European Commission proposes a European food authority

Rory Watson *Brussels*

An embarrassing series of food scandals in recent years has prompted Brussels policymakers to consider establishing an advisory European Food Authority by 2002. The proposal for an independent agency employing several hundred scientists was advanced last week by the European Commission, which believes its arrival will help to rebuild consumer confidence.

After a damaging series of

revelations, which included the fact that the French used sewage sludge in animal feed and Belgium's dioxin scandal last summer, the European Union's public health commissioner, David Byrne, has also announced more than 80 separate initiatives to close loopholes in existing legislation.

These measures will cover animal feed, animal health and welfare, contaminants and

residues, new food additives, flavourings, packaging, and irradiation. They will also include a general food law setting out the responsibility of operators at different stages of the food chain, and the importance of traceability, proper risk analysis, and application of the precautionary principle.

Politically, most attention will be focused on the proposed European Food Authority. Its role would be to assess all potential public health risks at any stage in the food chain. It would develop and manage food safety monitoring and surveillance programmes and operate a rapid alert system.

The authority would also have responsibility for ensuring close contacts and establishing a network with individual national food safety agencies. Such agencies already exist in France, Sweden, Greece, the Republic of Ireland, and the United Kingdom and are in the pipeline in Belgium, Portugal, and Spain.

The UK government has just appointed John Krebs, professor of zoology at the University of Oxford, as chairman of the UK Food Standards Agency, which is expected to begin work in the spring.

Professor John Krebs, the new chairman of the UK Food Standards Agency

NORMAN MCGHEE

Full story in News Extra at www.bmj.com

Mental health experts should offer training to GPs, report says

Oona Mashta *London*

Mental health services for elderly people in England and Wales are patchy and inconsistent, with wide variations in resources, according to a new report by the public health expenditure watchdog, the Audit Commission.

People aged over 65 with dementia or depression often fail to receive the help they need, owing to a lack of joint working between agencies, says the study. It claims that old people and their carers often miss out on mental health services because their initial call for help is usually to the GP, who often lacks the knowledge to assist effectively.

The study also found that many GPs felt ill prepared to deal with mental health problems in older people. Out of a survey of 1005 GPs, half had not received any specific training in managing dementia and did not use any specific tests or protocols to diagnose it. Only about half believed that it was important to look out actively for early signs of dementia and to make an early diagnosis.

Many others said they saw no point in looking for an incurable condition, even though carers could be helped by early advice. Three quarters, however, believed that their training was adequate to manage depression.

The report therefore recommends that specialist mental health professionals contact GPs, especially those making few referrals, and offer support and training.

Most of the resources for specialist mental health services go on hospital and residential care,

yet people prefer to be supported in their own homes, according to the report, which therefore calls on health agencies to shift more resources towards community based services.

In addition, people were much more likely to be admitted to hospital in areas where community services were inadequate and health and social services were not working effectively together.

The Audit Commission makes a raft of recommendations in a bid to spread good practices in mental health services. It calls for mental health professionals to provide more training and support to GPs and other primary care staff, who should be able to provide better information, support, and competent advice to users and carers. □

Forget Me Not—Mental Health Services for Older People is available from Audit Commission Publications (tel 0800 502030), price £20.

Non-compliance often the cause when AIDS drugs “fail”

Scott Gottlieb *New York*

A new study shows that for patients in whom antiretroviral treatment stops working soon after it is begun, resistance to the most potent drugs in the combination is usually not the problem, as previously believed.

The new study evolved out of larger tests of the drugs' effectiveness in which participants had been treated for three to six months with zidovudine, lamivudine, and indinavir; after the initial period the volunteers were switched to lower doses of one, two, or all three of the drugs.

In the new study, researchers focused on the participants from the earlier trials whose viral levels soon bounced back (*JAMA* 2000;283:205-11, 229-34). The evidence suggests that, though drug resistance remains a serious concern, many patients fare better when they can find a drug regimen that they can stick to.

Antiviral drug combinations successfully suppress HIV in 60% to 90% of patients. In the rest, however, the drugs do not work as they should. Researchers have long blamed the drug failures on the virus's ability to mutate and develop drug resistance.

In the latest study, lead author Dr Françoise Brun-Vézinet, director of the virology laboratory at Bichat-Claude Bernard Hospital in Paris, and colleagues examined 58 patients who experienced virological failure while taking one of three groups of drugs. The researchers assessed the patients on the basis of the presence of protease and reverse transcriptase gene mutations, plasma drug levels, degree of viral load rebound, and pill counting during drug induction and maintenance periods.

They found that during the maintenance phase, early and late virological failures seemed to be related more to problems of adherence and antiretroviral treatment potency, respectively, than to the selection of mutant strains resistant to the drug combinations. □