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Salt: friend or foe?

The Lancet Editorial (May 25, p 1790)[1] on the Institute of Medicine (IOM)'s report is seriously misleading. The IOM strongly reinforced that salt intake should be reduced to less than 6 g daily, but there was little outcome evidence below 6 g daily.[2] However, for reasons that are far from clear, the IOM committee were not allowed to consider the effect of salt reduction on blood pressure—which is rather surprising. They relied heavily on a meta-analysis of salt reduction trials in heart failure from one centre, which had already been retracted on the grounds that the reliability of the data on which the study is based cannot be substantiated.[3] The other studies that the IOM reviewed were follow-up studies of patients with severe cardiovascular disease receiving multiple drug therapy in which no salt reduction was made, but where salt intake was purported to inversely relate to subsequent mortality. These studies used inappropriate methods to assess salt intake, had residual confounding, and the very strong likelihood of reverse causality.[4] As seen for tobacco, because of commercial interests for salt (ie, food industry), spurious arguments are being developed to try and oppose any reduction in salt intake, despite compelling evidence to the contrary,[5] that reducing salt intake down to 5–6 g daily would be of immense benefit, as was agreed by the IOM report. The World Health Assembly agreed recently that all countries should reduce salt by 30% by 2025, with an eventual target of 5 g daily.

We declare that we have no conflicts of interest.

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Renaming schizophrenia in South Korea

In January, 2012, the Korean Neuropsychiatric Association changed the original Korean term for schizophrenia, *jungshinbunyeolbyung* (mind-split disorder), to *johyeonbyung* (attunement disorder), to dispel the stigma associated with the name. *Johyeon* literally means "to tune a stringed musical instrument". In the context of schizophrenia, attunement is a metaphor for tuning the strings of the mind. It was inspired by a Buddhist text written by a South Korean monk in 1579: "As a stringed instrument maintains its own sounds with appropriate tension, the human mind also needs adequate tuning to maintain its functions." Thus, *johyeonbyung* metaphorically implies that schizophrenia is a brain disorder in which the neural circuitry is inadequately tuned.

Jungshinbunyeol was translated from the Japanese word using Chinese characters in 1937, and its literal meaning is "mind-split". The term had a substantial effect in South Korea, where personal honour is an important part of the culture and is highly valued. Patients with schizophrenia and their relatives felt shame because of the literal meaning of the disease name. The prejudice associated with the name prevented patients from seeking help early. In 2002, the Japanese changed their term for schizophrenia from *seishin-bunretsu-byo* (mind-split disorder) to *togo-shitcho-sho* (integration-ataxia or dysfunction disorder) because of the same problems. The use of the new term clearly increased the frequency with which patients were given the diagnosis and consented to treatment.[1] The new term might still be problematic, however, because a new type of the stigma might be associated with the negative word "ataxia or dysfunction", being included in the new term.

The term *jungshinbunyeolbyung* is readily understood without further explanation, whereas the term *johyeonbyung* is not immediately comprehensible to South Koreans and thus needs an explanation in terms of the semantics. The situation is analogous to that for Eugen Bleuler's contemporaries, who could not have understood the meaning of the word "schizophrenia" unless the Greek roots were explained. This change helps to avoid the stigmatisation derived from the name of the disorder. A South Korean study showed that the term *johyeonbyung* induced significantly less prejudice and stigma than did the term *jungshinbunyeolbyung*.[2]

Johyeonbyung is a metaphoric term that signifies present scientific thinking, which regards schizophrenia as a neural network disorder. Cultural differences in illness-related behaviour exist between countries. Consideration of the sociopsychological context in determining an appropriate name for schizophrenia is essential for the holistic management of the disorder.

We declare that we have no conflicts of interest.

Image Source/Corbis

For the **World Health Assembly statement** see http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R10-en.pdf

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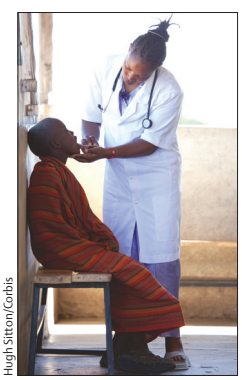

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Investment in cancer studies in countries of low and middle income

The burden of cancer affecting patients living in low-income and middle-income countries (LMICs) is now widely recognised, and many international organisations and scientific societies have emphasised the urgent need for action.[1,2] Although several strategies have been proposed—eg, a focus on prevention, the creation of constraint-adapted guidelines,[3] or the establishment of therapeutic strategies[4]—funding these actions remains a major challenge. Funding can be sourced from governmental agencies, scientific societies, non-governmental organisations, and the philanthropic sector. Pharmaceutical companies that ultimately provide anticancer drugs also contribute to such programmes. Nevertheless, the amount of money presently spent on treatment of patients with cancer living in LMICs is minimal when compared with that spent in high-income countries (HICs).

Both the USA and Europe have, in the past decade, adopted policies to improve the development of drugs for children by establishing a system of incentives and obligations for pharmaceutical companies.[5] For example, drugs that have been authorised in the European Union and include results from a paediatric investigation plan in the product information are eligible for a 6-month extension of patent protection, even when the results of paediatric studies were negative. Furthermore, a paediatric-use marketing authorisation can be granted to drugs that were developed specifically for children but that are not protected by intellectual property rights. A paediatric-use marketing authorisation can give up to 10 years of market protection.

Transposition of such policies to research for cancer treatments in LMICs could help to reduce the gap between LMICs and HICs in terms of cancer care. In exchange for the development and support of clinical studies and programmes by pharmaceutical companies for patients with cancer in LMICs, government institutions could provide participating pharmaceutical companies with an extension of patent protection for a drug of their choice in HICs. The length of patent protection granted could be related to the expenses incurred by the pharmaceutical company in developing the study or to the expected profitability of the extended patent. Studies promoted by this patent extension programme could be coordinated by an international governmental organisation dedicated to the advancement of these studies, working as a collaborator and overseer for participating pharmaceutical companies.

Although this type of initiative deserves more in-depth consideration by key opinion leaders around the world, international governing bodies, non-governmental organisations, and pharmaceutical companies, we believe that the creation of powerful incentives, in line with those set for paediatric treatments in HICs, through new business models and strategic partnerships could greatly help the development and accessibility of treatments for patients with cancer living in LMICs.

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Department of Error

Lawlor DA, Wills AK, Fraser A, Sayers A, Fraser WD, Tobias JH. Association of maternal vitamin D status during pregnancy with bone-mineral content in offspring: a prospective cohort study. Lancet *2013;* **381:** *2176–83*—In this Article (June 22), the affiliations of WDF and JHT were reversed. This correction has been made to the online version as of Aug 23, 2013.