# NEWS IN BRIEF

### Outdoor Activities Reduce Myopia in Children

A study from China suggests that increased time spent outdoors reduce the risk of development and progression of myopia in children. In this Chinese study involving 3051 children aged between 6 and 14 years, the study group of 1735 children was allowed 40 minutes extra time outdoors during recess, compared to 1316 children who did not get this extra time. New onset myopia and changes towards myopia were significantly lesser in children who daily spent outdoors an extra 40 minutes. Changes in axial length and intraocular pressure were also significantly lower in the 'outdoor' group. There have been several other observational studies supporting the hypothesis that time spent outdoors protects against myopia.

How does outdoor time reduce myopia? Bright light outdoors may be the most possible mechanism. Brighter light potentially reduces the development of myopia by pupil constriction, resulting in less visual blur, or by stimulation of dopamine release from the retina. Animal studies suggested that bright light prevented the development of myopia and the protective effect was blocked by a dopamine antagonist. More light needs to be shed on this fascinating subject. (*BMC Ophthalmol. 2015;15:73*)

### Vitamin D Guidelines for India

The Endocrine Society of India has published guidelines for the use of Vitamin D in India. The recommendations for daily vitamin D intake are 400 IU for infants, 600-1000 IU for children, 1000 IU for adolescents and pregnant women after 12 weeks' gestation, and 1000-2000 IU for adults.

The guidelines recommend testing for vitamin D only in patients who have signs of osteomalacia, osteoporosis, musculoskeletal disorders, chronic liver or kidney disease, inflammatory bowel disease, or in those receiving drugs that increase the risk of vitamin D deficiency. The society has also recommended large scale fortification of vegetable oil and milk. On the other hand, the society also warns against iatrogenic vitamin D intoxication which appears to be on the rise due to excessive prescription of vitamin D. The reason touted for high prevalence of vitamin D deficiency is that very few foods naturally contain Vitamin D. Throughout evolution, humans have depended on sunlight exposure for their vitamin D. In some countries such as Australia, an alternative to vitamin D supplementation by 'sensible sun exposure' (time in the sun which is 25-50% of the time required to develop a mild sunburn on extremities and trunk, at least two to three times a week) is recommended.

It is raining vitamin D if only we are ready to take it! (*BMJ 2015;351:h5997)*

### Red Meat and Cancer

The International Agency for Research on Cancer (IARC), WHO, has issued a warning against red and processed meat. The IARC, which consists of 22 experts from 10 countries, analyzed around 800 studies including large prospective cohort studies over the past 20 years, which had studied the association of red and processed meat with the risk of cancer. Processed meat was labeled as group 1 carcinogenic with sufficient evidence that consumption causes colorectal cancer. Red meat was classified as probably carcinogenic to humans (Group 2A). The experts concluded that each 50 g portion of processed meat eaten daily increases the risk of colorectal cancer by 18%, and every 100 g of red meat eaten daily increases the risk of colon cancer by 17%. There are also some links with pancreatic and prostrate cancer.

Red meat refers to all mammalian muscle meat, including, beef, veal, pork, lamb, mutton, horse, and goat. Poultry and fish are not included in red meat. Processed meat refers to meat that has been transformed through salting, curing, fermentation, smoking, or other processes to enhance flavor or improve preservation. Cooking at high temperatures as in barbecuing or pan-frying has been shown to produce more of certain types of carcinogenic chemicals such as polycyclic aromatic hydrocarbons and heterocyclic aromatic amines. (*The Hindu 3 November 2015*)

### Defensive Medicine Reduces Litigation

A study from Harvard confirms what many doctors believe. Increased resource use by physicians is correlated with fewer malpractice claims. A huge criticism against the American style of medical practice is that it encourages defensive medicine. What exactly is defensive medicine? It is defined as medical care provided to patients solely to reduce the threat of malpractice liability rather than to further diagnosis or treatment. Defensive medicine is a major contributor to medical costs, but the malady is widespread. In a survey of US-based physicians, over 60% doctors reported ordering diagnostic tests and consultations merely to reduce the risk of liability. In Massachusetts, 80% of physicians reported practicing defensive medicine with 20-30% of imaging tests and 13% of hospital admissions defensively motivated.

Why do we need to look at this US data? The practice of medicine in India is proceeding rather blindly in the footsteps of our American counterparts. Have we really thought of what constitutes good medicine? Good medicine is probably difficult without a good long-term relationship between a doctor and a patient. This is increasingly impossible in the sterile world of a corporate hospital. Unless wisdom prevails, we are bound to repeat the mistakes made in the West. (*BMJ. 2015;351:h5516*)

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