MALARIA DRUG SHORTAGE LEADS TO BETTER SOLUTIONS VS EBOLA

MIAMI: As doctors struggled to treat growing numbers of patients during the Ebola crisis in West Africa, the shortage of one helpful drug may have led to the discovery of a better one. The results of a study published Wednesday in the New England Journal of Medicine show that patients given an anti-malarial drug called artemether-lumefantrine (AL) had a 31 percent lower risk of dying than those given the standard treatment for the mosquito-borne disease.

The study came about when a treatment center run by Doctors Without Borders in Foya, Liberia, ran out of its supply of artemether-lumefantrine (AL) after a sudden spike in admissions to the center in August 2014, said the report. Suddenly, 100 cases of confirmed Ebola virus were being admitted each week to what had started as a 10-bed isolation unit in a former refugee transit center. The substitute drug, artesunate-amodiaquine, was prescribed for all patients with suspected Ebola virus disease who were admitted to the treatment center for a period of 12 days, “with no other known systematic changes in care,” said the report. Anti-malaria medicines are routinely given to suspected Ebola patients because the symptoms of the two illnesses— including fever, headaches and joint pain—often overlap.

Once the Ebola epidemic finally ebbed, to October 2014 — whose outcomes they could compare and analyze. Some had taken the standard treatment AL, others had taken ASAQ. They found that 64.4 percent of the patients in the artemether-lumefantrine group died, compared to 50.7 percent of the patients in the artesunate-amodiaquine group.

The study had some limitations, including that records did not contain information about whether the patients completed their regimen of medication or not. Also, since the pills are taken orally, some severely ill patients may not have been able to ingest them due to vomiting. Researchers still do not understand what may make ASAQ more effective at saving lives, or if perhaps the standard drug AL is simply more risky, or more prone to causing death.

“Given the particular context of this study, we must remain cautious about drawing broad conclusions,” said co-author Izzi Ciglenecki. “To date, however, ASAQ appears to be a promising path towards an effective treatment. Further preclinical and clinical studies to confirm the effect of ASAQ in reducing the Ebola mortality are urgently needed.” More than 11,000 people died during the West African Ebola epidemic, which lasted almost two years. — AFP

CONAKRY, Guinea: In this March 7, 2015 file photo, a health worker injects a man in his arm with an Ebola vaccine. — AP

REDUCING SUGARY DRINKS CUTS ONLY A FEW CALORIES

LONDON: Studies from Britain and Mexico suggest reducing sugar in sweetened drinks or taxing it more to cut consumption can help people limit their calorie intake and lower their risk of developing diabetes, but not by much. Two separate pieces of research published on Thursday in the British Medical Journal and The Lancet Diabetes & Endocrinology journal found that either approach can lead to a drop in calories of between about 16 and 39 a day.

The British parliament’s Health Committee called last November for tough measures including a tax on sugary drinks to fight child obesity, but a spokesman for Prime Minister David Cameron said he did not agree and would propose other measures. Graham MacGregor, who led the UK study as professor of cardiovascular medicine and chairman of the Action on Sugar campaign group, said the positive impact of calorie reduction could be dramatic across a large population over several years, even if its effect was not strong on an individual level.

A gradual reduction in drinks’ sugar content over five years without replacing it with artificial sweeteners — is the best approach, he suggested. “Our study shows this strategy could have a profound impact on reducing energy intake from sugar-sweetened beverages and could therefore lower the risk of obesity and type 2 diabetes in the long term,” he said in a statement about the findings.

His team’s research used predictive modeling to assess the potential impact of a 40 percent reduction in free sugars added to drinks over five years in Britain. The results showed this would lead to an average drop in energy intake of 38.4 calories a day by the end of the fifth year, leading to an average reduction in body weight of 1.2 kilograms in adults.

This, the study found, would result in some 500,000 fewer adults being overweight and a million fewer being obese — which in turn would prevent between 274,000 and 309,000 obesity-related type 2 diabetes cases over the next two decades.

“Purely theoretical”

Stephen O’Rahilly, who is director of the metabolic research laboratories at the University of Cambridge and was not directly involved in either study, said it would be hard to argue with the broad conclusions of MacGregor’s work. It was nevertheless “a purely theoretical study”, he added. “There are many assumptions made which reduce confidence in the statements regarding the precise extent of the health benefit.” In the second study in Mexico, researchers analyzed the actual effect of a 10 percent tax on sugar-sweetened drinks introduced in January 2014. They found it was associated with a 12 percent reduction in sales of taxed drinks and a 4 percent increase in purchases of untaxed drinks a year after it was implemented. — Reuters