

some idea of current clinical trial activity with respect to unapproved medicines in Australia.

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The repeating history of objections to the fortification of bread and alcohol: from iron filings to folic acid

Hasantha Gunasekera

The recent viewpoint by Kamien¹ is timely, given Food Standards Australia New Zea-

land is currently advocating for the mandatory fortification of all bread-making flour with folic acid (80–180µg per 100g of bread). The proposal is now before the Australia and New Zealand Food Regulation Ministerial Council, and a decision is imminent.

In 1991, the Medical Research Council Vitamin Study Research Group reported a randomised double-blind trial conducted at 33 centres in seven countries. Periconceptual folic acid supplementation had a 72% protective effect against neural tube defects (relative risk, 0.28; 95% CI, 0.12–0.71).² Because folic acid supplementation is ineffective when started after the pregnancy is confirmed, fortification of staple foods such as bread remains best practice.

The United States started mandatory fortification of enriched cereal-grain products a decade ago. As expected, there has been an increase in the population geometric mean concentrations of serum folate and red blood cell folate,³ and a corresponding

reduction in the number of babies born with debilitating neural tube defects.⁴

The benefits are clear and the risks are vague. Historical concerns that folic acid supplementation could mask pernicious anaemia and cause cancer have not been substantiated by international experience in more than 50 countries.

Australian health professionals have a brief window of opportunity to join Maberly and Stanley⁵ and advocate for mandatory fortification in spite of commercial objections, which are based on market-share concerns for existing “designer” products. If we educate and inform our patients and the community at large, the decisionmakers should finally get the message and this cheap, safe and effective public health policy would be implemented — a decade overdue.

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Weight management in general practice: what do patients want?

Claire Hewat

TO THE EDITOR: Tan et al¹ found that patients value key elements of successful weight management, including advice on healthy eating and exercise and regular follow-up. Accredited practising dietitians (APDs) provide all of these things and have the qualifications, skills and time to work with people to effectively manage weight. APDs use the Obesity Best Practice Guidelines of the Dietitians Association of Australia, providing evidence-based dietary therapy.

By working alongside general practitioners to provide individual advice, APDs ensure the best outcomes for patients. A considerable number of patients surveyed said that referral to a dietitian would be useful and that they would be likely to follow their GP's advice if referral was recommended.

The weight management roles of GPs and APDs are complementary and, by addressing any patient concerns and providing a referral to an APD, GPs can help their patients achieve their weight management goals.

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