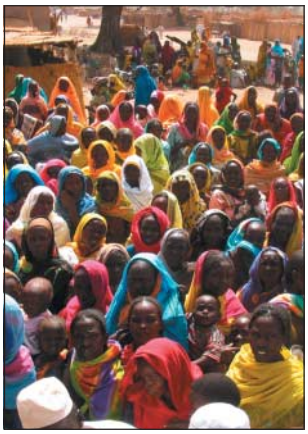
Women's empowerment may improve HIV prevention



TOM KEONE/STILL PICTURES

Systematic efforts to increase women's economic, social, and political empowerment must be supported as key components of a comprehensive strategy to fight AIDS in sub-Saharan Africa, where women account for 57% of adults with AIDS, argue Kim and Watts (p 769). In some countries, a woman only recently ceased to become a property of her husband's family after his death. Also, refusing sex, inquiring about other partners, or suggesting condom use is known to trigger intimate partner violence. Broader social forces stand in the way of ensuring adequate HIV prevention, say the authors. On p 708, Simwaka and colleagues say the millenium development goals will not be achieved until urgent action is taken to improve sex equality.

POEM*

Statins are not associated with decreased risk of dementia

Question Are statins associated with a decreased risk of developing dementia?

Synopsis Several case-control studies have suggested that use of statins is associated with a lower risk of developing dementia. Since these kinds of studies have many limitations, they are among the weakest designs from which causal inferences can be drawn. These authors "kick it up a notch"—they annually evaluated almost 2800 patients over 65 who didn't have dementia. They don't tell us if the evaluators knew whether the patients used statins, and also don't tell us the number of patients who took statins. The researchers followed the patients for a median of five years, and they had more than 13 000 person years in the group of patients receiving no lipid lowering drugs, nearly 1300 person years in those taking statins, and about 500 person years in a group receiving non-statin lipid lowering drugs. Overall, about 30% of the patients developed dementia. After other factors associated with dementia were taken into account, the incidence of dementia among statin users was the same as for those not using statins.

Bottom line In this prospective study, patients over 65 who took statins developed dementia at the same rate as those not using statins.

Level of evidence 2b (see www.infopoems.com/levels.html). Individual cohort study or low quality randomised controlled trials (<80% follow-up).

Rea TD, Breitner JC, Psaty BM, et al. Statin use and the risk of incident dementia: the cardiovascular health study. Arch Neurol 2005;62:1047-51.

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

Editor's choice

Open your eyes to Africa

Africa is big, complex, and confounding. The ambivalence of looking towards a future full of promise but uncertainty is captured in our cover image—that of a child shielding his eyes in front of a Malian textile containing eyes wide open. Achieving a successful future is by no means a task for Africa alone, and the *BMJ* is contributing through this week's theme issue.

But can we do justice to a continent as richly diverse as Africa? We will present this theme issue to the 53 African Union health ministers at a meeting in Botswana—a country with the distinction of being one of the continent's richest yet with a staggering HIV prevalence rate (38%) (p 719). We will also launch the issue at a scientific conference in Durban—a setting bearing little resemblance to the atrocities and poverty invoked by the crises in Ethiopia, Rwanda, and Sierra Leone. In fact, we can't capture Africa in all its multiplicity. Despite over 300 original research submissions we haven't managed the geographical or linguistic spread we would have liked.

Most of the papers submitted were from researchers in South Africa and Nigeria, and individuals working in Africa with primary affiliations in UK and US public health schools. While we proudly publish articles from such diverse places as Ghana, Guinea-Bissau, Zambia, and Zimbabwe, no articles were received from most African countries.

As our guest editors Jimmy Volmink and Lola Dare assert (p 705), whether this reflects a lack of research capacity or political will the situation is "untenable." For science to contribute to redressing inequalities in health, they argue, all countries must be able to participate in research.

Still, we show an impressive mix of African papers and opinion, representing an eclectic range: the major killers (HIV/AIDS, malaria, tuberculosis), emerging threats (cardiovascular disease, diabetes), and persistent but underappreciated conditions (post-partum haemorrhage, gender inequity). Three randomised trials provide new evidence on interventions that have immediate relevance for African communities, without extra costs. Perhaps most strikingly authors remind us that managing human resources (p 710), meeting the millennium development goals (p 755), and combating corruption (p 784) will come from African leadership and innovation.

We are grateful to the UK Department for International Development, Wellcome Trust, and the Health Foundation, who will help us distribute print copies throughout the continent. Online access to this theme issue will be free, forever, for all—not just those in Africa, most of whom already have free access to bmj.com.

We hope this theme issue encourages greater dialogue and collaboration between doctors and researchers in the North and the South. It's a call to see the promise and potential of Africa, not just the struggle and suffering.

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