a prospective, randomised controlled trial would be most welcome to assist with the choice of bridging anticoagulation.

Andrea Colli correctly points out that the Mitroflow pericardial valve is available in Canada and has recently become available in the USA. Although the Carpentier-Edwards Perimount valve and its variants still account for most pericardial valves implanted in North America, a broader array of bioprosthetic valves has now entered the marketplace.

We adapted the antithrombotic management algorithm presented in figure 2 from the ACC/AHA and ACCP guidelines for patients with prosthetic heart valves. Colli highlights areas of disagreement between the ACC/AHA and ACCP guideline recommendations regarding aspirin dosing. The algorithm presented is based on our own critical review of the evidence.

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A global perspective on the dissemination of mental health research

As the Movement for Global Mental Health gains momentum (Aug 22, p 587),1 the striking under-representation of low-income and middle-income countries in published psychiatric research becomes evident.

In 2007, we did a survey in Medline and Web of Science to identify journals in psychiatry and their country of origin.2 We found 222 indexed publications; of these, 213 originated from high-income countries and only nine (4%) from middle-income countries. None was from a low-income country. Information obtained from the World Psychiatric Association (WPA) and the Global Forum for Health Research indicated the existence of another 118 unindexed psychiatric publications from low-income or middle-income countries. A WPA taskforce was appointed in 2008 to promote the dissemination of research from low-income and middle-income countries and is working together with journal editors3 to improve the quality of such publications and to strengthen their chances of being indexed.4

This year, we repeated the survey using the same strategy, paying particular interest to a follow-up of the unindexed publications from low-income and middle-income countries. We found that, in addition to the nine pre-existing indexed journals, four new publications were included in the databases: one from Brazil, two from South Africa, and one from Turkey. Also, three other journals that were indexed only in Medline 2 years ago are now part of the Web of Science database: one each from Croatia, Poland, and Turkey. However, despite these inclusions, the proportion of journals from low-income and middle-income countries remains virtually unchanged (13 of 235 [5·5%]). The scarcity of indexed journals with a strong focus on low-income or middle-income countries still represents a major obstacle5 to the enhancement of the international and multicultural aspects of psychiatric research.

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The state of health in South Africa: quo vadis?

The Lancet’s Series on health in South Africa is most timely and welcome. Indeed, it serves as a beacon of hope amid a background of health-care system failures.

The South African constitution, launched in 1996, was lauded for being progressive and visionary: for enshrining the rights of citizens, ensuring access to “health care services, including reductive health”, “sufficient food and water”, and “social security, including, if they are unable to support themselves and their dependants, appropriate social support”.

However, the South African reality has been that, despite increased investments and improved social policies, the country has failed to resolve its health disparities. Such has been the paradox of the health system in South Africa that, against the backdrop of many examples of brilliant stewardship and service excellence, there is a flagrant, undeniable, and widespread smog of mismanagement, neglect and abuse.