says only 0.6% of the country's households use improved latrines, while 88% of people defecate in the open. There is no garbage collection system in villages, while in towns waste water disposal and storm drainage systems are nearly non-

existent. The government last year appealed for nearly R7 billion from donors to fund a seven-year plan to tackle the country's water and sanitation problems.

#### **South Africa**

## JUDASA appeals for metal detectors at public hospitals

The Junior Doctors Association of South Africa (JUDASA) welcomed the arrest of the man who allegedly stabbed and killed Dr Senzo Mkhize at Middleburg Hospital this June, but took to the streets to demand better security at public sector hospitals.

Declaring Wednesday 15 June 2011 a national day of mourning, they called on every doctor 'concerned with their own life and well-being to join us' in marches to Parliament in Cape Town, the Union Buildings in Pretoria and the Provincial Legislature in Durban, demanding improved security at public hospitals. Dr Senzosenkosi Mkhize, 32, was stabbed in the chest while working in the hospital's outpatient department where the patient went for a follow-up consultation. South African Police Services spokesman, Lieutenant-Colonel Leonard Hlathi, revealed that the suspect was convicted of stabbing a nurse at the same hospital in 2006 and was on parole when the latest incident happened. The nurse survived and the man was sentenced to six years in prison. The suspect appeared in the Middelburg Magistrate's Court on a murder and attempted murder charge.

JUDASA said it had 'run out of patience to mourn the killing, raping and mugging of doctors at South African public hospitals. The recent slaughtering is the last straw. We can no longer afford to wait until another doctor's life is put in danger at their place of work. Our public hospitals are fast becoming homicide havens. We have repeatedly made calls for the Department of Health to install metal detectors at every hospital entrance point so that members of the public do not access hospital property armed with dangerous weapons. But instead, all we have seen in most public hospitals is security guards stopping short of strip-searching health workers as they enter and leave hospital premises, while members of the public access hospitals without any scrutiny.'

If a politician (public servant) got raped or killed within the premises of the Union Buildings or Parliament, not only will they call in the army to beef up their already tight security, but they would declare it a national crisis. But whenever a nurse or doctor (public servant) falls prey to the same fate, they are only subjected to fruitless task teams and investigation. We have had enough with being treated like second-class citizens in our own country. We strongly condemn the complacency of the Department of Health in upgrading security of our public hospitals. Many criminal and homicide incidents could have been prevented by now.'

### Guidelines for safe pregnancy in the age of HIV



HIV clinicians recently released a set of groundbreaking consensus guidelines for clinicians who help HIV-positive individuals and couples wanting to fall pregnant. Released on the eve of the 5th South African AIDS Conference in Durban, the guidelines show that the majority of HIV-positive individuals in South Africa are of reproductive age, with 29% of South Africa's one million annual births occurring in women living with HIV. The expert committee which authored the guidelines, published in the Southern African Journal of HIV Medicine, said that dealing with issues of fertility and childbearing should be seen as part of routine HIV care.

'Clinicians are responsible for identifying and supporting the fertility desires of their HIV-infected patients – both in the interests of "normalising" the lives of people living with this chronic infection and to help ensure that conception, pregnancy and delivery take place with the least possible risk to the mother, her partner and the resulting child,' said the committee, chaired by Professor Linda-Gail Bekker and Dr Vivien Black.

The guidelines were designed to assist clincians to identify patients' fertility desires and to give safe and effective conception guidance to a presumed fertile couple when one or more partners are HIV infected. The committee considered resource-intensive settings (mostly private facilities) and resource-limited settings (mostly public sector).

The guidelines offer other options, which patients may not be aware of:

• An HIV-infected male partner may consider HIV-negative sperm donation.

- Adoption may be possible as chronic illnesses that are well controlled should not be a hurdle.
- Surrogacy may be an option, but would only be acceptable if the male partner is HIV negative.

Before the availability of ART, conception was discouraged where one or both the parents were HIV positive, because of the risk of transmission to the baby. However, now it is a manageable chronic illness, with dramatic reductions in morbidity and mortality and paediatric infections.

The guidelines discuss how the clinician can raise the issue of childbearing and help identify the fertility desires of HIV-infected women and men, with a brief discussion on contraception options for women who do not wish to become pregnant. The risks of HIV transmission depend on the viral load, the presence of sexually transmitted infections and the length and frequency of exposure. Viral load is the single greatest risk factor for all transmission modes with ART, reducing the risk of transmission by controlling the amount of HIV in the blood. The HPTN 052 study found that initiation of ART by HIVinfected individuals substantially protected their HIV-uninfected sexual partners from acquiring HIV infection, with a 96% reduction in risk of HIV transmission. 'It is high time the lives of people living positively with HIV are normalised, the committee said.

### **CHRIS BATEMAN**