

health research rose from \$30bn (£16bn; €24bn) to almost \$106bn between 1990 and 2001, says the report *Monitoring Financial Flows for Health Research*, published this week.

Almost half the money came from the commercial sector (mainly the pharmaceutical industry), but the public sector contributed 44%, a sizeable chunk of which comes from the US National Institutes of Health (NIH), where the budget soared from \$11.9bn in 1996 to \$23.3bn in 2003.

New substantial private, not for profit sources of funding, foundations and charities, such as the Bill and Melinda Gates Foundation, have also played their part to the tune of 8%, says the report. But research and development continues to be dominated by just a few countries, with the United States accounting for 49% of the total spend, followed by Japan at 13% and the United Kingdom at 7%.

Caroline White *London*

*Monitoring Financial Flows for Health Research* is available at [www.globalforumhealth.org](http://www.globalforumhealth.org)

## Mass dose of antibiotic reduced prevalence of trachoma for two years

The prevalence and intensity of trachoma infection, a leading cause of blindness in the developing world, fell considerably and remained low for two years after mass treatment of a population in Tanzania with a single round of azithromycin, followed by periodic use of tetracycline eye ointment for those with persistent disease (*New England Journal of Medicine* 2004;351:1962-71).

Despite longstanding efforts to control the condition, some 84 million people have active trachoma (the infectious stage) in 55 countries in which the disease is endemic, mostly in north Africa and South Asia.

Researchers collected conjunctival swabs to assess the presence of the infection at

intervals of 2, 6, 12, 18, and 24 months after mass treatment with azithromycin of a Tanzanian community in which trachoma was endemic. The prevalence of infection fell from 9.5% before the mass treatment to 2.1% at two months ( $P<0.001$ ) and 0.1% at 24 months after treatment.

Scott Gottlieb *New York*

## Bush's plan to screen for mental health meets opposition in Illinois

A comprehensive mental health screening plan developed in concert with President Bush's New Freedom Commission (*BMJ* 2004;328:1458, 19 June) has met with fierce resistance in Illinois.

In April 2003, a report by the Illinois Children's Mental Health Task Force, which recommended screening for all pregnant women and all children, triggered fierce controversy. Opponents charged that mandatory screening could subject children to unwanted psychiatric interventions and drugs—drugs that are under increased scrutiny because of unproven efficacy and high rates of adverse side effects.

A new draft plan, issued on 30 September, removes the phrases to screen "all pregnant women" and "all Medicaid" recipients and instead inserts the word "voluntary" in a number of instances in relation to screening.

"If it wasn't for public pressure, they wouldn't have made these changes," said Karen Effrem, a paediatrician and outspoken critic of the screening plan who cautions that definitions of mental illness are subjective and subject to cultural biases.

Barbara Shaw, chairwoman of the Illinois Children's Mental Health Partnership, told the *BMJ* that there was never any intention to make screening mandatory. "Neither the partnership nor the president's New Freedom Commission proposes lining up every child [for] screening."

Jeanne Lenzer *New York*

## Living on cruise ships is cost effective for elderly people

Janice Hopkins Tanne *New York*

Living on a cruise ship provides a better quality of life and is cost effective for elderly people who need help to live independently, according to a study published in the *Journal of the American Geriatrics Society* (2004;52:1-4).

Elderly people often choose assisted living facilities, nursing homes, 24 hours a day home caregivers, or family support. Living on a cruise ship might be a better choice, says Lee Lindquist, instructor of medicine at Northwestern University's Feinberg School of Medicine in Chicago, and a geriatrician at Northwestern Memorial Hospital. People older than 65 who enjoy travel, have good cognitive function, but need some help in daily living are ideal candidates for care on a cruise ship.

The typical resident in a US assisted living facility is an 80 year old (age range 66 to 94) widowed, white, ambulatory woman who needs help with about two activities of daily living, such as walking, bathing, toileting, feeding, dressing, and transfers (for example, from bed to chair).

Such people might do better on a cruise ship, at a similar cost, even for many years. Dr Lindquist told the *BMJ* that she had accompanied her parents on a Caribbean cruise and saw that many passengers were just like her geriatric patients—some used walking frames, canes, or wheelchairs—but they enjoyed a better quality of life than patients in assisted living facilities. "Many had taken 20 or 30 cruises over

the past two years, almost every other week," she said.

Dr Lindquist compared the amenities and costs in assisted living facilities with accommodation on cruise ships, using a Markov analysis. Both cruise ships and assisted living facilities offer single room apartments with a private bathroom, a shower with easy access, some help, cable television, security services, and entertainment.

Cruise ships, however, have superior health facilities—one or more doctors, nurses available 24 hours a day, defibrillators, equipment for dealing with medical emergencies, and the ability to give intravenous fluids and antibiotics.

Assisted living facilities almost never have doctors on site and seldom have nurses available 24 hours, Dr Lindquist said.

Cruise ships also have a higher ratio of employees to passengers than assisted living facilities.

In the United States, an assisted living facility costs about \$2360 (£1290; €1850) a month or \$28 689 a year. In the north-east and the west of the United States, costs are higher.

A one month cruise in November in the Caribbean would cost \$2651. Living on board for the entire year would cost \$33 260. The authors calculate that the long term cost for a person to live on a cruise ship from the age of 80 until his or her death would be \$230 497 compared with \$228 075 for an assisted living facility. □



Cruise ships have better health facilities than most care homes for elderly people