Stroke prevention opportunities are being lost, study shows

Major opportunities for preventing stroke are being missed, and services need reorganising to prevent unnecessary deaths, according to one of the largest audit of stroke prevention carried out in the United Kingdom.

Six months after their stroke a high proportion of patients were without appropriate treatment or had risk factors that were uncontrolled, say the authors of the study, in *Age and Ageing* (2004;33:280-6).

In their study of the secondary treatment of stroke, the authors, from the clinical effectiveness and evaluation unit of the Royal College of Physicians, analysed data provided by 235 hospitals on 40 consecutive patients admitted for stroke. Each year around 130 000 cases of stroke occur in the United Kingdom, and between 10% and 15% of these patients will have a recurrence within one year and 30% within five years.

The results show that 24% of patients with previous cerebrovascular disease were not taking antithrombotic drugs at the time of their admission and that almost one in 10 patients for whom treatment would be appropriate were not taking antithrombotics at discharge.

Roger Dobson *Abergavenny*

China to offer free HIV testing and treatment

The Chinese government is to offer free HIV tests and treatments to those who cannot afford to pay. The policy includes free antiretroviral drugs, testing, prevention of mother to child transmission, and schooling of orphans.

Joel Rehnstrom, country coordinator of UNAIDS China, said he was "very encouraged by the commitment of central government in China to provide free testing and treatment."

He added, however, that there would no doubt be setbacks: "I believe it will be an enormous challenge to provide free testing and treatment across China. My sense is that every country in the world should probably have woken up earlier to HIV/AIDS. China is no exception."

UNAIDS (the Joint United Nations Programme on HIV/AIDS) has been involved with the scheme, including the development of guidelines for testing, voluntary counselling, and antiretroviral treatment.

Nadeeja Koralage *London*

Much health care in rural India comes from unqualified practitioners

Public and private healthcare facilities that purport to serve poor people in rural parts of India are increasingly catching the attention of researchers. A survey conducted by US researchers in Udaipur, Rajasthan, now provides hard data showing the nature of the availability of health care in rural India.

The researchers, Dr Abhijit Banerjee and Dr Esther Duflo from the Massachusetts Institute of Technology and Dr Angus Deaton from Princeton University, all working under the aegis of the institute's Poverty Action Lab, found widespread symptoms of disease among the people surveyed.

Given the state of the public facilities, the main sources of health care are private practitioners and traditional faith healers (bhopas). However, such practitioners are largely untrained and unregulated, said Dr Banerjee. His team found that 41% of those in the private sector who called themselves doctors said they had no medical degree, 18% had no medical or paramedical training at all, and 17% had not even graduated from high school. Only 4% of visits to private facilities led to a laboratory test for diagnosis.

Sanjay Kumar *New Delhi*

Health Care Delivery in Rajasthan and papers on the interventions are available at www.povertyactionlab.com/papers

US consumer group names "dirty dozen" dietary supplements

Janice Hopkins Tanne *New York*

Americans can easily buy 12 dangerous dietary supplements over the counter or from the internet, the latest (May) issue of *Consumer Reports* magazine says. At least five of these supplements are banned in Asia, Europe, or Canada.

Consumer Reports (accessible at www.consumerreports.org) is published by the non-profit Consumers Union, which tests products and services and aims to protect the public through information and advocacy.

The revelation came in the same week that a federal judge finally upheld the US Food and Drug Administration's ban on ephedra, the stimulant that has been linked to more than 100 deaths, including that of a major league baseball player.

Aristolochic acid is categorised as a carcinogen by the World Health Organization. Its inclusion in a Chinese herbal product for weight loss caused an outbreak of kidney failure and cancers of the kidney, ureter, and bladder in patients in Belgium (*New England Journal of Medicine* 2000;342:1686-92). *Consumer Report* investigators were able to purchase products labelled as containing aristolochia.

The "very likely hazardous" supplements on the list include comfrey, androstenedione, chaparral, germander, and kava. Supplements in the "likely hazardous" category include bitter orange, organ/glandular extracts, lobelia, pennyroyal oil, skullcap, and yohimbe. Products containing androstenedione, kava, and yohimbe supplements produced sales of $76m (£42m; €63m) in 2002 in the United States.

In March the administration wrote to manufacturers of androstenedione, saying that it considered the supplement unsafe and asking distributors to stop marketing it. "Andro," as it is known, is a precursor to sex hormones. Athletes use it instead of banned steroid hormones.

Last December the UK Medicines Control Agency linked kava to liver toxicity and said, "There is no evidence to support a safe dose of kava."

Supplements are not subject to the same regulations and safety checks as prescription drugs. Instead, to impose a ban the administration has to prove that a supplement is unsafe under the terms of the 1994 Dietary Supplement Health and Education Act.

Although supplement manufacturers can't claim that a product prevents or treats a disease or disorder, they can say their product affects structure or function or supports healthy function. Labels of supplementary medicines are supposed to list ingredients and their quantity, but labelling varies widely, and some ingredients have confusing and different names.

A national poll showed that customers mistakenly thought that supplements had been approved by a government agency, that products were required to carry warning labels about possible side effects, and that supplement makers could not make safety claims without scientific support. □

SUSAN WALSH/AP

Senator Joe Biden (left) shows "Andro," a precursor used by athletes instead of banned steroid hormones