

# IN THIS ISSUE

## Past its peak?

Asthma is a big issue for Australian children: ask any teacher and she'll show you the "puffers" to prove it. But there's good news from Robertson et al (page 273), whose study joins an emerging body of overseas research in showing that, after increasing for 40 years, asthma prevalence seems to have stabilised or even decreased. In response, Crane (page 263) wonders whether asthma is in the eye of the beholder.

## Revving up rehab

Despite good evidence that it substantially reduces mortality after heart attack, a cohort study from Victoria reveals that not everyone is offered cardiac rehabilitation (Sundararajan et al, page 268). Does the study tell us anything else? Jelinek's editorial (page 261) points out that there is a subgroup of patients who might stand to benefit from alternative models of cardiac rehabilitation.

## Coeliac or souvenir?

A middle-aged woman returns from Bali with diarrhoea. Heard it all before? Maybe, but the cause proved elusive in this case reported by Pingé-Suttor et al (page 295).

## NICS for nix

The role of the National Institute of Clinical Studies (NICS) is to encourage the use of best evidence in clinical practice. What gaps have they identified and how might these be bridged? The Supplement with this issue is a rich source of ideas and information from Australian and overseas experts.

## Walk right up

Conventional wisdom holds that children with newly diagnosed type 1 diabetes need several days in hospital for stabilisation and education, but overseas programs and the Diabetes Day Care Program at the Children's Hospital at Westmead have adopted alternative models. Srinivasan et al compare their current outpatient program with their previous inpatient treatment on page 277.

## Postcard...

...or report card? Going where angels fear to tread, our expatriate spies, Jamrozik et al (page 266), take the opportunity to put the boot into tobacco-control legislation in the UK.



## Trials on trial

A recent trial comparing cardiac revascularisation strategies found that, although overall survival rates were similar after angioplasty and coronary artery bypass surgery, people with diabetes were at increased risk of death after angioplasty. This is an example of subgroup analysis at work. On page 289, Cook et al explain how and when to use this important tool. Meanwhile, Wilson and McGuire (page 287) bring their clinical perspective to another cardiology trial that used subgroup analysis.

## Let it rain

Recent reports that astronauts living on the proposed lunar base will have to drink recycled urine have put paid to many an aspiration for space travel. Yet, even here on earth we are starting to realise that water recycling is inevitable. Mitakakis et al (page 260) explain why national guidelines on water recycling are being developed.

## Reviving a dying art

In an era of precision diagnosis, when the cause of death is usually known, is there any need for routine autopsy? Judging from the falling rates described by the *Royal College of Pathologists of Australasia Autopsy Working Party* (page 281), many doctors believe not. The authors of the report provide compelling reasons and practical tips for reversing this trend.

## The myth of a moral malady

It's Hepatitis C Awareness Week (March 15–19), and this year the website of the Hepatitis C Council of Victoria carries the reminder *Hepatitis C is a virus. Discrimination is a judgement - both can make you sick!* Waller has experienced both. She shares her story on page 293.

## Osteoporosis stripped bare

There are now some excellent treatments for osteoporosis, and in some cases the need for medication is clear-cut. But what if your patient is a 55-year-old woman with osteoporosis and no fracture, or a 65-year-old with osteopenia plus a fracture? Seeman and Eisman's contribution to our *MJA Practice Essentials: Endocrinology* series (page 298) has the answers.

## Another time ... another place ...

*I believe it is only a matter of time before physicians as well as hospitals will be rated by the percentage of autopsies they do or see in their practices.*

*R C Giles, J Natl Med Assoc 1932; 24: 22-25*

