Essential tremor

The Clinical Update on essential tremor by Julián Benito-León and Elan Louis (April 7, p 1152) admirably describes the diagnostic criteria, but fails to address the issues that affect patients after a correct diagnosis has been made. A clear explanation of the nature of the disorder is required to mitigate lingering doubts that the patient might have about Parkinson’s or Wilson’s disease. This point is especially important if the diagnosis has been delayed after failure to respond to increasing doses of anti-Parkinsonian medication.

Patients should be made aware of the possible alleviation of tremor by alcohol, and the accompanying dangers. In my series, fewer than a third of patients gave a clear history of reduced alcohol. 

Reducing harm caused by substance use in adolescents

J W Toumbourou and colleagues (April 21, p 1391) provide an excellent summary of the current knowledge on interventions to reduce harm associated with adolescent substance use. We are sorry that they did not include recent evidence on treatment outcome for homeless young people with substance use problems.

According to UNICEF, street children are people younger than 18 years who spend most of their time on the streets. There are an estimated 20 million street children in India alone, with 30 million estimated globally. A child may spend between 3 and 24 hours per day on the streets, with an estimated 20% of children engaged in hazardous occupations such as sex work, begging, and violence. Youth can enter this life for a variety of reasons such as poverty, family violence, lack of educational opportunities, and lack of support from families.

We need to acknowledge the issue of substance use among street children, and take measures to reduce harm.
10–100 million street children and young people worldwide, mostly in developing countries.1

Substance abuse and mental and physical health problems among street children are substantial problems and the provision of medical care poses enormous challenges to organisations working with this population. Baer and colleagues2 found that 69% of their homeless sample met criteria for dependence for at least one substance.

Since March, 2005, in the Médecins Sans Frontières day centre in Tegucigalpa, Honduras, 632 street children and young people have attended medical and mental health consultations (figure). Most consultations relate to reproductive health problems, substance use, depression, and physical trauma.

Regarding substance use, we have adapted the treatment approaches of Slesnick and colleagues, who showed that young people who received a standard treatment protocol targeting substance abuse behaviour reported significantly reduced substance use and depression, and improved social stability.3 These studies were the first to show that homeless young people can be engaged into treatment and respond favourably to intervention efforts.

We hope that researchers will prioritise the development of treatment strategies for homeless young people facing substance use problems and that future reviews will not forget this group of extremely vulnerable individuals.

We declare that we have no conflict of interest.

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JW Toumbourou and coauthors’ series paper on interventions to reduce harm associated with adolescent substance use1 is timely. The increase in alcohol misuse among adolescents is a highly discussed topic in Austria at the moment.

The number of patients admitted to our rural hospital with alcohol intoxication and the proportion of adolescent patients has increased slowly over the years. Nationwide data are similar.1 But the main change we have seen is in media coverage: 10 years ago no public interest focused on a drunken adolescent, but now a 16-year-old with a blood alcohol concentration of more than 1 g/L can be sure to find his detailed story in the local newspapers the next day.

Because the number of cases is increasing and public interest is high, the Austrian Ministry of Health has decided to introduce colour-coded identity cards for adolescents as a measure to reduce the accessibility of alcohol. The colours are supposed to facilitate age determination in dimly lit clubs and bars. Adolescents younger than 16 years are not allowed to purchase alcohol; those younger than 18 may not purchase hard drinks. This measure is not unanimously approved: it is difficult for many adolescents to understand that they have a right to vote at general elections at age 16 years but cannot decide what they drink at night.

Toumbourou and colleagues’ paper is helpful in facilitating decisions in a field with a lot of public opinion and little convincing scientific evidence.

We declare that we have no conflict of interest.

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The Oslo Ministerial Declaration

In a declaration on global health and foreign policy (April 21, p 1373),1 seven ministers of foreign affairs take further the increased attention this topic has received in recent months.2–5 The main message of this important initiative is that a country’s foreign policy should primarily be judged by its effect on global health.

The declaration specifies important interventions related to health and health-care problems we face today, as well as to risks that need to be dealt with now to prevent problems in the future. However, how these interventions will be prioritised is not suggested. For example, it is not ethically defensible to postpone attention to the 500 000 women who die every year during pregnancy and childbirth and give higher priority to problems related to health and health-care as well as to risks that need to be dealt with now to prevent problems in the future.