

In this issue

7 JULY

WALKING THE HEALTH REFORM WALK

Few would dispute that the need is there, and the time is right, for health care reform in Australia. Our new federal government has acted swiftly, with several initiatives designed to discover what changes need to be made. On *page 31*, Bennett, Chair of the National Health and Hospitals Reform Commission (NHHRC), outlines the NHHRC's first report, which was produced in late April to provide advice on the upcoming Australian Health Care Agreements. According to Southby (*page 33*), we have been here before! Health was a prominent issue in the 1972 Australian federal elections, and the newly elected Labor Government established the Hospitals and Health Services Commission, for which he lists an impressive range of achievements. There is a difference, however: the NHHRC is an advisory body only, whereas the earlier Commission was responsible for both policy development and implementation. It's a crucial distinction, adds Van Der Weyden (*page 3*), and, unless we have an overarching body to "keep the government honest", it need not be accountable.

EXPEDITE TIA/STROKE MANAGEMENT

The findings of a study by Kehdi et al (*page 9*) indicate that patients with a transient ischaemic attack (TIA) benefit more from hospital admission than outpatient assessment and treatment. The study followed up 2535 patients presenting with TIA to six public hospitals in south-western Sydney over 5 years: 1816 patients were admitted to hospital, and 719 were discharged. At 28 days, discharged patients were significantly more likely to have suffered a further event (5.3% v 2.3% admitted patients), including stroke (2.1% v 0.7%). The study adds further weight to the recommendations of the new clinical stroke guidelines from the National Stroke Foundation, highlighted by Anderson on *page 4*. The guidelines include an assessment tool for estimating the risk of stroke after TIA, and strongly recommend universal access to specialised stroke units (or appropriate alternative care) and thrombolytic therapy for those who would benefit from it.

SCALP TINEA

Tinea capitis may be quite prevalent among primary school-aged children who have recently immigrated to Australia from African and Arabic countries. Responding to a request to investigate a reported outbreak, McPherson et al (*page 13*) set up a screening program in an English-language school in an outer suburb of Melbourne: 153 children (85%) were screened, of whom 32 (21%) were either infected with or carriers of three dermatophyte species rarely encountered in Australia. The authors suggest that English-language school screening programs may be an effective way of controlling tinea capitis among migrant children, who are generally infected by household contacts.



ADDING VALUE TO CERVICAL SCREENING

The success of the Pap smear in reducing morbidity and mortality from cervical cancer is unquestioned, and new initiatives, such as human papillomavirus (HPV) vaccination, more accurate cytology technology, and HPV testing, will further decrease the impact of this disease. But to get the most from the latest advances, we need to use them within the parameters of a comprehensively reviewed cervical screening program, cautions Farnsworth on *page 6*.

CHILDREN'S MOTORCYCLING UNREGULATED AND DANGEROUS

Child motorcycle-related injuries requiring hospital treatment are increasing by about 10% per year in Victoria, and most occur off road, where there is no legislative framework to protect children, say Bevan et al (*page 17*). Over a 4-year period to mid 2004, there were 3163 presentations of children injured in motorcycling accidents to Victorian hospital emergency departments. Most were boys, and almost one in four were aged less than 10 years. Over the same period, the Royal Children's Hospital Trauma Registry recorded 167 admissions — 17% for major injury, 41% requiring operation, 13% requiring admission to intensive care, and there were two deaths.

OSTEOPOROSIS COMPLEXITIES

If you're confused about the interpretation of your patients' bone mineral density results, turn to *page 7* for Nordin and colleagues' elegant explanation of the difference between odds and risk, and a simple figure for calculating an individual patient's 6-year fracture risk. Once you know the risk, you are faced with the difficult task of deciding what level of risk justifies the various management strategies.

In a study published in the *BMJ* earlier this year, New Zealand researchers Bolland et al found an unexpected increase in vascular events in healthy older women receiving calcium supplementation, a result that Tang and Nordin disputed (with an adjusted reanalysis and a meta-analysis of five other studies) in a recent letter to the *MJA*. In this issue's *Letters* (*page 55*), Bolland et al defend their original findings, leaving the question open to interpretation.

Dr Ruth Armstrong, MJA

ANOTHER TIME ... ANOTHER PLACE

A modern hospital can provide a CT scan in twenty minutes. An enema may take two days.

John L McClenahan, 1993