

## Women not getting bone treatment

Women who have had a fracture are not getting treatment to prevent them having future bone breaks, a Cambridge University study suggests.

An audit covering 1,600 women presenting to a specialist clinic with a fracture showed that 31% had suffered a previous break.

Yet only 28% had been put on recommended bone-protective drugs.

A GPs' leader said more could be done to find women at risk, but side-effects stopped some patients taking the drugs.

Normal ageing can lead to osteoporosis, a condition in which bones become fragile and break easily. The fractures are most common in bones of the spine, wrists and hips.

Women are more at risk after the menopause because they lose oestrogen which protects bones from damage.

Current guidelines from the National Institute of Health and Clinical Excellence say that women over the age of 75 who have had a fracture should automatically be offered preventive treatment with drugs such as bisphosphonates.

Because of the high risk of future fracture after a break, postmenopausal women under the age of 75 are supposed to have a bone density scan before being offered treatment if necessary.

Some experts argue that the guidelines do not go far enough, and more women with signs of bone-weakening should be offered protective therapy.

In the latest analysis, 526 of 1641 postmenopausal women attending a fracture clinic had previously had a bone break, the QJM journal reported.

Overall, 27% of those were taking a bisphosphonate or other treatment such as calcium or vitamin D supplements. Among the over-75s, only 45% were receiving bone protective therapy.

The study leader, Professor Julia Compston, said some areas of England may be better than others but the low levels of treatment found in the study were "broadly applicable" to the rest of the country.

She said reasons for lack of treatment included poor recording of fractures in patient notes; absence of incentives for GPs to treat osteoporosis, unlike many other chronic conditions; and the fact that patients "get lost" between hospitals and GPs because of poor communication.

"Someone needs to take responsibility for deciding whether a patient should be treated and there are a lot of processes that can fall down.

(Source: BBC)

# Depression link to processed food

Eating a diet high in processed food increases the risk of depression, research suggests.

What is more, people who ate plenty of vegetables, fruit and fish actually had a lower risk of depression, the University College London team found.

Data on diet among 3,500 middle-aged civil servants was compared with depression five years later, the British Journal of Psychiatry reported.

The team said the study was the first to look at the UK diet and depression.

They split the participants into two types of diet - those who ate a diet largely based on whole foods, which includes lots of fruit, vegetables and fish, and those who ate a mainly processed food diet, such as sweetened desserts, fried food, processed meat, refined grains and high-fat dairy products.

After accounting for factors such as gender, age, education, physical activity, smoking habits and chronic diseases, they found a significant difference in future depression risk with the different diets.

Those who ate the most whole foods had a 26% lower risk of future depression than those who ate the least whole foods.

By contrast people with a diet high in processed food had a 58% higher risk of depression than those who ate very few processed foods.

Although the researchers cannot totally rule out the possibility that people with depression may eat a less healthy diet they believe it is unlikely to be the reason for the findings because there was no association with diet and previous diagnosis of depression.

Study author Dr. Archana Singh-Manoux pointed out there is a chance the finding could be explained by a



lifestyle factor they had not accounted for.

"There was a paper showing a Mediterranean diet was associated with a lower risk of depression but the problem with that is if you live in Britain the likelihood of you eating a Mediterranean diet is not very high.

"So we wanted to look at it differently at the link between diet and mental health."

It is not yet clear why some foods may protect against or increase the risk of depression but scientists think there may be a link with inflammation as with conditions such as heart disease.

Dr. Andrew McCulloch, chief executive of the Mental Health Foundation, said: "This study adds to an existing body of solid research that shows the strong links between what we eat and our mental health.

"Major studies like this are crucial because they hold the key to us better understanding mental illness."

He added people's diets were becoming increasingly unhealthy.

"The UK population is consuming less nutritious, fresh produce and more saturated fats and sugars.

"We are particularly concerned about those who cannot access fresh produce easily or live in areas where there are a high number of fast food restaurants and takeaways."

Margaret Edwards, head of strategy at the mental health charity SANE, said: "Physical and mental health are closely related, so we should not be too surprised by these results, but we hope there will be further research which may help us to understand more fully the relationship between diet and mental health."

(Source: BBC)

## Updated map of human genome to help fight against disease

PARIS (AFP) — Scientists published the best-ever map of key variations across the human genome, an exploit aimed at honing the fight against inherited disease and gaining insights into our species' odyssey.

The map focuses on so-called copy number variations, or CNVs — segments in the genetic code that may be deleted or copied.

Such changes, it is thought, can provide clues about a range of diseases and about human evolution.

The research, released by the British science journal Nature, entailed scanning and comparing the genome of 450 people of European, African or East Asian descent.

The results show that any two genomes differ by more than 1,000 CNVs, or around 0.8 percent of a person's DNA code. Most of these CNVs are deletions and only a small number are duplications.

"The study is more than 10 times as powerful as our first map, published three years ago and much more detailed than any other," said one of the project's leaders, Matt Hurles with Britain's Wellcome Trust Sanger Institute.

The team caution, though, that so far the map has yet to yield secrets about susceptibility to complex, multi-gene diseases such as heart disease or diabetes. Even so, some intriguing nuggets have been unearthed about genomic basics.

One is that we have 75 "jumping genes" — regions of the genetic code that can be found in more than one location in some individuals.

Another is that more than 250 genes can lose one of the two copies that we have in our chromosomes and yet not inflict any obvious ill consequences for health.

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