

Mozambican ARVs Mozambique is set to become the first African country to produce its own generic antiretrovirals (ARVs). The initiative, in collaboration with the Brazilian Government, will see a new factory set up and Brazilian professionals train the Mozambican staff in production, industrial management, and quality control. The first drugs are expected to hit the market by July.

Mental health in Wales Welsh Health Minister Lesley Griffiths has announced new funding of £5.5 million for mental health services in Wales. £2 million will be spent on expansion of an independent advocacy service to help patients understand their legal rights, and £3.5 million will fund local-level support. All patients within secondary mental health services will also receive a tailored treatment plan.

Contaminated milk A batch of milk produced by China's biggest national dairy firm, Mengniu, has been found to contain elevated concentrations of aflatoxin by the government's quality watchdog. Mengniu said the source of tainted milk was related to aflatoxin-contaminated cattle feed, and that it had destroyed the affected products at a plant in southwest China.



Coppee Patricia/ABACA/Press Association Images

Implanting fear International concerns have come to the fore over the risk of rupture of silicone breast implants made by French firm Poly Implant Prothese. The French Government is to cover the cost of implant removal for around 30 000 women, whereas the UK Government has commissioned an urgent review of the rupture rate before issuing advice.



APPI/Getty Images

Philippines floods An outbreak of leptospirosis has added to the misery of those affected by December's typhoon-related flooding in the Philippines. As of Jan 1, 2012, more than 200 cases had been reported to the Health Ministry, with at least five deaths. The floods caused by Typhoon Washi, which hit the archipelago on Dec 16–18, 2011, are known to have caused 1249 additional deaths.

Soda tax A new tax on sugary drinks has been approved by France's Constitutional Council. The tax—which amounts to €0.01 per can—is aimed at raising €120 million in revenue while nudging consumers towards healthier alternatives. The tax has been criticised by beverage firms such as Coca-Cola, which announced the suspension of a €17 million investment in the country.

Dengue in Sri Lanka Sri Lanka's efforts to combat dengue fever seem to be working, according to the country's Ministry of Health Epidemiology Unit. 27 330 cases of the disease were recorded in 2011, compared with 34 105 in 2010, with the number of deaths falling from 246 to 173. The government is now drafting a National Dengue Prevention Act, which is due to become law in mid-2012.

Cigarette packaging matters In a survey of 2700 young smokers, commissioned by the British Heart Foundation, 25% regarded a blue package of cigarettes as healthier than a purple one. Three quarters believed that plain packages would make it easier to smoke less or stop smoking. The UK Government is due to launch a public consultation on plain packaging in early 2012.

Abortion rights in Uruguay On Dec 27, senators in Uruguay voted in favour of passing a bill to decriminalise abortion in the first trimester of pregnancy. The bill will now go to the lower house and is expected to be debated in March. President José Mujica has hinted that he supports the bill. Abortion is illegal in Uruguay except in cases of rape or if the woman's life is at risk.

Final word on EHEC The German Federal Institute for Risk Assessment has published its final analysis of the outbreak caused by an unusual strain of enterohaemorrhagic *Escherichia coli* (EHEC) last year. 53 people died and 3842 became ill, some very seriously. Contaminated fenugreek seeds from Egypt were identified as the highly likely source of the outbreak.

Doctors end strike An 11-day strike by doctors in India's Rajasthan state finally came to an end on Dec 31 after the state government agreed to look into their demands. Around 10 000 doctors employed by the state government went on strike on Dec 21, demanding salary increases and parity with central government employees. About 500 doctors were briefly jailed for violating a hastily-imposed essential services maintenance act.

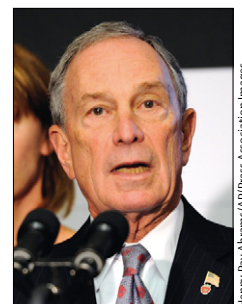
Vivacious New Yorkers New Yorkers are living longer, exceeding national trends for increases in life expectancy, according to figures released by Mayor Michael Bloomberg. The city's rigorous health promotion schemes, including smoking prevention programmes and expanded HIV testing and treatment, were linked with a life expectancy at birth of 80.6 years, compared with 78.2 years nationally.

For more on **mental health services in Wales** see <http://wales.gov.uk/newsroom/healthandsocialcare/2011/111228mentalhealth/?lang=en>

For more on **dengue in Sri Lanka** see http://epid.gov.lk/web/index.php?option=com_content&view=article&id=171%3Adengue-update&catid=51%3Amessage-for-public&Itemid=487&lang=en

For the **survey of young British smokers** see <http://www.bhf.org.uk/media/news-from-the-bhf/plain-packaging.aspx>

For the **life expectancy figures for New York** see http://www.nyc.gov/portal/site/nycgov/menuitem.c0935b9a57bb4ef3daf2f1c701c789a0/index.jsp?pageID=mayor_press_release&catID=1194&doc_name=http%3A%2F%2Fwww.nyc.gov%2Fhtml%2Fom%2Fhtml%2F2011b%2Fpr453-11.html&cc=unused1978&rc=1194&ndi=1



Henry Bay/Albans/AP/Press Association Images

Translational research and experimental medicine in 2012

Science is changing. Fast. Internationally, basic research is generating more exciting ideas and possibilities than ever before. The advances in understanding molecular targets, genetics, stem cells, drug delivery systems, devices, biomarkers, and other technologies reported week by week in peer-reviewed journals often need to be validated in clinical studies if they are to answer today's clinical questions and strengthen tomorrow's therapeutic pipeline. Yet budgetary restrictions and, sadly, conservative and bureaucratic regulatory attitudes mean that only a limited number of promising interventions are tested for patient benefit. To take better advantage of the possibilities available to improve health, researchers, clinicians, funders, and editors need to adopt more responsive approaches to encourage the safe and efficient translation of laboratory findings into early proof-of-concept studies in man.

The new era of translational research is being led on two fronts. One is by investigators whose ideas and skills have democratised research by enabling academic health science systems and science-led consortia to compete more widely for investment. The other is by funders, who recognise that the migration of clinical trials from developed to developing countries (where they can be undertaken to similar, if not better, standards of quality, time, and cost) releases mature infrastructures and skilled personnel for translational research. Examples of how this increased capacity can be developed are the National Institutes of Health's Center for Advancing Translational Sciences in the USA and, in the UK, the appointment of the Medical Research Council (MRC) as lead public sector organisation for experimental medicine by the Office for Strategic Co-ordination of Health Research.

By experimental medicine we mean investigations undertaken in human beings to identify mechanisms of pathophysiology or disease, or to demonstrate proof-of-concept evidence of the validity and importance of new treatments (this definition is adapted from the MRC). Although the number of candidates for translational research is large and the likelihood of success is small, several fora exist for investors and innovators to collaborate. Yet not all innovations with potential health benefits will have obvious commercial appeal. Therefore other types of support are needed. One example to

start this year is the Creative Research Awards for Transformative Interdisciplinary Ventures from the National Science Foundation in the USA. These grants of up to US\$1 million have a streamlined review process and require investigators to integrate, rather than just incorporate, other disciplines. Their goal is research that changes not only practice, but also thinking.

Between researchers and funders are those with the most immediate potential to gain from more effective translation of early research: patients and practitioners. Their participation is essential to promote a culture of open-minded support for translational research and wider appreciation of both the risks and potential of new developments. Clinicians in particular should be encouraged to resist the stagnating dichotomy between clinical practice and research, and to consider instead how they can strengthen research. Although research undoubtedly informs care, the process is far more fertile when practice informs research questions, particularly when individuals with expertise at both bench and bedside become engaged.

Journal editors also have a responsibility to foster innovation by ensuring that perceived difficulty in publication does not discourage the entire culture of translational research. *The Lancet* recognises a continuum between discovery science and population health, and has consistently promoted the value of research to inform clinical care. In 1882, the Arris and Gale lectures defended the contribution of experimental physiology to "practical medicine"; in 1997, we made a commitment to peer-review the results from promising protocols (such as the CaVenT trial in today's issue); and in 2006, we published an invitation for submissions of phase 1 studies. To these the editors send a strong signal that submissions of high-quality translational research and experimental medicine, which have the potential to transform clinical care, are welcome at *The Lancet*. Examples of this commitment can be found in early clinical applications that we have published on regenerative medicine, to which we seek to add as new frontiers open and are translated into practice. Readers should not interpret this invitation as a shift away from the journal's existing research content, but rather recognition that as the possibilities of medicine expand, so will *The Lancet* to accommodate them. ■ [The Lancet](#)



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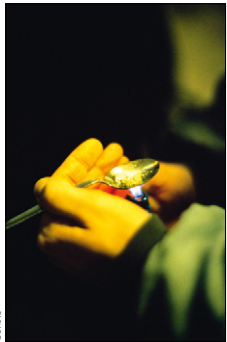
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For the **Arris and Gale lectures** see *Lancet* 1882; **119**: 939–41, 977–79, 1021–23

For more on **protocol reviews** see www.thelancet.com/protocol-reviews

For more on **phase 1 studies** see [Comment Lancet 2006](#); **368**: 827–28

Addiction—a global problem with no global solution



Corbis

See [World Report](#) page 17

See [Perspectives](#) pages 20, 21, and 22

See [Series](#) pages 55, 71, and 84

Few diseases can compete with addiction in their capacity to generate misinformation, misjudgment, or misunderstanding. Illicit drug use has been around for as long as drugs themselves, but the acceptance of addiction to any substance as a disease rather than a choice is a far more modern concept. The first issue of *The Lancet* in 1996 introduced a six-part Series on addiction with the emphasis on relevant brain mechanisms, detoxification, treatment myths, and drug policy. Now, 16 years later in this week's issue, a three-part Series examines addiction from a global perspective.

The first paper in the 2012 *Lancet* Series on addiction addresses the global burden of disease due to illicit drug use, and estimates that about 200 million people worldwide use illicit drugs each year. Louisa Degenhardt and Wayne Hall discuss the adverse health effects of dependence on different drugs, and compare them with those of tobacco and alcohol. Most of the disease burden attributable to illicit drugs is in problem or dependent drug users, especially those who inject drugs.

The second paper, by John Strang and colleagues, examines the effectiveness of drug control initiatives,

and explores evidence-based interventions to prevent drug use initiation in young people and to reduce drug use in established drug users.

The third paper, by Robin Room and Peter Reuter, discusses whether international drug conventions protect public health, or otherwise, and concludes that national policies aligned with risks of different drugs are needed. The authors state: "The cultural positions of different drugs vary enough to preclude universal policies on how to deal with all illicit or indeed licit drugs. From the perspective of public health, we need to move towards a control system that is more aligned with the risks that different drugs pose to users and shows an understanding of the effects of different regulatory approaches on drug use and harm."

As the problem of escalating misuse of prescription drugs shows, particularly in the USA, prevention and treatment of prescription drug dependency offers challenges that differ from those of addiction to illicit drugs, and need innovative solutions. Addiction is a complex disease without a universal policy approach or treatment. ■ [The Lancet](#)

For the [Lancet 1996 Series on addiction](#) see [Lancet](#) 1996; 347: 6 and 31–36

North Korea—who will help?



Reuters

For the [Amnesty International report](#) see <http://www.amnesty.org/en/library/asset/ASA24/001/2010/en/13a097fc-4bda-4119-aae5-73e0dd446193/asa240012010en.pdf>

For [WHO statistics](#) see <http://www.who.int/gho/countries/prk.pdf>

For the [UNICEF report](#) see http://www.unicef.org/publications/files/Tracking_Progress_on_Child_and_Maternal_Nutrition_EN_110309.pdf

Kim Jong-il, who for 17 years kept his people in a state of isolation and poverty scarce in the modern world, died on Dec 19, 2011. His death sent shock waves through North Korea's neighbours in Asia and beyond. Kim Jong-il left a nuclear-armed, totalitarian state in the hands of his son, Kim Jong-un, along with a food crisis and a health system whose performance is uncertain.

Health provision in North Korea includes a national medical service and health insurance system, which the government claims provide universal health care. However, in a report published in 2010 by Amnesty, it was argued that the North Korean health system was underfunded, with doctors lacking essential medical supplies. After visiting the country in 2010 and taking account of the natural disasters it had faced, Margaret Chan, Director-General of WHO, disagreed, saying that North Korea's health system has "something that most other developing nations would envy", and that there was "no lack of doctors and nurses". The credibility of North Korea's health system matters because, for example, the country is experiencing

a TB epidemic affecting about 5% of the population.

Food insecurity affects millions of North Koreans. During the 1990s, the country was ravaged by famine, causing the deaths of between 500 000 and 3 million people, along with widespread diseases associated with malnutrition. A UNICEF report in 2009 found that North Korea was one of 18 countries with the highest prevalence of moderate and severe stunting in children younger than 5 years.

China is North Korea's closest political and economic ally. With its experience of improving nutrition and health care, and an ongoing process of health reform, China could use its influence to improve health and wellbeing for North Korea's people. South Korea, the USA, and other countries should set aside political differences and continue to provide much-needed humanitarian assistance. Ongoing international efforts are also needed to remind North Korea's new leadership that improvement of North Koreans' health is an urgent priority. ■ [The Lancet](#)

Catheter-directed thrombolysis for acute DVT



In *The Lancet*, Tone Enden and colleagues¹ report a landmark prospective randomised trial (CaVenT) showing the benefit of catheter-directed thrombolysis (CDT) to treat acute lower limb deep vein thrombosis (DVT). For the past 20 years, a major impediment to widespread adoption of CDT has been the scarcity of data supporting its benefit, and safety concerns about a minimally invasive procedure using a thrombolytic drug. Thus many patients with acute DVT have had to receive anticoagulation treatment alone, without the benefit of added low-dose thrombolytic drug to alleviate their symptoms and to prevent chronic debilitation from inadequately treated DVT. Enden and colleagues should be commended for a successful study that addresses these concerns and shows that CDT is an essential treatment option for patients with symptomatic acute DVT of the lower limbs.

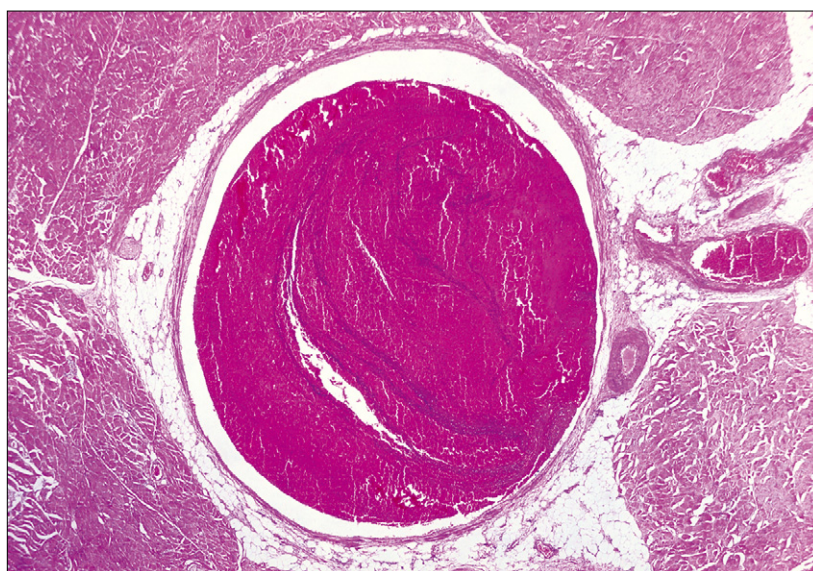
Enden and co-workers randomised 209 patients in their multicentre study, and the primary study endpoint was incidence of post-thrombotic syndrome at 24 months. Post-thrombotic syndrome refers to the endstage sequelae of DVT, which result from inadequate treatment of acute DVT. When acute DVT is not resolved, the clot hardens, becomes chronically obstructive, and predisposes to post-thrombotic syndrome. Post-thrombotic syndrome has no cure, and leaves patients with permanently painful and swollen legs that reduce their quality of life. In the accompanying study, the investigators recorded a 14.4% absolute risk reduction (95% CI 0.2–27.9, $p=0.047$) in development of post-thrombotic syndrome for patients given added CDT plus anticoagulation compared with those given anticoagulation alone (41.1% vs 55.6%).

Nevertheless, we believe that the incidence of post-thrombotic syndrome in the CDT group was still too high—differences in patient selection and procedural technique probably contributed to this finding. The investigators acknowledge that patients allocated to the CDT group had more extensive thrombosis with pelvic vein involvement than did those in the control group (46% vs 36%). Indeed, proximal (iliofemoral) DVT is a strong predictor of subsequent post-thrombotic syndrome.² Furthermore, only 23 patients received angioplasty and 15 received venous stenting in this trial. In our combined 16-year clinical experience with acute

DVT, addressing the underlying proximal anatomic stenosis with iliofemoral stenting is crucial after CDT, and this practice is widely used in the USA.³ Previous studies have shown that 80% of patients with iliofemoral DVT have an underlying venous stenosis proximally,^{4,5} which has to be treated to restore good venous outflow after thrombolysis. Underlying anatomic venous stenosis is clearly one of several risk factors for acute DVT and therefore must be addressed.⁶ In view of these data, the low incidence (15%) of adjunctive venous stenting in the CaVenT trial is very likely to have diminished the overall benefit of CDT.

The use of follow-up ultrasound to correlate venous patency with post-thrombotic syndrome could explain the absence of a robust correlation between vein patency and incidence of post-thrombotic syndrome in this study. The confounding variable in the study could be documented patency of the common iliac veins. Ultrasound is very poor for imaging of the common iliac veins.^{7–9} Even Enden and colleagues report that venography done during the CDT procedure showed pelvic DVT in some patients for whom the routine ultrasound imaging at baseline had shown only femoral DVT.¹ So patients categorised as patent in follow-up could in fact have had occluded iliac veins. At our institution we routinely use CT venography or magnetic resonance venography to image patients

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Deep vein thrombosis in calf muscle

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