Heart disease in diabetic patients is undertreated

Patients with type 2 diabetes and symptoms of atherosclerotic disease were systematically undertreated with drugs known to be effective in reducing the risk of cardiovascular disease and mortality, "perhaps because of a 'glucose-centric' view of diabetes," according to a study published in the journal of the Canadian Medical Association (CMAJ) 2004;171:1189-92).

Most deaths among diabetic patients are caused by cardiovascular disease, yet the study, of data on 12 106 patients in Canada with type 2 diabetes (mean age 64 years, 55% men, mean follow up period of five years), showed that less than 25% received an antiplatelet drug or a statin and less than 50% received an angiotensin converting enzyme (ACE) inhibitor.

Although the diabetic patients with coronary artery disease were more likely to receive antiplatelet drugs, statins, or ACE inhibitors than the patients without the disease ($P<0.001$ for all drugs), overall use of these drugs was suboptimal (37%, 29%, and 60% respectively for each group of drugs among patients with symptomatic coronary artery disease).

David Spurgeon *Quebec*

Government will not bail out trusts in difficulty, minister says

NHS trusts in financial trouble will no longer be bailed out by the government, the health secretary, John Reid, told the parliamentary select committee on health last week.

Mr Reid said that "deficits would lie where they occur," unlike in previous times. "In the past we would take money from elsewhere, but that just means that somewhere else a patient has to wait longer in pain."

During the House of Commons Health Committee's inquiry into annual public

NHS agrees discount with Microsoft to save £330m on software over nine years

The NHS in England has agreed a discounted price with the computer company Microsoft for renewing its licence to use the company's desktop software, the health minister announced last week.

Under the new arrangement the NHS will be able to use up to 900 000 licences rather than the current 500 000, allowing the software to be used on more desktop and laptop computers at no extra cost. The licences will be held on a perpetual basis rather than being renewed annually. The arrangement will last for nine years, with break points at three year intervals to allow for renegotiation if unpredicted changes occur.

Announcing the agreement, the health minister John Hutton estimated that, compared with the cost if additional licences had had to be purchased, the deal would save £112m (\$210m; €160m) over the next three years and more than £330m over the length of the whole contract.

Susan Mayor *London*

For further information on the NHS national programme for IT see www.npfit.nhs.uk

expenditure he said that the way the government had handed out money to ailing trusts had "lacked rigour."

Mr Reid told the committee that trusts had a responsibility to run services for local people but that they also had to answer to the taxpayer. "Our approach is that we must not undermine or detract from the responsibility taken by local management," he said.

Kathryn Godfrey *London*

More surveillance of drugs is needed to protect public

Doctors need to take the risk of psychiatric side effects from prescription drugs more seriously—and to be prepared to listen to patients who report adverse reactions to treatment.

That was the message from a one day conference held in London last week by the charity the Adverse Psychiatric Reactions Information Link (APRIL). Many people in the conference audience had experienced adverse psychiatric reactions themselves or cared for someone who had. They reported negative responses from doctors, who dismissed their concerns as "imagined" and were reluctant to listen to them.

Charles Medawar, one of the authors of a controversial study of adverse reactions to antidepressants reported by the BBC's *Panorama* television programme in May 2003, emphasised the importance of surveillance of new drugs after they have been marketed. Currently, he said, the emphasis is on data from clinical trials conducted before drugs are licensed.

"The MHRA [Medicines and Healthcare Products Regulatory Agency] spends £9m [\$17m; €13m] on postmarketing surveillance," he said. "That is a pretty trivial investment."

By comparison the cost to the NHS of adverse drug reactions leading to hospitalisation was reported to be some £470m a year, he said.

Lynn Eaton *London*

More details of the conference are at www.april.org.uk

Bangladesh group has trained 30 000 community health workers

Three decades after its creation the Bangladesh Rural Advancement Committee (BRAC) has become one of the world's largest non-governmental development organisations. According to a review of its achievements by Dr Jon Rohde of the committee's own School of Public Health, its activities have helped to improve the health of millions of Bangladeshis.

The committee, set up in 1972, owes much of its success to an unswerving application of the philosophy of its founder, Fazle Hasan Abed, a sometime senior executive of Shell Oil. He believed that health had to be seen in the context of poverty, and that women were the key to overcoming poverty. The organisation committee tries to channel much of its help through them.

And from immunisation to vitamin supplementation to tuberculosis the system works. The committee has trained women in 13 million households to use oral rehydration treatment. The small loans it offers them to start local enterprises have a repayment rate of more than 99%.

The organisation has also trained 30 000 community health workers covering 70 million people living in 60 000 villages throughout Bangladesh.

Geoff Watts *London*

How and What BRAC Learns in Health by Jon Eliot Rohde will soon be available on BRAC's website, www.brac.net