

not to divert attention away from it at this crucial stage in its rollout. I warn of this because premature interruptions of “innovative” health interventions are not uncommon in health systems around the developing world, partly owing to sudden political shifts in a country or change in donor mood.

To foresee the successful completion of the HEP, the Ethiopian Government ought to generate evidence of the performance of the HEP approach. One aspect of the HEP that would benefit from evidence generation is the safe delivery component. Only 5-7% of deliveries are attended by trained professionals, and the government can only bridge this gap through better “pregnancy risk assessment” and “clean and safe delivery” by use of extension workers as the key health force. This, however, is not in line with current international consensus.

Lack of evidence on the effectiveness of the intervention might risk losing the dwindling donor support in the area. The best defence, in my opinion, against such an eventuality is preparedness via careful monitoring and evidence generation in the course of implementation of the HEP. Such evidence will also better inform resource use and help fine-tune the approach to enhance its effectiveness.

I declare that I have no conflicts of interest.

Abel Hailu Irena
abelhailu@yahoo.com

Valid International, Lusaka, Zambia

- 1 Loewenberg S. Ethiopia struggles to make its voice heard. *Lancet* 2010; **376**: 861-62.

Facebook: a new trigger for asthma?

Psychological stress is a recognised cause of asthma attacks.^{1,2} In depressed asthmatic individuals, parasympathetic or sympathetic dysregulation, with a vagal prevalence, has been noted as a consequence of a stress-inducing situation.³

Facebook is a social networking website launched in February, 2004. It

had more than 500 million active users in July, 2010,⁴ and is in some ways replacing real relationships, especially among adolescents and young adults. We present the case of an 18-year-old man for whom Facebook use seemed to trigger asthma exacerbations.

Asthma symptoms had been under control with inhaled corticosteroids (fluticasone 250 mg twice daily) and montelukast 10 mg once a day, which the patient took all year round except for the summer months, when exposure to house dust mite, to which he was sensitised, is usually low in Italy. However, symptoms had worsened in the months preceding presentation to us, and he had had to take relief medications several times, including in summer.

The worried mother learned that his girlfriend had broken up with him, leaving him in a depressive state. The girl had erased him from her list of Facebook friends, while “friending” many new young men. With a new nickname on Facebook, our patient succeeded in becoming her friend once again and finally in seeing her picture on her Facebook profile. The sight of this seemed to induce dyspnoea, which happened repeatedly on the patient accessing her profile.

The mother was advised to ask him to measure the peak expiratory flow before and after internet login and, indeed, “post-Facebook” values were reduced, with a variability of more than 20%. In collaboration with a psychiatrist, the patient resigned not to login to Facebook any longer and the asthma attacks stopped.

The temporal relation with onset of symptoms suggests that Facebook login was the trigger of asthma exacerbations, in which hyperventilation might play a key role.⁵ Other possible environmental and infectious factors were excluded with a thorough history and physical examination.

This case indicates that Facebook, and social networks in general, could be a new source of psychological stress, representing a triggering

factor for exacerbations in depressed asthmatic individuals. Considering the high prevalence of asthma, especially among young people, we suggest that this type of trigger be considered in the assessment of asthma exacerbations.

We declare that we have no conflicts of interest.

*Gennaro D’Amato, Gennaro Liccardi, Lorenzo Cecchi, Ferdinando Pellegrino, Maria D’Amato
gdamatomail@gmail.com

Division of Respiratory and Allergic Diseases, Department of Respiratory Diseases, High Speciality Hospital A Cardarelli, 80131 Napoli, Italy (GDA, GL); Allergy and Clinical Immunology Section, Azienda Sanitaria di Prato, Prato, Italy (LC); Unit of Mental Health, Azienda Sanitaria di Salerno, Salerno, Italy (FP); and Division of Pneumophthysiology, High Speciality Hospital V Monaldi, Napoli, Italy (MDA)

- 1 Ritz T, Kullowatz A, Goldman MD, et al. Airway response to emotional stimuli in asthma: the role of the cholinergic pathway. *J Appl Physiol* 2010; **108**: 1542-49.
- 2 Loerbroks A, Apfelbacher CJ, Thayer JF, Debling D, Sturmer T. Neuroticism, extraversion, stressful life events and asthma: a cohort study of middle-aged adults. *Allergy* 2009; **64**: 1444-50.
- 3 Miller BD, Wood BL, Lim JH, Ballow M, Hsu CY. Depressed children with asthma evidence increased airway resistance: “vagal bias” as a mechanism? *J Allergy Clin Immunol* 2009; **124**: 66-73.
- 4 Zuckerberg M. 500 million stories. <http://blog.facebook.com/blog.php?post=409753352130> (accessed Nov 5, 2010).
- 5 Ritz T, Kullowatz A, Bobb C, et al. Psychological triggers and hyperventilation symptoms in asthma. *Ann Allergy Asthma Immunol* 2008; **100**: 426-32.

Department of Error

Rajaratnam JK, Marcus JR, Levin-Rector A, et al. Worldwide mortality in men and women aged 15-59 years from 1970 to 2010: a systematic analysis. *Lancet* 2010; **375**: 1704-20. In this Article (May 15), the first sentence of the last paragraph of the Discussion section should have read: “Every year, more than 7·7 million children die before their fifth birthday; however, over three times that number of adults—nearly 24 million—die under the age of 70 years”. This correction has been made to the online version as of November 19, 2010.

The printed journal includes an image merely for illustration