Number of overweight women in developing countries is increasing

Roger Dobson *Abergavenny*

Most developing countries now have more overweight than underweight women. Numbers of overweight women are increasing at an alarming rate, a new report based on data for women younger than 50 in 36 developing countries has found (*American Journal of Clinical Nutrition* 2005;81:714-21).

In 10 countries, more than half of the women living in urban areas are overweight (body mass index of 25 or more), according to the report. In 18 of the countries, more than a fifth of rural women were also overweight.

"The prevalence of overweight among young women in the developing world has reached an alarming state," warned the authors, from the University of North Carolina and Brazil's São Paulo University. They said that there has been a popular belief that overweight is less prevalent than undernutrition in the developing world.

The authors used nationally representative data collected between 1992 and 2000 in 36 developing countries to

investigate the prevalence and distribution of underweight and overweight among women. They also looked at gross national income figures for each of the countries.

The prevalence of overweight among urban women ranged from 10.3% to 69.9% (median 32.4%). Prevalence was greater than 20% in 33 countries and greater than 50% in 10. Prevalence of rural overweight ranged from 3.6% to 65.6% (median 19.4%).

An exception to the common pattern of undernutrition was India, where a high prevalence persists (23.1% of urban and 48.2% of rural women). Underweight in the other countries in the sample ranged from 0.7% to 16.5% (median 5.9%) in urban and from 0.6% to 21.5% (median 9.3%) in rural areas.

The authors found that two indicators of the socioeconomic environment in each country, gross national income and urbanisation, were positively linked with the prevalence of overweight.

They say that the overall level of urbanisation was related to

overweight as strongly in rural women as in urban women: "We hypothesize that the proportion of the population residing in urban areas may serve as an indicator of rural development. In these countries, residents of areas officially

designated as rural may have access to infrastructure and services that facilitate the more urbanised lifestyles that may increase risk of obesity, such as access to energy-dense foods and motorised transportation," they say. □

FDA accepts weakened antidepressant warning

Jeanne Lenzer *New York*

New "black box" warnings will appear this month in the United States on antidepressant labels about the risk of increased suicidality among children using the drugs. The warnings initially advised by the US Food and Drug Administration, however, have been weakened by industry, say critics.

An FDA advisory panel that met last September (*BMJ* 2004;329:702) urged the FDA to demand the new black box warnings. The FDA issued a labelling recommendation in October that read "Antidepressants increase the risk of sui-

dal thinking and behaviour (suicidality) in children and adolescents with major depressive disorder (MDD) and other psychiatric disorders."

The revised text reads "Antidepressants increased the risk of suicidal thinking and behaviour (suicidality) in short-term studies in children and adolescents with major depressive disorder (MDD) and other psychiatric disorders."

The FDA also deleted a sentence in the warnings section (separate from the black box) that read "A causal role for antidepressants in inducing suicidality has been established in paediatric patients." That sentence has been replaced with the new revised wording for the black box.

The labelling revisions came about through negotiations between the FDA and industry after the FDA issued its October labelling recommendation.

Responding to critics who

said that the FDA should not negotiate labelling changes with industry, FDA spokeswoman Christine Parker told the *BMJ*, "Although we obviously have influence over product labelling, especially at the time that new drugs or claims are being approved, labelling ultimately is the prerogative of sponsors [industry]."

"Of course, we do have recourse to charge that a product is misbranded and could potentially seize such products if a sponsor did not label it according to FDA's request. That rarely happens. Negotiation generally works, albeit sometimes not as rapidly as we would like."

The American Psychiatric Association welcomed the labelling changes. David Fassler, a child and adolescent psychiatrist and trustee of the association, was quoted in the association's newsletter, *Psychiatric News* of 4 March, saying, "This is clearly an important

change," adding that it will bring "the FDA warning closer to the actual science."

Darrel Regier, the association's director of research, however, was concerned that the warning still contained the word "suicidality." "We continue to be concerned about the use of the term 'suicidality,' which the public widely equates with risk for completed suicides," he said.

But Joseph Glenmullen, Harvard psychiatrist and author of the *The Antidepressant Solution*, said, "This is a very unfortunate weakening of the warning. Why would they negotiate with industry? Why isn't the FDA just sticking with what they thought was best for the public health and safety? And if they are going to negotiate with industry, why wouldn't they also negotiate with their advisory board, consumer advocates, and the congressman who held hearings on this warning, to be more balanced?" □