



that a Western value system that promotes individualism, weakens social ties, and creates ambivalence towards children could adversely affect children's mental health. On the other hand, values found in many non-Western cultures, such as duty, responsibility, and a community orientation, may promote psychiatric wellbeing.

across the world, argues Timimi on p 37. She warns

POEM*

Anaemia doesn't predict iron deficiency among toddlers

Question Does screening toddlers for anaemia identify those with iron deficiency?

Synopsis An insufficient level of iron (which is used in more than 200 enzymes in the body) is associated with developmental disabilities in young children. Measuring serum haemoglobin as an indicator of anaemia is used to screen for iron deficiency in young children. The author of this cohort study evaluated the correlation between anaemia and iron deficiency by examining the findings of the national health and nutrition survey (NHANES, a stratified population sample performed across the United States), conducted between 1988 and 1994. The survey included 1289 toddlers between the ages of 12 and 35 months, and all of these children underwent complete blood counts, as well as measures of iron stores: ferritin, transferrin saturation, and free erythrocyte protoporphyrin. Iron deficiency, identified in 10.9% of the children studied, was defined as at least two of the iron indices being below normal. Anaemia was defined as a haemoglobin level of less than 11.0 g/dl. There was little relation in this sample between the presence of iron deficiency and anaemia. Children with iron deficiency had an average haemoglobin level of 11.5 g/dl, which, although statistically lower than the average 12.1 g/dl in non-deficient toddlers, was still above the cut-off for anaemia. Only 28% (95% CI 20% to 38%) of toddlers with low haemoglobin actually had iron deficiency. The ability of anaemia to rule out iron deficiency was also low: the sensitivity of the test was only 30% (20% to 40%). In other words, for every 100 toddlers, nine will have anaemia and nine will have iron deficiency, but only three of the children with iron deficiency will be anaemic and only three of the children with anaemia will be iron deficient; not a great overlap. Similar results have been shown in data from New Zealand, Britain, and Europe.

Bottom line These study results present a quandary: We cannot feel assured that a young child doesn't have anaemia if they show a normal haemoglobin level, and we can't be sure that they have anaemia if the haemoglobin level is low. Screening for iron deficiency in toddlers by checking serum haemoglobin misses most children with a deficiency, and most of the children with anaemia do not have an iron deficiency. As the author of this study says, it might make more sense to continue low dose supplementation of iron in all children rather than use a policy of screen and treat.

Level of evidence 1c (see www.infoPOEMs.com/levels.html). All or none randomised controlled trials

White KC. Anemia is a poor predictor of iron deficiency among toddlers in the United States: for heme the bell tolls. *Pediatrics* 2005;115:315-20.

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* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

Editor's choice

Find your voice and use it

An African child pulls herself slowly to her feet. With blank face and infinite care born of exhaustion, she unwraps one swollen leg and then the other from among the rags she is lying in and pushes herself up. She sways under the weight of her distended belly. It's not clear where she is going or why, but the world watches, stunned for a moment into a silence of grief and guilt. And then the tears flow, and the money.

That was Live Aid 1985, the video that shocked millions out of their musical "feel good" and into opening their purses. Twenty years on, what has changed? Africa's children are still starving and dying in their millions, two thirds of them from preventable disease, but it's no longer about charity—it's about politics. Money is still urgently needed in the form of aid and debt relief, but more importantly we need to change the rules of exchange around the world. By the end of next week we will know whether eight men meeting in Scotland have found the political will to change those rules in ways that could change the world.

Several articles this week show how disastrous the current rules have been for Africa, particularly in denuding it of skilled health professionals. In an open letter to Tony Blair, Chris Lavy describes the harsh realities of surgical practice in Malawi (p 46). James Johnson calls on developed countries to become self sufficient in skilled health professionals, but as with so many global issues this will only work if the United States joins the effort. In what Johnson calls a "deadly coincidence," the US wants a million more doctors and nurses over the next 15 years, exactly the number needed by sub-Saharan Africa if it is to meet the millennium development goals (p 2). Omar Ahmad proposes an international framework to govern the recruitment of health workers, including the payment of compensation by rich countries to poor countries (p 43).

Better still, Africa is finding its own solutions. The Commission for Africa's report has adopted many of the health strategies developed by the African Union, something that Lola Dare and Eric Buch applaud in their editorial (p 1). Growing confidence in its own social values can be seen in the Organization of African Unity's charter on the rights and welfare of the child. This is framed in terms of the responsibilities and duties of children, in clear contrast to Western values as enshrined in the UN convention, which emphasises children's rights and needs. Timimi suggests that by promoting individualism as a universal model, the West is exporting unhappiness and mental illness, as well as losing an opportunity to learn the benefits of more family centred cultures (p 37).

So apart from the shift from charity to politics, something else is different this time round—Africa has found its voice and is being heard. Doctors too must find their voice. At various times in history, doctors have been agents for change. The child on the video screen is unlikely to be alive now. But Africa is rising to its feet and needs support. Our silence is no longer an option.

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