From The Cochrane Library

Fuelling the debate on e-cigarettes

E-cigarettes continue to divide opinion (resulting in some strange bedfellows), but there is emerging evidence that they are a beneficial



aid to stopping smoking and reducing consumption. The first version of what is likely to be a frequently updated review included two randomised trials involving 662 smokers that compared e-cigarettes with and without nicotine. About 9% of smokers who used nicotine e-cigarettes had stopped smoking for at least 6 months, compared with 4% of those using nicotine-free e-cigarettes. Nicotine e-cigarettes were also more effective than placebo e-cigarettes in enabling participants to halve cigarette consumption rates (doi: 10.1002/14651858.CD010216.pub2). There is not yet sufficient evidence to properly compare e-cigarettes with other quitting aids.

A recent review of point-of-care biomarker testing sounds a cautiously optimistic note in the fight against antibiotic resistance. Six trials involving over 3200 mostly adult patients with acute respiratory infections were reviewed. All investigated the use of C-reactive protein tests to guide antibiotic prescribing in primary care. Encouragingly, doctors who test for the presence of bacterial infections were likely to prescribe fewer antibiotics, and no difference was found between the two groups in terms of how long patients took to recover (doi: 10.1002/14651858.CD010130.pub2).

Getting back to work after the summer break can test even the most eager among us, but what of depressed workers for whom absenteeism is commonplace? A recent review of clinical and work-related interventions to reduce the number of days of sick leave taken included 23 studies involving about 6000 participants. The review found that adding a work-directed intervention, such as modifying the type of work, to usual care reduced sick leave, as did enhancing primary or occupational care with cognitive behaviour therapy (doi: 10.1002/14651858.CD006237.pub3).

Parents of children suffering from gastro-oesophageal reflux might reasonably ask whether medicines would make a difference. Although 24 studies contributed data to a new review, concerns over industry influence, diverse study populations and a lack of common end points limit the usefulness of the evidence. Most parents of young babies would probably nod resignedly on hearing there is "little evidence to suggest that medicines for babies younger than one year work". In older children, proton pump inhibitors and histamine antagonists appear to work, but the evidence does not provide a guide to their relative efficacy Steve McDonald (doi: 10.1002/14651858.CD008550. Tari Turner pub2).

For more on these and other reviews, check out www. thecochranelibrary.com.

Australasian Cochrane Centre, Melbourne, VIC

steve.mcdonald@monash.edu doi: 10.5694/mia14.01748



Local vendors around an abandoned and flooded Bangkok department store released thousands of fish, such as catfish, fancy carp and black and red tilapias, into the water in a bid to curb a growing mosquito problem. The roofless New World department store was closed down in 1997. Now staff from the Bangkok Metropolitan Administration have decided to catch the fish and release the floodwater. Picture: Chaiwat Subprasom/Reuters/Picture Media

"Truck-stop medicine" a win-win for all

An American doctor desperate to save his family practice has found a niche to fill, caring for long-haul truck drivers laying over in the town of Raphine, Virginia. The Washington Post reports that Dr Rob Marsh, a former US Special Forces medic who barely survived the infamous "Black Hawk Down" incident in Somalia in 1993, has set up a clinic along the I-81 freeway for truck drivers passing through on their journeys. Dr Marsh sees locals at the clinic as well, but only by appointment, while truckies can walk in for their mandated physicals, drug tests, flu shots or other treatment. Electronic medical records allow Dr Marsh to forward information on to other physicians along a driver's route. In 2014, the newspaper reported, the percentage of American doctors who work alone, like Dr Marsh, fell to 17%. "I'm a survivor — I'll make this work", the *Post* quoted Dr Marsh as saying. "I'm willing to make those adaptations because I love what I do so much."

http://www.washingtonpost.com/local/virginia-doctor-tries-truck-stop-medicine-to-keep-family-practicealive/2015/01/19/a8c73f70-92c1-11e4-a900-9960214d4cd7 story.html

iPhone health apps changing how to "see the doctor"

Mashable reports on two smartphone devices and one app which have the potential to change how doctors practice. The Oto Home device (CellScope) attaches to the iPhone's camera and captures video of what's happening in patient's ear canal. The video can be sent by the patient to the doctor, or by the GP to a specialist via email, and it all syncs with Apple's Health app. Swaive is an intelligent ear thermometer that syncs wirelessly to the iPhone and can be used not just to monitor fevers, but also to record temperature



for those wanting to know when they're ovulating. An app called AmWell allows those without health insurance or without easy access to a GP to FaceTime with doctors in the AmWell network for a flat rate. The app also helps patients find a doctor, with a database of information.

http://mashable.com/2015/01/17/apple-health-app-gadgets/

Top 5 MJA articles online

1) Clinical focus: A new blood glucose management algorithm for type 2 diabetes: a position statement of the Australian Diabetes Society

doi: 10.5694/mja14.01187

This position statement from the ADS outlines the risks, benefits and costs of the available therapies and suggests a treatment algorithm incorporating the older and newer agents.

- **2)** Christmas cracker: The surprising benefit of passive—aggressive behaviour at Christmas parties: being crowned king of the crackers
 doi: 10.5694/mia14.01392
- **3)** Clinical focus: Australian bat lyssavirus: implications for public health

doi: 10.5694/mja13.00261

4) Christmas cracker: A diagnosis that will go down in history

doi: 10.5694/mja14.00786

5) Editorial: What influences doctors to work in rural locations? doi: 10.5694/mia14.01550

Top 5 MJA InSight articles

1) Basic best in cardiac arrest

https://www.mja.com.au/insight/2014/45/basic-best-cardiac-arrest

Research showing out-of-hospital cardiac arrest patients in the US treated with basic life support have better survival rates and neurological outcomes than patients treated with advanced life support has divided Australian experts.

- **2)** Bruce Campbell and Leslie Burnett: HbA_{1c} flaws https://www.mja.com.au/insight/2014/46/bruce-campbell-leslie-burnett-hba1c-flaws
- 3) Few smiles for dental plan https://www.mia.com.au/insight/2014/47/few-smiles-dental-plan
- **4)** Ruth Armstrong: The whole story https://www.mja.com.au/insight/2014/46/ruth-armstrong-whole-story
- **5)** Jane McCredie: Birth choice risks

https://www.mja.com.au/insight/2014/45/jane-mccredie-birth-choice-risks

Traditional medicine integrated in health system

The President of the Republic of Gambia, Yahya Jammeh, has declared that Gambia will "fully accept and integrate traditional medicines into its entire health delivery system", AllAfrica.com reports. President Jammeh's previous claim to fame came in 2007 when he said he could cure HIV/AIDS and asthma with natural herbs, and told patients to stop taking their antiretroviral drugs. Jammeh has also claimed to develop a treatment for infertility in women as part of what is called the President's Alternative Treatment Program. The President's latest announcement included the statement that traditional medicine is "a foundation for conventional medicine". President Jammeh is described as a "renowned herbalist" in his own right.

http://allafrica.com/stories/201501191664.html

Cate Swannell doi: 10.5694/mja15.n0202

MJA Comments The best Comment each month will receive \$50.00

Email a 100-word comment on any health-related topic to: comments@mja.com.au

Send us your thoughts on this issue's suggested topic:

In your experience, is childhood asthma becoming more of a problem?

Medicinal cannabis in Australia in 2015

At the start of 2015 in Australia, the "whether" question for medicinal cannabis seems decided but the "who" and "how" questions remain unanswered. Political support spanning several parties is strong and growing with Private Members Bills expected in early 2015 in the Senate and perhaps also in the House of Representatives. The Premiers of New South Wales and Victoria are fiercely committed but in NSW this might only extend to research rather than beginning some form of lawful regulated availability. Community support for medicinal cannabis and media interest remain very strong. However, medical opinion remains surprisingly divided over the adequacy of evidence for effectiveness and safety.

Political leaders identify patients with cancer and a limited life expectancy as the major, or perhaps the only, candidates for medicinal cannabis and for exemption from prosecution. Politicians strongly prefer pharmaceutical forms of medicinal cannabis over botanical forms. Decades of obstruction to research evaluating therapeutic utility remain easily forgotten.

Alex Wodak AM

President, Australian Drug Law Reform Foundation, NSW

Dr Nigel Gray AO (1928-2014)

Dr Nigel Gray was Director of the Cancer Council Victoria from 1968–1995 and President of the Union for International Cancer Control from 1990–1994. He took cancer organisations into advocacy, media campaigns and actionoriented research; led development of effective tobacco control strategies in Victoria, nationally and globally; and was the key figure in the 1987

Victorian legislation that banned tobacco advertising, established VicHealth, and became a model for similar legislation nationally and internationally. Internal tobacco industry documents described him as "a formidable opponent" who did more than any other individual to bring the anti-tobacco movement together in an international sense. (Full obituary will be published in the 16 Feb *MJA*)

Mike Daube

Professor of Health Policy, Curtin Univertsity, WA

Visit: www.mja.com.au/journal/mja-instructions-authors-types-articles-published-mja#Comments

