An approach to tuberculosis control

To the Editor: The magnitude of tuberculosis as a health problem in South Africa has recently been highlighted.[1,2] The tuberculosis control programme (TBCP) is estimated to have cured between 67% and 85% of cases, depending on area, in 1985 - 1986. The TBCP does not cover the homelands and until recently the area served by this hospital did not have a co-ordinated approach to tuberculosis.

In November 1988 a paediatric tuberculosis treatment programme was started at this hospital, developing from patients diagnosed while being treated for malnutrition. On discharge treatment continues, being given at home by the mother. Patients are followed up fortnightly, either at hospital or at the local clinic. The child is weighed, a check is made that the drugs are being administered correctly, and a fresh supply is issued. The programme is run at all times by the ward doctor and ward sister, with a close relationship being kept with the child and his or her mother.

To date 19 out of a possible 21 patients have successfully completed treatment (cure rate 90,5%). Including patients currently receiving therapy, a total of 36 of 39 are either cured or fully up to date with treatment (success rate 92,3%).

Tuberculosis control depends (among other factors) on high compliance producing high cure rates. This can be encouraged if health workers develop a personal interest in the task and a relationship with the patient. Proper organisation and a commitment to the problem are essential. Our programme was developed from scratch with no extra funding or personnel.

These results and those of the TBCP show that the fight against tuberculosis, although monumental, is not impossible.

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Dietary recommendations for the prevention of coronary heart disease

To the Editor: Dietary recommendations for the prevention of coronary heart disease were set out in the 5 November 1988 edition of the *SAMJ*.[1] In a recent issue these recommendations were listed again.[2] The committee who drew up these guidelines on 16 - 17 June 1988 were also named. Point 5 of the recommendations states that trans fatty acids must be limited. I wish to assist colleagues in achieving this.

The main source of trans fatty acids in the South African diet is margarine. Tub margarines contain between 9% and 20% trans fatty acids according to one report,[3] and between 15% and 52% according to another study.[4]

We must remember that beef tallow contains only 4 - 10% trans fatty acids, mutton fat 11,2% and butter 5 - 9,7%;[3] all less than margarine. Trans fatty acids are undesirable because they inhibit essential fatty acid metabolism,[3] and this is why their decreased consumption is recommended.

During the hydrogenation process of margarine manufacture, not only trans acids but also unnatural cis isomers are formed.[5] The safety of these substances is as yet unknown. A Food and Drug Administration Report[6] stated in 1985 that additional studies would clarify several unanswered questions in this respect.

In an article[7] on dietary fat and cancer trends the authors concluded that the significant positive correlation between vegetable fat and the incidence of cancer could not always be explained by the effects of total unsaturated components of the diet or the saturated component, but could be explained by the trans fatty acid component.

In order to follow the dietary recommendations of the Department of Health, patients will have to be advised to cut down on margarine in order to reduce their intake of trans fats.

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To the Editor: Dietary recommendations for the prevention of coronary heart disease proposed by a consensus symposium convened by the Department of Health Services and Welfare of the House of Assembly and the Department of National Health and Population Development have been reported.[1] One of the 10 recommendations is that trans fatty acids should be limited.

The official proceedings of this symposium have just been released by the Department of Health Services and Welfare. On p. 187 of the proceedings, under the heading 'Summary of discussion', the following statement appears: 'The trans fatty acid content of foods, especially margarine, is a source of concern to health workers. The cis/trans acid content of products varies, depending on the type of fat that is available to manufacturers in the food industry.'

Almost 10 years ago, in a series of letters to the *SAMJ*, we first reported the trans fatty acid content of a number of South African margarines. We expressed the opinion that the presence of large quantities of trans fatty acids in these could constitute a health hazard. We also proposed that instead of propagating the dietary intake of margarine on a mass population basis, the powers that be should rather warn the public against the potential danger of margarine consumption.

It would appear that the latter view has now become 'official'. In view of the known variability in the trans fatty acid content of margarines, it would seem necessary, in order to enable doctors and other health workers to advise their patients and the public in general on the official recommendation to limit the intake of trans fatty acids, to call for the labelling of margarines with exact composition tables.

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