all shortest in the group treated via the intrathecal route.

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Depression and anxiety in developing countries

We feel that Dan Stein and Oye Gureje (July 17, p 233)[1] disregard an important factor that contributes to stress and depression in developing countries. As well as manmade traumas, discussed in their Comment, natural disasters are a major cause of the rise in diagnoses of post-traumatic stress disorder (PTSD) and depression in developing countries.

Natural disasters can be severe, cause mass destruction, and affect millions of people, placing a strain on the depleted mental health resources of developing nations.[2] We believe the main health-care problem of the 21st century as far as the developing world is concerned will be trauma and, specifically, PTSD. PTSD is comorbid with depression, thus raised degrees of stress will lead to depression and other mental illnesses.

Stein and Gureje also mention the warnings from sociologists and philosophers about overmedicalisation of depression and anxiety. Contrary to philosophers and sociologists who do not see patients with PTSD and depression on a regular basis, we consider these individuals clinically ill, and believe they should receive drugs if they will help to improve their condition. Indeed, medication is sometimes the only way to help these individuals.

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Obesity epidemic

The obesity epidemic poses a public-health challenge (July 10, p 140).[1] Obesity has a more pronounced effect on morbidity than on mortality, and an increase in its prevalence will have an important effect on the global incidence of cardiovascular disease, type 2 diabetes mellitus, cancer, osteoarthritis, work disability, and sleep apnoea. A 1% increase in the prevalence of obesity in such countries as India and China leads to 20 million additional cases.[2] The state of childhood obesity in the USA, Canada, and many other countries worldwide has reached epidemic proportions; the Canadian prevalence tripled between 1981 and 1996.[3]

To stop the worldwide obesity epidemic, diets are undoubtedly not the answer. Instead, a focus on healthy active living within families, schools, communities, and at all levels of government should be adopted. Healthy food choices should be promoted.[4]

Malnutrition is often portrayed as a condition of poverty, and obesity as a condition associated with good times and affluence. As such, in poor nations on a path to successful economic development, policies to counteract the trend towards increasing affluence and corresponding obesity-related problems need to be put in place.

Physical activity support programme delivery plans should be promoted systematically emphasising high recall among target-groups. Additionally, governmental and non-governmental organisations and fast-food industries should join forces to ensure a safe and healthy environment for the global population. Environmental and policy approaches—eg, by-laws, subsidies—could help to address inequities in opportunities and support programme development where people work, live, and play.[5]

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