

## National disease registries for advancing health care



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In *Health Affairs* on Dec 7, Stefan Larsson and colleagues report the results of a study of registries for diseases and procedures (cataract, heart disease, hip and joint replacement, cancer, and cystic fibrosis). They analysed 13 registries in Australia, Denmark, Sweden, the UK, and the USA. Sweden seems to have been quick to adopt disease registries and has almost 90 that are government supported. The national cataract registry has information on 95.6% of all cataract removals that were undertaken in Sweden since 1992 when the registry was established. Incidence of postoperative endophthalmitis, which is rare, fell from 0.11% in 1998 to 0.02% of all cataract surgery cases in 2009—the lowest reported national average—through the identification of associated risk factors.

Sweden has also reduced the incidence of revision hip arthroplasty to 10% since the establishment of the registry in 1979 by identifying best clinical practice as well as implants that have the highest resistance to wear and tear. Swedish surgeons avoided about 7500 revisions and US\$140 million in costs during

2000–09. If the USA could reduce its revision burden of hip arthroplasty to 10% by 2015, it would save \$2 billion of a predicted total cost of \$24 billion. Compared with Sweden, the USA seems to have been slow in establishing disease registries. Nevertheless, US evidence indicates the considerable benefits of registries. For example, the registry for cystic fibrosis is estimated to have averted roughly 5000 patient years of *Pseudomonas* infection and an associated cost of \$230 million (about 2% of total costs for care of cystic fibrosis) from 2000 to 2009.

Disease registries play an important part in improving health outcomes. They also reduce the costs of health care. Through the use of such registries, health-care providers can compare, identify, and adopt best practices for patients. The Swedish Government is committed to increasing its annual financial support for disease registries from \$10 million to \$45 million by 2013. Governments of more countries should follow Sweden's example. ■ *The Lancet*

For more on the *Health Affairs* report see <http://content.healthaffairs.org/content/early/2011/12/06/hlthaff.2011.0762.full>

## Improving care for women with unwanted pregnancies



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Past studies on the effect of an induced abortion on mental health have been mixed in terms of their quality, findings, and interpretation. Some have shown no harm while others have found associations with mental disorders. Last week, the world's largest, most comprehensive systematic review on mental health outcomes of abortion was published by the UK Academy of Medical Royal Colleges (AMRC). The review claimed to provide a definitive answer: having an abortion does not increase the risk of mental health problems.

The review included 44 high-quality studies done in developed countries and published between 1990 and 2011. It found that a woman's mental health outcomes were the same whether she chooses to have an abortion or continue with the pregnancy. However, women who had mental health problems before an abortion were more likely to experience such problems after the procedure. Post-abortion mental health problems were also more likely if a woman had negative attitudes to abortion or was experiencing stressful life events. Importantly, the review shows that unwanted pregnancy, not abortion, increases

risk of mental health problems and the authors suggest that future research should focus on this area. It is not clear whether women who have unwanted pregnancies have pre-existing mental health problems or whether their situation is the cause of the mental illness, or both.

These results should guide care and advice for women with unwanted pregnancies who need mental health support whatever the resolution of their pregnancy. Prevention of unwanted pregnancies is also crucial through education and the provision of contraception. But women still face barriers to accessing these services. Last week, US Health and Human Services Secretary Kathleen Sebelius vetoed the Food and Drug Administration's recommendation to make the emergency contraceptive pill, Plan B, available without prescription to all women of childbearing age in the USA. Plan B will not be available without prescription to girls 16 years or younger under the ruling. The AMRC's findings show that Sebelius's decision is an assault on the mental health of women as well as their reproductive rights. It should be reversed. ■ *The Lancet*

For the *AMRC* review see <http://aomrc.org.uk/component/content/article/38-general-news/283-systematic-review-of-induced-abortion-and-womens-mental-health-published.html>