Health agencies end in-fighting on malaria

After months of angry disputes between different global health agencies about how best to reduce deaths from malaria in Africa, the disputing parties—Unicef, the World Health Organization, and Médecins Sans Frontières—came together in New York last week to present a united face and declare that artemisinin based combination therapy (ACT) must urgently be made available across Africa.

In a joint consensus statement, the three agencies—together with Columbia University's school of public health, which hosted the meeting—acknowledged that “expanding access to ACT is increasingly a matter of life and death for people at risk of malaria,” and they committed themselves to “discontinuing support for the use of ineffective medicines.”

ACT costs at least 10 times as much as the conventional, though largely ineffective, drugs that are used in most of Africa. There was unanimous agreement at the meeting that donors must cover the costs. (See p 1086.)

Gavin Yamey *BMJ*

The consensus statement is at www.accessmed-msf.org/documents/malaria-symposium-joint-statement.pdf

Patients with type 2 diabetes should take statins

Most patients with type 2 diabetes should take statins to help prevent heart disease, whether or not they have high cholesterol concentrations, new guidelines say.

The recommendations, from the American College of Physicians, call for moderate doses of statins for people with diabetes who are older than 55 and for younger patients who have any other risk factor for heart disease, such as high blood pressure or a history of smoking (*Annals of Internal Medicine* 2004;140:644-9). The guidelines

are based on the results of six studies of primary prevention and eight trials of secondary prevention in patients with diabetes.

“The evidence suggests that lipid-lowering medication leads to a 22% to 24% reduction in major cardiovascular events in patients with diabetes. On the basis of the current literature, statins are the agents of choice.”

Scott Gottlieb *New York*

Patients will be able to report drugs' side effects

Patients who suspect they have experienced side effects of drugs will be able to report direct to the Medicines and Healthcare Products Regulatory Agency, under new proposals for the “yellow card” notification scheme being considered by the Department of Health. Currently only doctors, dentists, coroners, pharmacists and nurses can submit reports.

It is hoped that giving patients direct access will increase reports received by the agency. Since the yellow card scheme started 40 years ago, there have been some 500 000 reports of drug reactions, but it is widely believed many side effects go unreported. Pilot schemes should be used to determine how patients should access the system and how information could be monitored, the *Independent Review of Access to the Yellow Card Scheme* recommended this week. The Department of Health has accepted the recommendation, but is to put other recommendations out to consultation.

One pilot scheme is currently under way in Beckenham, south London, but it has produced only 39 reports in a year.

Independent researchers should also have greater access to individual yellow cards, but only after assessment of their work by an independent scientific committee, which would judge whether the proposal was “scientifically robust,” the report recommends.

Keren Williams *London*

The report is available at www.mhra.gov.uk

Mentally ill offenders are being wrongly held in prisons

Paul Stephenson *London*

The government must act to ensure that courts divert mentally ill offenders away from custodial sentences or into appropriate hospital or other treatment facilities, to cope with the mental health crisis in prisons, ministers were told this week.

The call came at a conference in London on the mental health problems of male prisoners, held by the Prison Reform Trust and mental health charity Mind and addressed by the prisons minister, Paul Goggins, and the chief inspector of prisons, Ann Owers.

The conference heard how prison staff, who are not trained to be mental health professionals, struggle to cope with the high number of men with mental health problems.

Around two thirds of the more than 70 000 adult male prisoners in England and Wales have a diagnosis of a personality disorder and two fifths show symptoms of at least one neurotic disorder, such as depression, anxiety, and phobias, according to Mind. Among the general population less than a fifth of men are affected by these disorders.

Moreover, men in prison have a high rate of severe mental health problems such as schizophrenia or delusional disorders—nearly 10% compared with less than 1% of the general population.

Home Office officials have acknowledged that thousands of prisoners should be transferred immediately to secure psychiatric settings.

Mind's policy director, Sophie Corlett, said, “Unless you are very ill you just don't get anything. There is almost a continuum of non-care to some extent, because mental health care in the community is poor: when they [prisoners] are in prison it is not dealt with adequately, and when they come out the schemes are poor.”

The charities called on the NHS and the prison service to focus on early intervention and accessible and appropriate mental healthcare facilities. They also called for:

- An increase in the number of court diversion schemes across the country, so offenders who are acutely ill or at risk of suicide can be given hospital places or treatment
- Courts to be encouraged to use alternatives to custody for men with mental health problems who have committed minor offences
- The prison service to meet NHS standards, policies, protocols, and targets, particularly regarding staff
- An independent agency to monitor mental health provision in prisons.

Both charities acknowledged that moving responsibility for prison health from the Home Office to the Department of Health had improved things and that devolution down to the level of primary care trusts was likely to be beneficial.

Mr Goggins was expected to tell the conference, being held as the *BMJ* went to press, that the Home Office was already doing a lot of what had been called for. □

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