

# In this issue

3 NOVEMBER

## CLOSING THE BABY GAP

Two articles in this issue indicate that reducing rates of smoking during pregnancy would go a long way towards redressing the differences in perinatal outcomes between Indigenous and non-Indigenous babies. Wills and Coory (*page 490*) looked at the correlates of preterm birth and low birthweight in 79 803 babies born in Queensland. Indigenous mothers were much more likely than their non-Indigenous counterparts to have smoked during pregnancy (54% v 19%), and the babies of smokers were at similarly increased risk of being preterm or low birthweight regardless of Indigenous status. In a smaller sample of 1706 babies born in a hospital in outer Sydney (Titmuss et al, *page 495*), 90 were Indigenous; these babies had a lower mean birthweight and were more likely to weigh less than 2500g than non-Indigenous infants. In a multivariate analysis, the differences were largely explained by low socioeconomic status and smoking.

## THE DRINKING SEASON

Ever wondered what professional Australian Football League (AFL) players do in the off-season? According to a survey of 582 players (Dietze et al, *page 479*), many of them use their break to drink to excess! Sustained (long-term) heavy drinking was less common in AFL players during the playing season than in the general population of men the same age (2% v 15%), but rose to 54% in the end-of-season period and 41% in vacation periods. Short-term, risky drinking (binge drinking) was common at all times of the year, and 26% of players reported experiencing negative consequences of drinking, such as getting into a fight.

## ANOTHER TIME ... ANOTHER PLACE

... smoking — its beginning, habituation, and occasional discontinuation — is to a large extent psychologically and socially determined.

*Surgeon General's Advisory Committee on Smoking and Health, 1964*



## FLUID ADVICE

In general, a more restrictive approach to intravenous fluid therapy than the mandatory “3 litres per day” is advised for patients undergoing elective surgery, and the serum sodium level of patients receiving maintenance fluids should be checked daily. These and other useful tips can be found in the *Clinical Update* from Hilton et al (*page 509*). The update was commissioned by the MJA editors at the strong suggestion of a retired doctor whose routine surgery was dangerously and inconveniently complicated by fluid overload!

## ROUTINE THROMBOPROPHYLAXIS: NOT A DONE DEAL

“Routine thromboprophylaxis in medical patients is not justified on the basis of low clinical need, high number needed to treat, uncertain cost-effectiveness and poor benefit-hazard ratio”, says Millar (*page 504*). He argues, using the available evidence, in favour of careful patient selection, rather than a one-size-fits-all approach.

## SLOW PATH TO DEMENTIA DIAGNOSIS

Over 200 carers of people with dementia who participated in a recent NSW-based postal survey (Speechly et al, *page 487*) waited for a mean of almost 2 years after first noticing symptoms before consulting a health professional about their concerns. Most carers consulted a general practitioner in the first instance, and it took more than another year to come to a firm diagnosis, usually with the help of a dementia specialist. The results point to a lost opportunity for earlier interventions and support for patients with dementia and their carers.

## RARE BUT RAMPANT INFECTIONS

An older woman loses a leg after her daughter's pet magpie pecks her on the ankle (Wilson, *page 521*); an insect bite in a young boy becomes a huge necrotising wound (Trotter et al, *page 519*); a middle-aged man develops a generalised vesiculopustular rash with systemic symptoms (*Letters, page 534*); and a woman nearing the end of pregnancy requires treatment for a destructive ulcer involving most of her upper arm (*Letters, page 532*). Even in 2008, infectious diseases can progress at an alarming rate, presenting fascinating challenges for diagnosis and treatment. While the MJA has no plans to become the JRI (*Journal of Rare Infections*), we think you should keep some of these nasty possibilities in mind.

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