

In this issue

1 FEBRUARY

DROWNING A DECADE ON

Despite the sobering reports each summer of drownings in swimming pools, at beaches and in swollen rivers, water safety is one of Australia's public health success stories. Drowning rates have been steadily decreasing since national data first became available in the 1920s, a trend which is shown by Franklin et al (page 123) to be continuing. Analysis of data from the National Coroners Information System from 1 July 2002 to 30 June 2007 revealed an average of 290 drowning deaths each year, down from 376 each year in the same period a decade earlier. The current Australian Water Safety Strategy, published in 2008, advocates that unintentional drowning deaths can be halved by the year 2020. According to the authors this goal might just be achievable, particularly if we work on some under-explored avenues for prevention, such as drowning in rivers, among people from overseas, and in older people.

PIP: PROCEED WITH CAUTION

A new Practice Incentives Program, aimed at improving the care of Aboriginal and Torres Strait Islander people with chronic disease, starts in May 2010. It's an ambitious initiative that is funded for \$28 million over 4 years, and includes a payment to eligible general practices for each Indigenous patient with a chronic disease who "signs up" for treatment. Any new health policy will have its nay-sayers, but a word of caution from the National Aboriginal Community Controlled Health Organisation (considered the peak body for Indigenous health) about whether this considerable funding will reach those who most need it should ring alarm bells (Couzos and Delaney Thiele, page 154).

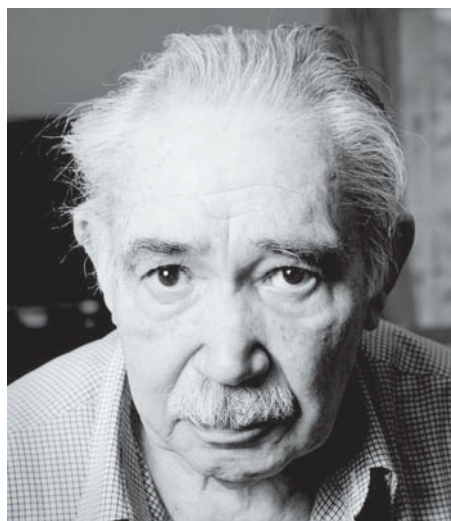
ANOTHER TIME ... ANOTHER PLACE

How can we sing the Lord's song in a foreign land?

Psalm 137:4

AGEING IN A FOREIGN LAND

Sydney's inner western suburbs are celebrated for their vibrant Italian community, many of whose members are men who migrated to Australia in the 1950s and 60s. According to Stanaway and colleagues (page 158), however, too many of these men are facing depression as they age. The baseline survey for the Concord Health and Ageing in Men Project (CHAMP) included 335 Italian-born and 849 Australian-born men aged 70 years and over. The Italian-born men were almost twice as likely as their Australian-born counterparts to report depressive symptoms (18% v 10%), a difference that was largely explained by socioeconomic factors such as increased reliance on the aged pension, and lower satisfaction with social support.



PARKINSON UPDATE

With an estimated 60000 Australians suffering from Parkinson disease, recent advances in molecular biology suggest this multisystem neurodegenerative disorder has a largely genetic basis, say Hayes and colleagues in an informative *Clinical Update* (page 144). While there are a number of effective symptomatic treatments, none have yet been convincingly shown to slow disease progression. Importantly, however, effective treatment need not be delayed, as there is no evidence for the once-held belief that dopaminergic therapy will be effective for only a limited time.

CORRESPONDENCE REPORT

As we all launch ourselves reluctantly into the working year, this issue's *Letters* section (page 171) is strictly back to business. Along with several interesting clinical cases and yet another report of hepatotoxicity from a "natural" product, you'll find some robust responses to a recent editorial on the role of vertebroplasty in painful osteoporotic spinal fractures, a message from the Royal Australasian College of Surgeons about expanding surgical training into the private sector, and a resounding endorsement of our Editor's latest sideswipe at hospital bureaucracy.

HEARTFELT PROTOCOLS

Hospitals in which cardiac surgery is performed are increasingly likely to have specific protocols for antibiotic prophylaxis, but the individual protocols rarely concord with national antibiotic guidelines. So say Haydon and colleagues (page 141) after surveying senior intensive care clinicians at 24 public and 27 private hospitals in 2004, and again in 2008. Use of any protocol increased from 58% to 80% in the 4 years, but only about 10% of hospitals followed the Australian *Therapeutic guidelines: antibiotic* for both choice of agent, and when and for how long it was given, leading the authors to conclude that the individual units were underwhelmed by the evidence underpinning the guidelines. No matter how it is done, adds Christiansen (page 117), one certainty is that antibiotic prophylaxis for cardiac surgery reduces surgical site infections. After reviewing the available evidence, it is likely that version 14 of the guidelines, which is currently in preparation, will recommend a slightly longer prophylaxis regimen with the recommended antibiotic agents unchanged.

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