PHARMED-OUT

According to Western Australian investigators, the rate of hospitalisations due to adverse drug reactions in older patients has climbed steadily over the past 2 decades. Burgess et al (*page 267*) report on these alarming trends and the most common culprit drugs. Why haven't we been able to stem this tide? Roughead's editorial (*page 264*) pieces together some of the reasons and offers possible solutions.

The recent withdrawal of rofecoxib from the market has also taught us that we need better ways to monitor long-term drug safety. Relying on clinical trial data and voluntary postmarketing reporting is not enough, say Nelson et al (*page 262*). They call for a new approach: linkage of relevant data on users of new drugs with morbidity and mortality databases, based on Medicare numbers.

FIGHTING FATS

It's now clear that your risk of developing coronary heart disease or ischaemic stroke is directly related to serum low-density-lipoprotein cholesterol levels. Simons and Sullivan (*page 286*) present the latest evidence on the role of lipid-modifying agents in lowering this risk.

VITAMIN D POSITION STATEMENT

Not everyone in this sunburnt country is guaranteed of getting enough vitamin D. If you'd like to know more about who's at risk of vitamin D deficiency (and therefore of fractures and falls), as well as what to do about it, turn to the *Position Statement* on *page 281*.

QAHCS NO QUICK FIX

The landmark Quality in Australian Health Care Study (QAHCS) published nearly 10 years ago measured adverse events in Australian hospitals and showed that half of these were preventable. Yet some would argue that not much has changed since, given what seems like a constant stream of publicity about mishaps in our hospitals. That's not quite true, say Wilson and Van Der Weyden (*page 260*), although we clearly have much further to go.

SCRATCHING, SNIFFING, SWELLING

One in four Australian children suffers from an atopic disease, with the spectrum of severity ranging from nuisance value to life threatening. For many years, symptomatic treatment was the mainstay of therapy, but a more recent aim is to identify and avoid allergen triggers. Experts Gold and Kemp explain how, in the latest article in our *Practice Essentials –Paediatrics* series (*page 298*).

SEEING RED

Beware the persistent red eye with blurred vision, say Durkin and Casey in their *Lessons from Practice* (*page 296*). In this case, a child with these symptoms turned out to have a sight-threatening problem that was part of a systemic illness.

MORE TO MENDING HEARTS

Did you realise that many of your patients with cardiovascular disease are also likely to be clinically depressed? In fact, the more depressed they are, the more likely it is that their coronary heart disease will cause problems. What if you had telephone advice from specialist hospital staff on how to treat co-existing depression in specific patients with cardiac problems? Schrader and colleagues (*page 272*) put this to the test in a randomised controlled trial involving GPs and hospital colleagues.

FATAL FUNGUS

The *MJA* has previously reported deaths from the hepatotoxic effect of the *Amanita phalloides* mushroom. As Pauli and Foot record on *page 294*, however, this is not the only deadly mushroom in Australia. Equally chilling is their patient's encounter with another genus, which caused a fatal acute muscarinic syndrome.

NOT WAVING, DROWNING

While the sheer number of simultaneous deaths in the Boxing Day tsunami is almost inconceivable, many more people from the affected regions die every year from tuberculosis. Aligned with World TB Day (March 24), Bastian updates us on the progress of the disease and the efforts to eradicate it at home and abroad (*page 263*).

CANCER ON THE STAGE

Indigenous Australians have higher mortality rates for certain cancers than do other Australians. Are they also diagnosed at a more advanced stage? "Yes" for some common cancers, say Condon and colleagues (*page 277*). However, the twist is that this only partly explains their lower survival rates.

"I FEEL BETTER NOW . . ."

. . . is not something that many Australians in regional areas are likely to say in response to federal government incentives for private health insurance membership. Lokuge et al (*page 290*) show that their level of membership is much lower, and postulate that the government's private health insurance rebates may not be lightening the load in regional hospitals.

ANOTHER TIME ... ANOTHER PLACE

The human's "desire to take medicine" carries, however, a price tag. Nature's maladies are succeeded by iatrogenic hazards. Arising out of a restorative instinct, polypharmacy becomes itself an affliction.

Kroenke, Kurt. Am J Med 1985; 79:149-52