

International

Eat like a Greek to boost brawn and brain

People who eat and drink like the Greeks may think a little more clearly into old age, a new study hints. The findings add to a handful of evidence that a Mediterranean-style diet may be as good for the brain as it is for the rest of the body.

Traditionally associated with a lot of wine, fruits, vegetables, legumes, olive oil and fish – and very little red meat – the Mediterranean way of eating has been credited with helping to prevent various ailments, including heart disease, cancer and diabetes, lead researcher Christine Tangney of Rush University Medical Center in Chicago says. To determine if slower brain ageing might join the diet's list of potential health benefits, Tangney and her colleagues looked at the dietary habits and cognitive function of nearly 4 000 American Midwesterners aged 65 and older. The researchers gave participants two different diet scores, one reflecting adherence to the traditional diet of the Greek population and another based on how well participants met the 2005 US Dietary Guidelines. The participants' cognitive decline was assessed every 3 years, based on measures such as word memory and basic maths skills. Out of a maximum score of 55 on the MedDiet scale reflecting a quintessential Greek diet, the average study participant received a 28. Those with higher MedDiet scores appeared to have slower cognitive decline over time. The differences had practical significance. If there were 2 older adults of the same age with Mediterranean diet scores 10 points apart, the individual with a 10-point higher score would perform mentally as though she or he were 3 years younger than the other adult, said Tangney. 'Better' scores based on the US Dietary Guidelines – which gave less weight to fish, legumes and moderate alcohol intake compared with the Mediterranean diet score – did not appear to influence rates of cognitive decline. The researchers point to some explanations for the effects, such as wine's potential role in protecting the brain from damage. Traditional Mediterranean foods may also reduce oxidative stress and the inflammation that is thought to play a role in Alzheimer's disease.

Breast is best ... for boys at least

A study of 10-year-olds found that breastfed boys were better at maths, reading, writing and spelling than those who were bottle fed. However, breast milk did not appear to have the same brain-boosting effect on girls.

While previous research has credited breastfeeding with boosting IQ, this study is the first to show that one sex benefits more than the other. Researchers from the University of Western Australia's Telethon Institute for Child Health Research looked at

how well 1 038 boys and girls did on standard school tests given at the age of 10.

The analysis took into account social class, the mother's level of education and the amount of time spent reading to the child. As in UK schools, girls generally did better than boys. But those boys who had been breastfed for at least 6 months achieved maths and writing scores around 9% higher than those who had been bottle fed. They also had higher marks for spelling and reading, the journal *Pediatrics* reports. In some cases, the improvement was large enough to close the achievement gap between girls and boys. Any improvement to the girls' scores was so marginal that it was insignificant. Breast milk is known to be rich in fatty acids – key to brain cell development – but the researchers are unsure why it appeared to give only boys a mental boost. It may be that the girls' brains are already receiving nourishment from the sex hormone oestrogen, and the healthy fats in mother's milk help the male brain to catch up. Another possibility is that breastfeeding strengthens the mother-child bond. Studies show that a mother's attention is more crucial for the mental development of boys than girls. The Department of Health tells mothers that feeding their babies on breast milk alone for the first 6 months will protect their baby against obesity, eczema, and ear, chest and stomach infections.

Africa

Kenya cracks down on drinking hours

Kenya has arrested several hundred people for out-of-hours drinking in the wake of new laws that restrict the sale and consumption of alcohol. Under a law passed in November 2010, alcohol may not be sold before 14h00 on weekends and 17h00 on weekdays, while establishments selling alcohol may not be located within 300 metres of a school. A police officer said 30 people arrested for drinking in the early afternoon were handed a 6-month jail term or a fine of 30 000 Kenyan shillings (R2 550); a further 30 people received the same sentences recently. Anti-alcohol and drugs campaigners welcomed the new rules, but bar owners and the country's all-important tourism sector have been highly critical.

South Africa

150 poisoned after eating dumped food

A chance job for a casual labourer who agreed to load a truck with (expired) food in return for it being delivered to his home, led to the poisoning of 150 of his neighbours and the Cape Town City Council Health Department mounting a probe.

More than 100 residents of the Pholile Park informal settlement outside the Strand near Cape Town had to be admitted to hospital with food poisoning over the second

weekend in January after they had consumed the long-expired food.

Pholile Park community leader Siphe Kaka said: 'On Thursday morning a white truck came into the area and just dumped the food. There were jams, biscuits, sweets, etc. People rushed to get to the food and it was later that day when many got ill – especially children. On Friday and Saturday more became ill and today another 40 people got sick.'

Ambulances came and went all weekend as residents fell ill, vomited and suffered skin rashes. The food had expired as far back as 2007.

City of Cape Town Disaster Risk Management Centre spokesman Wilfred Solomons-Johannes said some were treated on the scene while others were taken to hospital. By Monday evening all had been discharged. Meanwhile the informal settlement's community came out in support of Mr Themba Mogotla, the resident at whose house the expired food was dumped. Kaka said Mr Magotla did not know the food had expired. 'We had a community meeting yesterday (Sunday) to discuss this issue. People are not angry with him.' The food came from Simply Value Food Factory Shop in Somerset West and Henry Hearn, manager of H Hearn's Refuse Removal, provided transport for it to be taken to a dump site. Hearn alleged that the resident was picked up as a casual labourer and had 'convinced' the truck driver to drop the food at his home. Magotla rejected this: 'I was looking for work and asked the driver at the factory if I can help load. He said he can't pay me, but that I can have the food. We came home and off-loaded the food. There was a lot of food and residents came to take. The food looked fine,' he said.

SA experts welcome liver cell breakthrough

Local medical experts have welcomed news that scientists in Germany have managed to grow human liver cells on tiny scaffolds made of material similar to surgical sutures, a development that takes them a small step closer to transplanting liver cells into patients waiting for an organ donation. Around the world, liver donors are in scarce supply and many patients with liver disease die for lack of a replacement organ. South Africa is no exception: in 2009 there were only 37 liver transplants, according to the Organ Donor Foundation's Cape Town project manager, Samantha Volschenk. In the private sector alone, about 30 patients are awaiting liver transplants, said Santie Adams, transplant co-ordinator for Johannesburg's Donald Gordon Medical Centre, one of South Africa's two liver transplant facilities. The other is Groote Schuur Hospital in Cape Town, which has 25 patients awaiting transplants, according to Professor Wendy Spearman, head of

hepatology at the University of Cape Town. Scientists have until now isolated human liver cells, frozen them and then transplanted them into patients, but the technique has had limited success, said Dr Joerg-Matthias Pollok of the University Medical Centre in Hamburg. Dr Pollok and his colleagues isolated liver cells from 12 human livers that were not suitable for donation, and used tissue engineering techniques to grow them on a biodegradable polymer scaffold. The cells proliferated across the matrix, and retained key functions such as detoxifying and making proteins.

Gauteng health faces lawsuit

The Gauteng Department of Health is to face a multimillion rand lawsuit with regard to the death of 6 premature babies in 2 days at Johannesburg's Charlotte Maxeke Academic Hospital last year. A report on an investigation into the circumstances of the deaths in the hospital's neonatal ward on or about 18 May was the last document a Johannesburg law firm was waiting for before proceeding with the suit. Six babies died in 24 hours at the hospital in an outbreak of diarrhoea caused by the norovirus.

DA Gauteng legislator Jack Bloom said that the law firm, which is representing 5 of the 6 mothers, had asked him to help it obtain the report from the provincial health department.

'They [the law firm] have not filed papers yet, they were busy collecting evidence. The release of the report is the basis of successful litigation,' Bloom said.

In the 4-page report – completed in June but released to Bloom last month – the department denies wrongdoing.

Police shoot, kill gun-toting pharmacist

A traditional healer and pharmacist at the Nkhensani Hospital in Giyani was last month shot and killed by police during a shootout. Eddy Rikhotso, 57, from N'waMakena village near Giyani in Limpopo, had allegedly started arguing with a taxi driver. It is alleged that Rikhotso demanded that the taxi driver drop him off next to his home because it was raining. Giyani police spokesperson Warrant Officer Thomas Makhubele said that during the argument Rikhotso produced a gun and opened fire, shooting a passenger in the neck first before he shot the taxi driver on the hand. 'After that drama the taxi driver stopped the vehicle and other commuters ran for cover,' Makhubele said.

'When we arrived at the scene, Rikhotso had already left. We went searching for him and when we cornered him in the village he pulled out the gun and shot at us.'

According to Makhubele, police then returned fire and shot Rikhotso. He said

Rikhotso died while being transported to the Nkhensani Hospital where he worked as a pharmacist.

Margret Maluleke, a passenger who was inside the taxi, said she was still traumatised by the incident. 'I'm still shocked after witnessing the incident in which a person started shooting at commuters,' Maluleke said. 'I know Rikhotso as a respected person in our village and I never thought that he would act like he did.'

New code for sale of health products

The Advertising Standards Authority of South Africa (ASA) has adopted a new marketing code for health products developed by the industry, a move companies say will lead to better regulation of the way medicines, devices and laboratory tests are promoted.

The development goes hand in hand with industry plans to launch a Marketing Code Authority, which will enforce the rules contained in the code and penalise companies that breach them.

The authority has yet to finalise the penalties, but it is expected that transgressors of the code will be publicly 'named and shamed' and may face fines of up to R300 000, according to the interim board chairman, Eli Lilly CEO Jacques Blaauw.

The authority is also considering an ultimate penalty of asking the Medicines Control Council to deregister offending products, which would effectively ban their sale in South Africa.

Currently, the ASA investigates complaints brought to it by consumers or companies. It has been criticised for failing to appoint independent medical experts to help it probe complaints, relying instead on those brought in by defendants.

Green light for rapid TB test

The World Health Organization has approved a new rapid test for tuberculosis (TB) and drug-resistant TB that will lead to results being available within 100 minutes. Using the rapid test health workers can make an accurate diagnosis of TB within 100 minutes compared with current methods that require patients to wait up to 48 hours for straightforward TB results and weeks for drug-resistant tests. Patients often die while waiting for these results, are lost to follow-up or go on to infect others while they wait to be placed on treatment. Current treatment standards in most countries require of patients to give sputum at least twice, after which sputum smear microscopy is used to make the diagnosis – a development that is more than a century old. If the result is positive the patient is put on treatment. Sputum smear microscopy is not always accurate, especially in HIV-positive patients. Dr Mario Raviglione, director of WHO's

Stop TB Department, said the new test was a major milestone in global TB diagnosis and care. 'It also represents new hope for the millions of people who are at the highest risk of TB and drug-resistant disease. We have the scientific evidence, we have defined the policy, and now we aim to support implementation for impact in countries,' he said. The WHO's stamp of approval for the rapid test comes after 18 months of painstaking testing to verify its effectiveness in diagnosing pulmonary TB and more difficult forms including drug-resistant TB and TB aggravated by HIV. Implementing the fully automated NAAT (nucleic acid amplification test) could result in a three-fold increase in the diagnosis of patients with drug-resistant TB and doubling in the number of HIV-associated TB cases in areas with a high TB and HIV incidence. Added to the stamp of approval is a call made by the WHO for the easy-to-use rapid test to be rolled out as far and wide as possible under clearly defined conditions. It would be part of the national plans for TB and MDR TB care control.

ARV tenders price doubles those on treatment

Huge discounts negotiated on South Africa's antiretroviral drugs tenders mean that the country can now treat twice as many people as previously. Health minister Dr Aaron Motsoaledi recently said the negotiations were the result of tackling previously outrageous prices paid to pharmaceutical companies by South Africa, which had the largest ARV programme in the world. The issue incensed even the Executive Director of UNAIDS, Dr Peter Piot, who raised the issue during his speech at the World AIDS Day event last year. The ARV bill was previously significantly higher than that in all other countries. Motsoaledi said: 'If we continue doing what we have been doing the fiscus will be overwhelmed because of our increased burden of disease. Since the World AIDS Day we have tested 4.8 million South Africans for HIV as part of our HCT campaign to test 15 million people by June 2011. Of these people, 905 000 were found to be HIV positive, and in light of these price reductions, we would be able to cope with the load. We started on 1 April 2010 to provide antiretroviral treatment to pregnant women with CD4 counts of 350 or less to enhance maternal survival. ART is also being provided to people co-infected with TB and HIV at a CD4 count of 350 or less. All children born HIV positive are put on ARVs regardless of their CD4 count. This will increase the amount budgeted for significantly to reducing morbidity, disease progression and mortality associated with TB and HIV/AIDS. The 53.1% reduction in the cost of the total tender translates to a R4.7 billion saving. The percentage decrease in the cost of each item ranged from 4% to 81%.'

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