in the Lancet — which also included Dr Peter Piot, a professor and director at the London School of Tropical Medicine, who was one of the discoverers of Ebola — stressed that "the urgent need is to establish whether new investigational drugs offer survival benefits" and therefore which, if any, should be recommended by the WHO to save lives.

"We have innovative but proven trial designs for doing exactly that," they wrote. "We should be using them, rather than doggedly insisting on gold standards that were developed for different settings and purposes."

The Ebola epidemic has infected almost 8,400 people so far and killed more than 4,000 of them, mainly in Guinea, Sierra Leone and Liberia.

One potential drug trial design that would avoid using placebos would be to test two experimental drugs at the same time by giving one to one group and another to a separate group.

"In cancers with a poor prognosis for which there are no good treatments, evidence from studies with-



We accept that RCTs can generate strong evidence in ordinary circumstances; not, however, in the midst of the worst Ebola epidemic in history.

Dr David Heymann HEAD OF THE CHATHAM HOUSE CENTRE ON GLOBAL HEALTH SECURITY out a control group can be accepted as sufficient for deployment and even for licensing by regulators, with fuller analysis following later," the experts wrote. "There is no need for rules to be bent or corners to be cut: the necessary procedures already exist and are used."

The WHO has approved the use of experimental drugs for Ebola in the hope they might help some people infected in the outbreak which has been raging since March.

Several patients have already been given experimental drugs, including ZMapp, made by Mapp Biopharmaceutical in the United States, TKM-Ebola made by Canada's Tekmira, and brincidofovir, made by the US company Chimerix.

But since only a tiny number of patients have been treated and some of those treated died and some survived, doctors are not sure if they work.

In the letter to JAMA, disease experts argued that conducting RCTs

was the only way to "maximise lives saved in the present epidemic and ensure knowledge gains for the next".

Dr Heymann, Dr Piot and 15 other signatories to the Lancet letter said: "We disagree". "No one insisted that Western medical workers offered ZMapp and other investigational products were randomised to receive the drug or conventional care plus a placebo," they wrote. "None of us would consent to be randomised in such circumstances." **REUTERS**

Risk to let infants sleep on sofa: Study

NEW YORK – About one in eight crib deaths occur among infants who have been placed on sofas, researchers have reported.

Dr Jeffrey Colvin, a paediatrician at Children's Mercy Hospital in Missouri, and his colleagues analysed data on 7,934 sudden infant deaths in 24 states, comparing those that occurred on sofas with those in cribs, bassinets or beds.

"It's not only one risk that's higher relative to other sleep environments. It's multiple risks," said Dr Barbara Ostfeld, a professor of paediatrics at Rutgers Robert Wood Johnson Medical School, who was not involved in the new study.

Nearly three-quarters of the deaths occurred among infants aged three months or younger, the researchers found.

There's a "fallacy that if I'm awake or watching, SIDS (sudden infant death syndrome) won't happen," Dr Colvin said.

In the study, most parents shared the sofa with an infant they had placed there. But sleep-deprived parents may fall asleep on the couch with their newborns. Some sofas slope towards the back cushions, making it easier for infants to get wedged where they cannot breathe.

Infants found dead on sofas were likelier than other infants in the study to have been found on their sides, noted Dr Eve Colson, a professor of paediatrics at Yale School of Medicine, who has studied safe sleep for infants but was not involved in the study.

Dr Colvin said: "(Infants) need to sleep alone, on their backs and in a crib, and it doesn't matter if it's for a nap or overnight. And it doesn't matter if the parent is awake or asleep."

THE NEW YORK TIMES



It's not only one risk that's higher relative to other sleep environments. It's multiple risks.

Dr Barbara Ostfeld PROFESSOR OF PAEDIATRICS AT RUTGERS ROBERT

MEDICAL SCHOOL

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IT GETS ON MY NERVES TOO!

Some of us go about our days without realising that there is more to the pins-and-needles feeling, numbness or cramps to certain parts of our body when we first wake up in the morning or just doing normal daily activities.

Pins and Needles

If you do experience such sensation, it is because of the pressure on your nerve system. This often occurs in the extremities, such as the hands, feet, fingers and toes, but it can also occur in other parts of our body.

Frequent tingling and numbness sensation

Temporary numbness or tinalina sensation that disappears quickly can attribute to prolonged sitting in your office, car, prolonged use of mobile phone, typing on your computer and so on. Most of us tend to disregard this feeling as *normal* since such feelings do go away after a while. However, if this condition becomes a frequent occurrence, then the problem will perpetuate if left unattended.

Prolonged pressure on nerves is damaging

The pain feeling that you experience may usually arise from nerve compression or damage that is caused by prolonged pressure on nerves, ageing nerves, as well as certain medical conditions such as diabetes and rheumatism. To exacerbate the situation. living an unhealthy lifestyle adds on the stress on our nerve cells, including wrong sitting posture and degree of mobility, as well as lack of dietary intake of neurotropic vitamins.

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