Correspondence

Antituberculosis programmes in India: The absence of a public health approach

We read with interest the articles on the DOTS programme in India¹ and the international standards of tuberculosis care.² However, we note with despair the complete absence of a public health approach to control and eradicate tuberculosis. There is evidence that rates of tuberculosis in the West dropped long before the introduction of antituberculosis medication.³ The provision of adequate housing, the reduction of overcrowding and improved nutrition were the reasons for winning this war in the western world. Sole reliance on the current curative approaches to problems which require long term public health solutions will prove ineffective with the unchecked spread of infection.⁴ Unfortunately, Indian and international authorities view the problem of tuberculosis only through the 'medical lens' and consequently recommend medical solutions. They fail to acknowledge or appreciate that the West had markedly reduced the incidence and prevalence of tuberculosis, prior to the HIV/AIDS era, solely by employing a public health approach to the problem.

The current antibiotic era, the illusions of curative medicine and the medicalization of public health have changed the context and framework through which tuberculosis is viewed today. The advocacy of urgency-driven curative medical solutions instead of long term public health policies, mistaking primary care for public health, and reducing public health to a biomedical perspective are some major errors of the public health movement in the developing world.⁵

While medical treatment with antituberculosis medication is mandatory, the neglect of a public health approach will result in the continued spread of the infection. Combating the prevalent stigma attached to tuberculosis and educating the public by employing the mass media is crucial in this endeavour. High school students should be taught about symptoms, seeking of medical help early for persistent symptoms, and the prevention of tuberculosis and other diseases of public health importance. The provision of adequate nutrition and housing should become national priorities. Meeting basic human needs (water, sanitation, housing, nutrition, education and employment) will necessarily have to be part of the solution if the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶ The western world, which seems to dictate and drive the crusade on tuberculosis in particular and health for all in general have to be won.⁶

The number of authors in articles published in three general medical journals

The number of authors in some general medical journals seems to be rising with the passage of time. The International Committee of Medical Journal Editors (ICMJE) recommends that 'authorship credit should be based on: (i) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; (ii) drafting the article or revising it critically for important intellectual content; and (iii) final approval of the version to be published'. Each author must meet all 3 conditions. It is difficult, if not impossible, for journals to ensure that each author of an article satisfies the ICMJE authorship criteria first laid down in 1985¹ and revised in 1997.² Some studies have shown that the average number of authors per article in biomedical articles is gradually increasing,³ whereas others have not been able to confirm this.⁴ We, therefore, evaluated the number of authors per article in 3 selected prominent general medical journals over the past 3 decades. We selected the time-points before and after the availability of the ICMJE guidelines so as to assess the impact of the ICMJE criteria, if any, on the number of authors per article.

All articles published in The New England Journal of Medicine (NEJM), Journal of the American Medical Association (JAMA) and The Lancet in 1974, 1984, 1994 and 2004 were searched using PubMed. These years were selected so as to obtain 2 sets of data each before and after the ICMJE guidelines for authorship of 1985 were introduced. We excluded editorials, letters to the editors, comments, book reviews, news items, historical articles, obituaries, etc. from our final analysis. A total of 20 967 articles were obtained, of which 14 880 were excluded. The number of authors on the remaining 6087 articles were then counted. In case of any doubt regarding the entries in the PubMed database, we referred to the print versions of these journals. We then calculated the average number of authors per article for each journal for each of the selected years.

Our study (Table I) shows that there has been a progressive rise with time in the number of authors per article in these 3 journals. The increase was 1.7 times from 1974 to 2004 for the NEJM and The Lancet and 2.9 times for JAMA. For all the 3 journals, the rate of rise in the average number of authors per article during 1974–84 and 1994–2004 was more than that during 1984–94.

Our study shows that the average number of authors per article in these general medical journals has been increasing gradually over the past 3 decades. Our findings are in agreement with other previous studies.³⁻⁵ However, we assessed the average number of authors per article over a longer period of time and have found a similar trend. Interestingly, the rate of increase in the number of authors per article

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was more during 1974–84 and 1994–2004 compared with 1984–94. It is possible that the ICMJE guidelines first introduced in 1985 were responsible for this slowing down of the rise in number of authors per article during 1984–94. However, this effect was not sustained and in fact showed a sharp rise in the next decade leading up to 2004.

A number of other reasons could be responsible for this rising trend in the number of authors per article such as an increasing trend towards collaboration among researchers in multiple disciplines, an increase in the number of multicentre studies and also the complex nature of research studies. However, one study showed that for the journals Cell and Nature, there was no increase in the number of authors with time. This may indicate that the problem of increase in the number of authors is more in general medical journals. Poor adherence to the ICMJE criteria by authors may be another reason for this trend. Bates et al. found that the contributions of a high proportion of authors, as disclosed to the journals at the time of submission of the study, did not meet the ICMJE criteria to justify authorship. Hence, editors need to be more vigilant to ensure that the ICMJE authorship criteria are satisfied. Similarly, gift authorship may also play a role in the rise in the number of authors per article. Previous studies have shown that gift authorship is a problem in biomedical literature.

Undue emphasis on numbers rather than quality of publications is partly to blame for authors using unethical means to get their names in print. There is a need to establish a system where innovative, meticulous and hard working researchers are given due credit, while manipulative and undeserving ones are discouraged—a system where authors are judged on the merit of their articles and not on the numbers.

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Diabetes, obesity and soft drinks
Over the past 2 decades, various changes in lifestyle have brought about an alarming increase in the prevalence of overweight, obesity and type 2 diabetes all over the world. India is no exception; it has a population of 35 million persons with diabetes and, according to WHO estimates, this figure will climb to 73.5 million by 2025. Several studies have found an association between consumption of soft drinks and increased incidence of obesity and diabetes in adults as well as children. The prospective cohort analyses conducted from 1991 to 1999 among women in the Nurses' Health Study II also brought out an association between higher consumption of sugar-sweetened beverages, weight gain and an increased risk for development of type 2 diabetes. To cut down on the cost of production, soft drinks contain high fructose corn syrup (HFCS) instead of the regular sucrose. HFCS is rapidly converted into glucose in the body and results in a sudden rise in blood glucose and a burst release of insulin. Over time, frequent spikes of insulin can give rise to insulin resistance and type 2 diabetes mellitus.

Though soft drinks give plenty of calories to consumers, these neither have any nutritional value nor do they satisfy hunger. Thus, most consumers of soft drinks do not cut down on their normal calorie consumption and thus end up becoming obese. The 'diet' soft drinks are no better. Though there is little evidence to support that diet soft drinks lead to obesity and diabetes, yet chemicals such as aspartame, saccharin, sucralose, acesulfame potassium that are used as sweeteners have been alleged to be carcinogenic.
The increased prevalence of diabetes in India can be largely attributed to changes in lifestyle and an increasing preference for a western diet. The consumption of soft drinks has also increased at an alarming rate in India. The partial or complete ban imposed by some Indian states in view of the allegation of the presence of pesticides in soft drinks has the potential for leading to a major indirect beneficial effect on obesity and diabetes in the Indian population. However, the appeal of the concerned multinational companies to other state governments to lift the ban following the recent verdict given by the High Court quashing the ban on soft drinks imposed by the Kerala Government and their remarks that they will make all possible efforts to make soft drinks available in every corner of Kerala state spoil all the beneficial effects that the ban could have brought about.\textsuperscript{5}

Considering the adverse health effects of soft drinks, more state governments should join hands in the crusade against soft drinks to safeguard the health of the people. The Central and State governments together with healthcare professionals should educate people about the harmful effects of soft drinks rather than thwarting the good initiatives being taken by a few states.

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Better mental health scores in Indian patients with rheumatoid arthritis: What lies beneath?

I read with interest the article by Aggarwal et al. in the July/August 2006 issue of the Journal.\textsuperscript{1} The authors have shown a significant effect of rheumatoid arthritis (RA) on quality of life (QOL). They observed that the physical domains are affected more than the social and mental health domains as was observed in 2 other studies reported from India.\textsuperscript{23} Aggarwal et al. concluded that this was probably due to good family support systems in India.

Similar results with higher scores in the social and mental health domains of QOL have been observed in studies from developed countries with good social support systems provided by the government.\textsuperscript{4} Good scores in these domains among patients with RA in India could mean that family support makes up for the lack of social support establishments. However, other schools of thought do exist.

Normal controls have also been shown to score higher in the social and mental health domains.\textsuperscript{5} The social relationship domain in WHQOL-brief (the short form of the QOL instrument from WHO) contains only 3 questions and has been considered less responsive to change than other domains.\textsuperscript{6} This could explain the higher scores in the study from India using this instrument.\textsuperscript{2} A similar reason was considered during the validation study of the brief form of an RA-specific QOL instrument, the Cedar-Sinai health related quality of life in RA (CShQ-RA). The CShQ-RA has only 3 questions in the emotional well-being domain. Scores in this domain had low correlation with the mental component summary of SF-36 scores.\textsuperscript{7}

The mental health, social and environmental domains in different QOL instruments contain questions pertaining to intimate family relationships including sexual activity. Patients may not be forthcoming in revealing problems pertaining to these questions, which could be another reason patients and normal controls score higher in these domains. Despite having disabling diseases, patients can maintain relatively better QOL through adaptive cognitive and behavioural mechanisms.\textsuperscript{8} Over time, cognitive reconstruction results in a change of patients' attitudes to their disease. They accept the disease better, resulting in a higher QOL. The physical function domain may be relatively less amenable to this reconstruction while patients may get adjusted to the concepts of emotional or social and environmental domains. As a result, patients may continue to score poorly in the physical function domain while their scores in other domains improve. If so, patients with early arthritis would show a significant effect on all domains and not show the differential poorer scores in the physical health domain alone. This is indeed the case as is evident from the few studies available on QOL in early RA.\textsuperscript{8,9}

Larger studies are needed in patients with RA in different stages to assess the effect of duration of disease on QOL.

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Author’s reply

We do agree that the major reason for better mental scores is the support system, be it a government-funded social support system or
a family support system. We have used SF-36, an instrument with multiple questions to assess mental health, and not WHO-QOL-bref or CSHQ-RA which have only 3 questions. SF-36 is an instrument that is responsive to change. However, we have not done a longitudinal study to assess this aspect.¹

The fact that patients may not be forthcoming with their feelings was clearly stated by us in the discussion as 'Another reason could be a reluctance to express their feelings, which can also explain the narrow dispersion in mental health, vitality and general health scores'.²

We agree that a coping mechanism can improve mental health but will have less impact on physical health. Since the average disease duration in our study was 5.6 years and there was no correlation between the duration of the disease and summary mental scores (r=0.08), it is possible that our study population had already developed a coping mechanism to the disease and thus had better mental score summary.

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