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In this issue

Two papers in this issue particularly caught my attention. The first is a paper based on the WHO vitamin and mineral information system, identifying prevalence figures for anaemia; the second, a paper looking at the cost-effectiveness of folic acid fortification in the USA.

McLean *et al.* provide an interesting background for those of us dealing with anaemia on the population level in their paper on the worldwide prevalence of anaemia[1]. The authors use data reported in the WHO Vitamin and Mineral Nutrition Information System, 1993–2005, to give a global estimate of the problem. In this important work, the authors conclude that one-quarter of the world's population is affected, especially pre-school children and women.

Bentley *et al.* report on a cost-effectiveness analysis of folate fortification in the USA[2]. The paper states an impressive gain in quality-adjusted life years (QALY), with the highest benefit stemming from the prevention of myocardial infarctions, followed by colon cancer and NTD. Only a small number of additional vitamin B_{12} deficiency cases are predicted, thus leading to the conclusion that the health and economic gains far outweigh the losses. The authors suggest a higher fortification level in order to maximize health gains.

Going back to the commentary on the Women's Health Initiative (WHI) published in this journal previously[3], should these dramatic effects of folic acid fortification not have been taken into account when evaluating the effects of the WHI intervention?

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Editor-in-Chief

References

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