conducted to document the data on this aspect. A total of 206 consecutive subjects attending a Geriatric clinic of the out patient department of a tertiary care hospital in Delhi (All India Institute of Medical Sciences) were enrolled. The informed consent of the subjects to participate in the study was taken. A pretested semistructured questionnaire was administered to all the subjects to elicit information on their socio demographic profile, dietary pattern and anthropometry. Dietary consumption pattern was assessed using the food frequency methodology. Detailed anthropometric measurements were conducted of weight and standing height by utilising standard methodology. The mean age of the study subjects was 68.5 years. Majority (62.6%) of the subjects were males and belonged to upper lower and upper middle socio- economic status. The distribution of subjects according to their Body mass index is depicted in Table 1. It was found that 34% of men and 40.3% of women were overweight and obese, respectively. In the present study we found that there was a high consumption of foods rich in dietary fiber like green leafy vegetables, other vegetables and roots and tubers. However, the consumption of costly protective foods like milk, milk products and fruits was nil or occasional in 30% of the elderly subjects. The results of the present study revealed that overweight and obesity highlight an emerging health problem amongst elderly in Delhi. The prevalence of obesity was higher in females as compared to males. A community based study conducted amongst elderly subjects in urban slums of Delhi reported a lower prevalence of overweight and obesity than our study. This could be possibly due to the poor socio economic status of subjects included in this study. The results of the present study indicate a need to undertake multicentric studies with larger sample size to assess the prevalence of overweight and obesity amongst the elderly in India, so that appropriate interventional strategies can be developed during the adult life.

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REFERENCES

**Table 1:** Distribution of study subjects according to their Body Mass Index (n=206)

<table>
<thead>
<tr>
<th>BMI (kg/m²)</th>
<th>Males (n=206)</th>
<th>Females (n=77)</th>
<th>Total (n=129)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18.5</td>
<td>19 (14.7)</td>
<td>9 (11.7)</td>
<td>28 (13.6)</td>
</tr>
<tr>
<td>18.5-25.0</td>
<td>66 (51.2)</td>
<td>37 (48.0)</td>
<td>103 (50.0)</td>
</tr>
<tr>
<td>25.1-29.9</td>
<td>37 (28.7)</td>
<td>18 (23.4)</td>
<td>55 (26.7)</td>
</tr>
<tr>
<td>≥30.0</td>
<td>7 (5.4)</td>
<td>13 (16.9)</td>
<td>20 (9.7)</td>
</tr>
</tbody>
</table>

Figures in parenthesis denote percentages

**LETTER TO EDITOR**

**EFFECT OF UDAD DAL AND IRON SYRUP ON GROWTH AND HEMOGLOBIN LEVEL IN RURAL SCHOOL CHILDREN**

Sir

Iron deficiency (ID) is widely prevalent all over the world, especially in developing countries. Socio-economic deprivation contributes significantly to this high prevalence. In children, this deprivation leads to poor growth and development, besides anemia. Protein and iron supplementation should improve the situation. However, Maharashtra government provides only rice to primary school children under “Nutritious Food Scheme”; this does not provide sufficient proteins and iron. Therefore, Vasava-Datta Foundation, which runs dispensaries in five villages in Kalyan Taluka, decided to supplement this by additional supply of Udad Dal (to be mixed with rice for preparing ‘khichadi’) and also supply iron syrup, to the school children.

Eighteen students from Ane Village Primary School in Kalyan Taluka were taken up for study after obtaining informed consent from the parents. Students were 6-10 years in age. Ten were female and eight were male. Their height and weight were recorded and hemoglobin and stools were examined. After these base line studies, students received daily dietary supplement (khichadi) and iron syrup (15 mg elemental iron), six days in a week for a period of 6 months. Those with helminthiasis (2 students) received mebendazole for 3 days and those with amoebiasis (five students) received metronidazole for 10 days before starting the supplementation. At the end of six months, height, weight and hemoglobin were assessed.

Basal (Mean) height, weight and hemoglobin were 116.1 cm, 17.0 kg and 11.3 g/dl respectively. After six months of supplementation mean height, weight and hemoglobin increased to 118.3 cms, 19.8 kg and 12.1 g/dl respectively. Using paired t test, increase in height, weight and hemoglobin were highly significant (P < 0.001)

Socioeconomic deprivation leads to nutritional deficiencies leading to impaired physical and mental growth, anemia and morbidity associated with that. This constitutes a major public health problem, especially in rural areas. Supplementation programme, which succeeds in reaching the target population, is sure to reverse the adverse effects of malnutrition as has been shown in the study. Besides objective improvement shown in the study, students had found improved physical and mental activity, which was also noted by the teachers.

**ACKNOWLEDGEMENTS**

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**REFERENCES**


DRUG RESISTANT TUBERCULOSIS LEVELS TEN TIMES HIGHER IN EASTERN EUROPE AND CENTRAL ASIA

GENEVA — Tuberculosis patients in parts of Eastern Europe and Central Asia are 10 times more likely to have multidrug-resistant TB (MDR-TB) than in the rest of the world, according to a World Health Organization (WHO) report into the deadly infectious disease. China, Ecuador, Israel and South Africa are also identified as key areas.

New data released today confirm geographical concentrations of TB drug resistance across the Commonwealth of Independent States. Six out of the top ten global hotspots are: Estonia, Kazakhstan, Latvia, Lithuania, parts of the Russian Federation and Uzbekistan, with drug resistance in new patients as high as 14%.

“TB drug resistance is an urgent public health issue for countries from the former Soviet Union,” said Dr Mario Raviglione, Director of WHO’s StopTB Department. “It is in the interest of every country to support rapid scale-up of TB control if we are to overcome MDR-TB. Passport control will not halt drug resistance; investment in global TB prevention will.”

WHO’s leading infectious disease experts estimate there are 300 000 new cases per year of MDR-TB worldwide. There is also new evidence proving drug resistant strains are becoming more resistant, and unresponsive to current treatments. 79% of MDR-TB cases are now “super strains”, resistant to at least three of the four main drugs used to cure TB.

MDR-TB is TB that is resistant to the two medicines most commonly used to treat it, Isoniazid and Rifampicin. Without the correct drugs MDR-TB is untreatable and in most cases fatal. Though curing ‘normal’ TB is cheap and effective - a six month course of medicines costs US$ 10 - treating drug resistant TB is a hundred times more expensive. Even then a cure is not guaranteed. With no effective vaccine, everyone is vulnerable to infection simply by breathing in a droplet carrying a virulent drug resistant strain.

Highest prevalence of MDR-TB coincides with one of the world’s fastest growing HIV infection rates in Eastern Europe and Central Asia. Recently the United Nations Development Programme reported more than 1.5 million people living with the virus in the region, compared to just 30 000 in 1995.

People whose immune systems are compromised with HIV are many times more susceptible to contracting all forms of TB.

“With people’s immune systems compromised, MDR-TB has a perfect opportunity to spread rapidly and kill,” said WHO Assistant Director-General of HIV/AIDS, TB and Malaria, Dr Jack Chow. “As a priority to prevent the spread of all forms of TB, we need more investment in resources, programmes and health workers.”

New surveys in China, where HIV is also increasing, have also mapped MDR-TB areas of concern. Two provinces revealed around one in every ten new patients tested positive with MDR-TB. The report’s authors fear similar high levels exist elsewhere, since only six of the country’s 23 provinces were represented in the study.

Some successes have been achieved since the last study four years ago - most notably in Cuba, Hong Kong and the United States. Rates in those countries have decreased, as a result of strong and well-maintained TB strategies.

LETTER TO EDITOR

CONFERENCE ON IDIOPATHIC THROMBOCYTOPENIC PURPURA (ITP)

Dr JC Patel Medical Research Foundation and Smt S C Mehta Hematology Clinic, BSES MG Hospital, are organizing a CONFERENCE ON ITP on 9,10, October, 2004 in Mumbai. Topics to be covered in the conference are- Pathogenesis of thrombocytopenia, ITP in children, ITP in adults, Problems in ITP, Clinical diagnosis of ITP, Laboratory diagnosis of ITP, Special investigations in ITP, Differential diagnosis of ITP, Problem solving in ITP, Objectives of treatment in ITP, Treatment of acute ITP, Treatment of chronic ITP, Treatment of refractory ITP, Role of IV Ig in treatment of ITP, Family physician and ITP, Problems of ITP in Obstetric-Gynec practice, ITP and menorrhagia, ITP in pregnancy, ITP and surgeon, Splenectomy in ITP, Laparoscopic splenectomy in ITP, Surgery in patients with ITP, ITP and lay people. It is proposed to form ITP Study Group and ITP Support Group during the conference. All clinicians who deal with ITP patients would benefit from the conference.

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