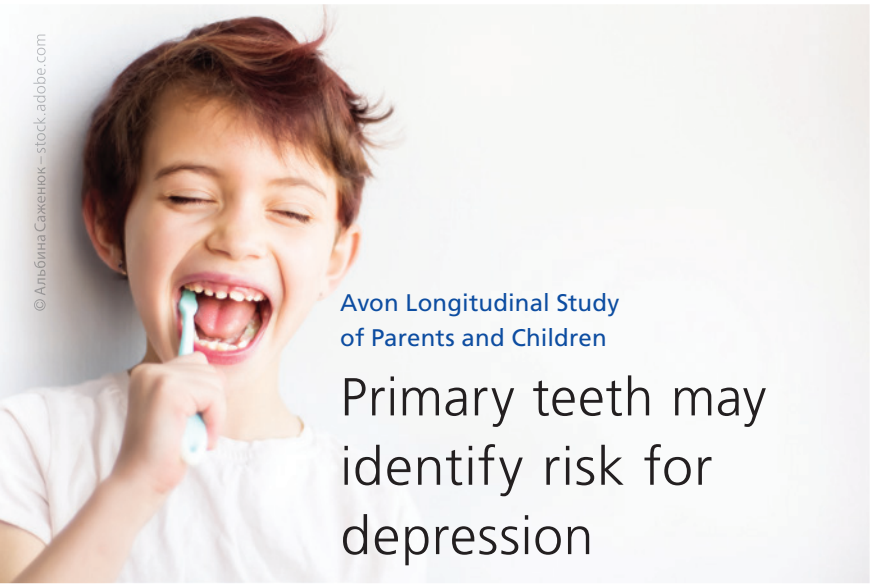
Europe Ticker +++



Avon Longitudinal Study of Parents and Children

Primary teeth may identify risk for depression

The thickness of growth marks in primary (or "baby") teeth may help identify children at risk for depression and other mental health disorders later in life, according to a ground-breaking investigation by the University of Bristol. The team of the University of Bristol/UK analysed 70 primary teeth collected from 70 children enrolled in the Children of the 90s study (also known as the Avon Longitudinal Study of Parents and Children) based at the University of Bristol. Parents donated primary teeth (specifically, the pointed teeth on each side of the front of the mouth known as canines) that naturally fell out of the mouths of children aged 5 to 7. The results of this study could one day lead to the development of a much-needed tool for identifying children who have been exposed to early-life adversity, which is a risk factor for psychological problems, allowing them to be monitored and guided towards preventive treatments, if necessary.

Reference:
Rebecca V. Mountain, Yiwen Zhu, Olivia R. Pickett, Alexandre A. Lussier, Jill M. Goldstein, Joshua L. Roffman, Felicitas B. Bidlack, Erin C. Dunn. Association of Maternal Stress and Social Support During Pregnancy With Growth Marks in Children's Primary Tooth Enamel. JAMA Network Open, 2021; 4 (11): e2129129 DOI: 10.1001/jamanetworkopen.2021.29129

Source: Science Daily, UK

Video conference of European health ministers

How to ensure medical care of refugees

Health ministers met for an informal video conference to agree on a coordinated and inclusive EU response to the health consequences of the war in Ukraine. Health ministers recalled the right of access to healthcare guaranteed by the Temporary Protection Directive. Full implementation of these rights is all the more important for these people given the effects of war on their mental and physical health. Some of them have been injured or suffer from chronic or severe diseases. Ministers referred to actions in the different countries by public authorities, health institutions, health professionals and organised civil society that will allow for emergency or longer-term responses. It is in this context that health ministers have considered how to ensure the medical care of these people and to prepare, from today, for responses to this unprecedented health and human challenge. Ministers welcomed the establishment of the EU solidarity mechanism to facilitate medical evacuations of persons in need of specialised hospital treatment and care. Ministers also agreed in particular on the need to give priority to sick children in the medical evacuation of refugees by ensuring that they remain surrounded by their families, to update in real time the reception capacities for acute care of refugees in order to ensure continuity of care, to consider the means of transport of persons requiring medical evacuation in order to meet needs based on the scale of the situation and to consider the deployment of temporary hospitals in Poland to facilitate the evacuation of patients according to their pathologies. At the heart of the discussion was the medical treatment of refugees suffering from chronic and acute illnesses in border states or member states hosting refugees and people displaced by war. Ministers also discussed resilience of the health systems of all EU member states, already significantly hit by the COVID-19 crisis and now facing a new—and potentially longer lasting—health crisis.

Source: European Council

Expert panels on medical devices

Handover to EMA

On March 1, the coordination Secretariat of the Commission's expert panels on medical devices and *in vitro* diagnostic medical devices has been handed over from the Commission's Joint Research Centre (JRC) to the European Medicines Agency (EMA). The JRC had been entrusted by DG Health and Food Safety (DG SANTE) to establish the panels, define guidance documents, operational workflows and necessary IT tools as well as to launch their main advisory functions. During the last four years, JRC and DG SANTE have collaborated intensively to establish these 12 expert panels, which play an important role in improving the clinical evaluation of specific high-risk devices (e.g. implantable heart valves or SARS-CoV-2 assays) under the revised EU legislative framework for medical devices (Regulations [EU] 2017/745 and 746). The background of the handover is the extended mandate of EMA on crisis preparedness and management of medicinal products and medical devices (Regulation [EU] 2022/123), developed as a reaction to the COVID-19 pandemic in the EU. It is expected that EMA's extended mandate will lead to a more integrated, synergistic and coherent approach to the management of availability of medicinal products, medical devices and *in vitro* diagnostic medical devices at Union level, and of the scientific panels for medical devices, thus improving public health protection for the entire Union.

Source: European Commission

New regulation on clinical trials

Improve safety and increase transparency

As of Monday 31, January, the assessment and supervision of clinical trials throughout the EU will be harmonised, notably via a Clinical Trials Information System (CTIS) run by the European Medicines Agency. On this date the Regulation on Clinical Trials will enter into application. This Regulation will improve conducting clinical trials in the EU, with the highest standards of safety for participants and increased transparency of trial information. Welcoming this important step, European Commissioner for Health and Food Safety, Stella Kyriakides, made the following statement: "The Clinical Trials Regulation marks an important and positive step for European patients and brings us closer to a stronger European Health Union. It will allow us to have swifter authorisation of clinical trials across our Member States, thus improving the efficiency of clinical research as a whole. At the same time, the high quality and safety standards already set for such trials will be upheld. While almost 4,000 clinical trials are already carried out each year in the EU, the Regulation will make vital research even more beneficial to the researchers and patients who depend on fast and reliable trials the most. Over the coming years, the Regulation will create a framework for a more agile clinical trial approval process that will bring Member States closer together in the area of clinical trials…"

Source: European Commission

Health workers in Turkey

Strike for better working conditions

Turkish health workers have gone on a three-day nationwide strike. Prior to the action President Erdoğan, commenting on the large number of doctors leaving the country, had said that those who wanted to go should go. Many of those who are leaving cite long working hours, low income, increasing violence and political pressure as reasons. Some outlets find the demands for better working conditions legitimate, others are less conciliatory. "The state has the task of keeping its doctors in the country. It must listen to their concerns and try to develop solutions for them, as well as improve their working conditions and raise their living standards to those of doctors in Europe", requests the Turkish paper *Habertürk*.

Source: Eurotopics