

Health

Trump defends formula

Weaning babies 'sooner' onto solids can aid sleep

WASHINGTON, July 10, (AFP): Babies who are given solid foods as well as breast milk from the age of three months show signs of sleeping better than infants fed only with milk until they are six months old, a new study carried out in Britain suggests.

While the practice did not provide for totally uninterrupted nights of sleep, the study of 1,303 children in England and Wales between 2009 and 2012 showed that babies given solids earlier than currently recommended did improve their sleep patterns.

The parents of half the children were encouraged to feed their babies solids, such as white fish or wheat, before six months, while the other half were told to stick to breast milk alone until that time.

The results, published Monday in JAMA Pediatrics, showed that the babies who started earlier on solids slept longer and woke up fewer times in the night.

The effect was slight but notable. The study showed that feeding babies solids brought down the median number of times they woke in the night from 2.01 to 1.74 times per night.

The duration of sleep also differed, with a peak of 16 minutes more sleep per night by the age of six months.

"In a randomized clinical trial, the early introduction of solids into the infant's diet was associated with longer sleep duration, less frequent waking at night, and a reduction in reported very serious sleep problems," the report said.

Encourages

The researchers from King's College, London, and the University of London admitted it was possible that mothers giving their babies solids may have responded to their questions in a more positive manner, having expected a positive effect, since many parents already believe that the practice encourages better sleep.

But they said it was unlikely that the bias would have persisted beyond six months.

Meanwhile, President Donald Trump weighed in Monday to defend women's "access" to formula milk, after an article accused the United States of seeking to torpedo a World Health Organization resolution on breastfeeding.

A weekend report in The New York Times stated that US delegates to a recent WHO meeting sought to delete from a resolution on infant nutrition language that urged member states to "protect, promote and support" breastfeed-

ing.

The United States reportedly pressured Ecuador to drop sponsorship of the text, threatening trade sanctions and military aid cuts. In the end, the Times said, the Russians stepped in to introduce the measure — and the final resolution preserved most of the original wording.

Noting that the US position aligned with infant formula manufacturers, the paper cited the case as an example of the Trump administration siding with corporate interests on public health and environmental issues.

Denied

Trump hit out at the Times article, while saying the United States was committed to ensuring women are not "denied" formula.

"The failing NY Times Fake News story today about breast feeding must be called out," the president tweeted.

"The US strongly supports breast feeding but we don't believe women should be denied access to formula. Many women need this option because of malnutrition and poverty."

Health experts said the president's stance suggested a lack of knowledge about the issues.

"Malnutrition and poverty are the precise settings where you absolutely do need to breastfeed, because that's the setting where access to safe and clean water for reconstituting powdered formula is often impossible to find," Dr. Michele Barry, director of the Center for Innovation in Global Health in the Stanford School of Medicine, told The New York Times in response to Trump's tweet.

The State Department meanwhile described as "false" the notion that Washington had threatened a partner country.

"The United States believed the resolution as originally drafted called on states to erect hurdles for mothers seeking to provide nutrition to their children," said a State Department official.

"We recognize not all women are able to breastfeed for a variety of reasons," it added, saying they should have "full information about safe alternatives."

Ecuador's Health Minister Veronica Espinosa said her country had fought for passage of the resolution and "did not give in to private or commercial interests, or any other form of pressure."

The WHO has long advocated exclusive breastfeeding until six months of age, and partial breastfeeding for up to two years or more.



A child plays in the water coming from the roof's rain gutter in Manila. Health officials have said that the surge in leptospirosis cases can be attributed to seasonal flooding due to continuous rains in recent weeks. Leptospirosis is a bacterial infection that can cause bleeding of the lungs, meningitis and kidney failure. (AFP)

'Lack of testing risking public safety'

Study warns on some skin cancer apps

KUWAIT CITY, July 10: In the scramble to bring successful apps for the diagnosis of skin cancer to market there is a concern that a lack of testing is risking public safety, according to research led by the University of Birmingham.

The research, outlined at the British Association of Dermatologists' Annual Meeting in Edinburgh, reviewed the medical literature on skin cancer apps to explore the number of apps on the market, ascertain how accurate they are, and what the benefits and limitations of these technological solutions are.

Examples of apps include teledermatology (which involves sending an image directly to a dermatologist), photo storage (which can be used by individuals to compare photos monthly to look for changes in a mole), and risk calculation (based on colour and pattern recognition, or on fractal analysis).

The researchers found that some of these apps have a comparatively high success rate for the diagnosis of skin cancer. Teledermatology correctly identified 88 per cent of people with skin cancer and 97 per cent of those with benign lesions.

Apps using fractal theory analysis algorithms (detecting irregularities in a fractal pattern) were the next most successful category, these correctly identified 73 per cent of people with skin cancer and 83 per cent of people with

Sterilised mosquito trial slashes dengue-spreading population

SYDNEY, July 10, (AFP): More than 80 percent of a dengue fever-spreading mosquito has been wiped out in an Australian town during a landmark trial scientists said Tuesday offered hope for combating the dangerous pest globally.

Researchers from Australia's national science body CSIRO bred millions of non-biting male Aedes aegypti mosquitoes in laboratory conditions at James Cook University (JCU) in a project funded by Google parent company Alphabet.

The insects were infected with the Wolbachia bacteria, which ren-

ders them sterile.

They were then released into the wild at trial sites around the Queensland town of Innisfail where over three months they mated with females who laid eggs that did not hatch, causing the population to plummet.

The Aedes aegypti mosquito is one of the world's most dangerous pests, capable of spreading devastating diseases like dengue, Zika and chikungunya.

It is responsible for infecting millions of people around the world each year and JCU's Kyran

Staunton said the successful trial was a major step forward.

"We learnt a lot from collaborating on this first tropical trial and we're excited to see how this approach might be applied in other regions where Aedes aegypti poses a threat to life and health," he said.

The so-called sterile insect technique has been used before but the challenge in making it work for mosquitoes was being able to rear enough of them, identify males, remove biting females, and then release them in large enough numbers to suppress a population.

benign lesions. These types of technology have huge potential, as 50 per cent of dermatology referrals in the UK relate to skin cancer.

Early diagnosis results in up to 100 per cent five-year survival, compared with 25 per cent in women and 10 per cent in men diagnosed at a later stage. Technology that can help with triaging would help alleviate pressure on dermatology departments and could also increase survival rates.

However, the researchers point to three major failings with some of the apps: a lack of rigorous published trials to show they work and are safe; a lack of input during the app development from specialists to identify which

lesions are suspicious; and flaws in the technology used, namely how the photos are analysed.

The researchers explain that, without specialist input, the apps may not recognise rarer or unusual cancers. Even where the technology is efficient, if it has not been combined with specialist input from a dermatologist, it may not pick up on all red-flag symptoms.

In terms of technology, an area where colour and pattern recognition software apps seem to particularly struggle currently, is in recognising scaly, crusted, ulcerated areas or melanomas which do not produce pigment (amelanotic melanomas). This increas-

es the number of false negatives and delays treatment.

Some apps that compare images on a monthly basis or 'advise' users to seek dermatologist review, based on a risk calculation, are not able to differentiate between finer details which would be identified using a dermatoscope (a magnifier that can be handheld or attached to a phone), or in person when touched by a dermatologist.

If the app is based on advising patients whether to seek professional advice, then they may advise wrongly as they have not correctly identified finer details which may point to a more sinister lesion.

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