dilemma of health research priorities of the developing world. This intricate and multi-faceted inquiry can be answered only through the sharing of information and cooperation between the scientific communities. In this epoch of globalization and internationalization of health, where international and regional borders are fading out by virtue of international agreements and treaties, health sector in developing countries suffer the most. Moreover, the involvement of stakeholders such as economists, educationists, politicians and media personnel is pivotal to initiate a strong advocacy campaign for understanding the international health research agenda and there on investing in health systems research in our own setting. Finally, what are the priorities for health research? Who will set these priorities and who will address the question of allocating resources to the major health issues that the world is facing. In this regard, doing the precise needs assessment by involving communities at least for collecting the evidence should not to be ignored. Only the systematic and evidence based priority setting, building research capacity and understanding the specific needs of various developing countries will bring fruitful results to end the yawning disparities within and between the countries. Nevertheless, international community has a definite role to play in this scenario.

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References

Letter to the Editor

Risk Factors of Cardiovascular Disease among the Oral Contraceptive Users in Kermanshah City of Iran

Madam, The third generation OCP is the new progesterone which lowers androgenic activity. However the OCP that is used by the Iranian women contains levonorgestrel with high androgenic activity.

To determine the risk factors of cardiovascular disease among the women who used OCP in Kermanshah city of Iran, women were recruited from 12 primary health care centers across the city. The study group comprised of 360 women using combined low dose oral contraceptive (30 microgram ethinyl estradiol and 150 microgram levonorgestrel) for six or more months.

The mean duration of OCP use was 3.7 ± 0.2 years. The mean age and BMI was 31.8 ± 8 years and 25.9 ± 4.1 respectively. There were 43.3% women over 35 years. There were not any smokers. The mean systolic and diastolic blood pressure was 126 ± 11 and 80 ± 8 mmHg. The prevalence of hypertension was 17.5%. In women over 35 years, the prevalence of hypertension was 27.33%. Hyperlipidemia and coronary artery disease was found in 4.2% and 5% caes respectively. Other biochemical parameters are presented in Table.

Table. The mean (standard error) of biochemical parameters in two groups.

<table>
<thead>
<tr>
<th>Biochemical Parameter</th>
<th>OCP users (n=360)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBS (mg/dl)</td>
<td>94± 2.5</td>
</tr>
<tr>
<td>Cholesterol (mg/dl)</td>
<td>193± 1.6</td>
</tr>
<tr>
<td>Triglyceride (mg/dl)</td>
<td>187± 3.5</td>
</tr>
<tr>
<td>LDL (mg/dl)</td>
<td>117± 1.6</td>
</tr>
<tr>
<td>HDL (mg/dl)</td>
<td>39.3± 0.3</td>
</tr>
</tbody>
</table>

In our study the systolic and diastolic blood pressures were high. Graff and coworkers reported similar results. The OCP used by Iranian women contains 50-microgram ethinyl estradiol and 150 microgram levonorgestrel. The high dosage of levonorgestrel in these pills has high androgenic activity. This may explain why we did not observe the useful estrogen effects on lipid metabolism among the OCP users in our study.

Another main finding was high proportion of women over 35 years old among the OCP users who were hyperlipidaemic and/or hypertensive.
The use of new generation OCP with fewer side effects is recommended. Necessary attention should be paid to the cardiovascular risk factors especially hypertension and history of coronary artery disease, by the obstetrician before prescribing OCPs.

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References

Comments

Will discouraging migration really make doctors happier?

Madam, We would like to congratulate the author on beautifully highlighting a debate which is by no means new but pertinent both globally and nationally (Migration of doctors: should we apply the index of Happiness). It echoes our sentiments as expressed recently and brings in the interesting aspect of happiness (or the lack of in associated with migration. To the question that whether migration should be discouraged, our answer is no. It has been established that one of the major reasons for migration is to be free of everyday stressors which are indigenous to a region like ours. Discouraging migration to save graduates from pre and post migration stress would be the proverbial straw which breaks the camels back for them. These stresses are believed to be worth their while in pursuit of happiness, forcing people against their will to serve in an environment that is unsuitable for them will drastically hinder their performance.

To the question that if current circumstances at the base are conducive for mental well-being, the answer is also no. To reduce migration the first responsibility for action belongs with each country to "train, retain, and sustain" its workforce through implementing national plans that improve salaries, structured training and working conditions.

It may well be that we see the world through rose tinted glasses but it is our belief that migration is not an evil. Some of these migrating doctors in search of self satisfaction, after having fulfilled their personal ambitions and family obligations, return to their homeland and do great things. Greater than those they could have if they’d stayed.

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References

Response by Author

Madam, The response written by students to my aforementioned article in opinion and debate section is quite favourable. I can append my response to their comments as follows:

"I believe that the author(s) have rightly perceived the message embedded in my article. Ideally, our health system should have been equipped enough to 'train, retain and sustain' the medical work force. Moreover, the lawlessness and corruption prevalent in the country is definitely not conducive for the mental well being of practically anybody. It is true that a number of medics who went abroad for higher training did come back and are contributing well towards the betterment of health of people. Under the circumstances, migration should not be discouraged. However, it would be better if The Directorate of Protector of Emigrants could organize effective preparation courses for potential migrants that could help in addressing the stress associated with migration. There are a number of excellent training models in the west that could be adopted in the local set up. Index of Happiness takes into account a number of other factors that can be availed through working on this issue."

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