



WHO/TDR, L. Maurice

A cured leprosy patient from India's leprosy-endemic eastern seaboard with her child.

house," said Kumar. The campaign was effective and the prevalence rate plummeted.

The government is now in the second phase of the campaign funded by the World Bank, which ends in 2004. In this phase, leprosy treatment — which up till now has been the responsibility of a separate department — is being integrated with general health services. Personnel at public health centres have been trained to detect early signs of leprosy. General State, district and village health authorities are now being drawn into the programme. ■

Bishakha De Sarkar, *New Delhi*

US obesity grows 74% in a decade

A nationwide, randomized telephone survey by the US Centers for Disease Control and Prevention has shown a fat 5.6% growth in obesity in the United States in the single year 2001–02, and a massive 74% since 1991. Type two diabetes is following the same track (*Journal of the American Medical Association*, Vol. 289, 1 January 2003, p. 76-9).

The largest telephone poll on health ever conducted in the US reached nearly 200 000 individuals over 18 years old, outside institutions or the armed forces (where diet is effectively controlled). The "Behavioural Risk Factor Surveillance System" questioned people on their health and behaviour, including height and weight, and calculated their body mass index (BMI), which is weight

in kilograms divided by height in metres squared. Overweight is classed as a BMI of 25 to 29.9; "class two" obesity as 30 to 39.9, and "class three" obesity as 40 or over.

The prevalences represent over 20 million obese men and 30 million obese women. Extreme, class three obesity affects 1.7% of American men and 2.8% of American women, the study showed.

Some 21% — over one in five — American adults are obese, falling either into class two or three; 31% of blacks are obese, according to the study.

The prevalence of diabetes, which correlates with obesity, has risen 61% in the US since 1990, and 8% over 2000–01 alone, to nearly 8% of the population, and 11% among blacks. Among all colours, diabetes was present among 13% — one in eight — of those without high school education.

However "these rates are no doubt substantial underestimates" the authors write. Smaller validation studies where weights and heights were actually measured showed people tend to overestimate their height, and underestimate their weight, the researchers say. The overall proportion of Americans who are obese could be as high as 30%, not 21%, they say.

Previous studies by the same team showed that under 20% of American adults who were trying to lose weight were following recommendations to eat fewer calories and increase physical activity to at least 150 minutes a week. ■

Robert Walgate, *Bulletin*

Antiretroviral misuse in Mumbai, India

Many patients who have tested HIV-positive in Mumbai are consuming antiretrovirals (ARVs) in fits and starts because of their unstable financial circumstances. The warning comes from the Indian community-based organization Sankalp and the Committed Communities Development Trust. For lack of reliable counselling, patients are unaware that once started, ARV treatment has to be lifelong and without a break.

Patients are also not briefed about the hidden costs of therapy, such as the need for regular, and expensive, laboratory tests, or the possibility of severe side-effects.

AIDS specialist Nagesh Shirgopkar says there is a strong case for use

of ARVs amongst patients whose CD4 cell count, a measure of immune status, falls below 225. Patients with such conditions have experienced a life-saving reversal of symptoms when properly treated with ARVs, but treatment involves care and knowledge as well as medicines.

This advice is being undermined by the expanding interests of pharmaceutical companies and private doctors in Mumbai. According to a senior doctor, patients are being directly approached by medical representatives of drugs firms and persuaded to start ARV courses. Apart from violating the patients' right to confidentiality, this often puts them on therapy when they don't need it, and no monitoring is done, he said.

AIDS drugs companies appear to be racing to expand their Indian markets. Given the current haphazard prescribing and consumption practices with AIDS drugs, many doctors — not just quacks — are experimenting with their own dosage and drug combinations. These factors could lead to HIV developing drug resistance. If that happens, the Indian government will face the enormous problem of how to help those who have already started on the therapy. The majority of AIDS patients in India come from the poorer strata of society, who are the most exposed to haphazard and sporadic therapy.

The rush to market ARVs and the chaotic treatment of AIDS patients was also underlined by government officials at a recent workshop in Mumbai, where they complained of a "mania for HIV testing" by doctors, in both the private and the public sector. Official policy in public hospitals in Mumbai does not encourage HIV testing unless there are clinical symptoms warranting suspicion of AIDS. But private hospitals insist on compulsory HIV testing before patient admission, even if they have no clinical symptoms of AIDS. Nongovernmental organizations have pointed out that an HIV-positive "certificate", in the absence of proper counselling and on the basis of a single ELISA test, is seen as a death sentence by the patient and his family, and this view is endorsed by an ignorant medical profession.

While India's National AIDS Control Organization (NACO) stipulates a minimum of three ELISA tests before a person can be confirmed to be HIV-positive, most patients cannot afford three tests. ■

Rupa Chinai, *Mumbai*