

IN THIS ISSUE

Aspects of diabetes

If Australia follows in the footsteps of other developed countries, we can expect that our children will fall victim to obesity and some of its complications. McMahon et al (*page 459*) have looked back over the past 12 years at children presenting with type 2 diabetes in Western Australia. National statistics are yet to be released, but the news is not good.

As the use of metformin to treat type 2 diabetes has grown, the question of its use in pregnancy has also arisen. On *page 462*, Simmons et al present an update from an Ad Hoc Working Party of the Australasian Diabetes in Pregnancy Society, which might help you decide when the benefits of this drug outweigh the risks.

More fat

This chapter of *MJA Practice Essentials: Endocrinology* by Proietto and Baur (*page 474*) gives timely advice on the different management strategies for obesity. These involve the tried and true, as well as newer treatments on the horizon.

Correspondents' corner

Previous *MJA* articles (on travel insurance and overseas evacuation, and prehospital treatment of Irukandji syndrome) drew a flurry of responses (*page 482*). We also have original reports of the relationship between the El Niño Southern Oscillation Index and hepatitis A transmission (*page 487*), and of murine typhus infection in Victoria (*page 482*).

Exercise your fatigue

A randomised controlled trial of graded exercise (aerobic activity of the larger muscles) with "pacing" (varying duration of exercise with symptoms) shows the value of this treatment for people with chronic fatigue syndrome (CFS). Wallman and colleagues (*page 444*) found that such activity improved physical work capacity, mood and cognition.

This study adds to the evidence that such exercise should be the cornerstone for CFS treatment, says Lloyd in his editorial (*page 437*). It's not a cure, but it will at least improve quality of life while awaiting recovery.

Out with guesstimates

How well did Australian and English doctors do when asked to estimate the patient's risk of disease in three clinical scenarios? Turn to the report of this survey by Attia et al (*page 449*) to find out.

A fair bit does ride on our ability to estimate disease likelihood, says Scott (*page 438*), as this determines our management approach. So, roll out the validated decision aids, avoid those vague rules of thumb, and let's get closer to the mark!



A grand IDEA

When staff at a Melbourne hospital decided that spending the equivalent of 3 weeks a year on the phone for antibiotic approvals was way too much, they came up with IDEA³S (infectious diseases electronic antibiotic advice and approval system). Grayson and colleagues evaluate their computer-based system on *page 455*.

Aching for a diagnosis

The patient described by Rando et al (*page 472*) has myalgia, hypercholesterolaemia (on atorvastatin), BMI of 32 kg/m² (and rising), and CK level of nearly 5000 IU/L. What's his diagnosis? You do the maths...

Snowy Snapshot

From the Indian subcontinent comes a case of a man with a cough, fever, respiratory signs and a striking x-ray. Bhalotra et al (*page 454*) share the details of this patient's rare condition.

Change isn't progress

This issue's *Postcard from the UK* charts the most recent attempts to modernise Britain's NHS. Believe it or not, say our UK correspondents (*page 441*), Australians may actually be better off than the Brits.

Upping the anti

How much anticoagulation should we aim for when treating recurrent thrombosis due to antiphospholipid antibody syndrome? Baker's editorial (*page 436*) applies the results of recent randomised trials to real life.

Decision by subanalysis

In this instalment of *EBM: Trials on Trial*, Simes and colleagues (*page 467*) give a practical approach to interpreting and using subgroup analyses. Peat and Naughton (*page 465*) dissect a trial assessing how high-impact exercise affects the bone mineral content of prepubertal girls.

Another time ... another place ...

Mind you, that you have a sound scientific theory to correlate your observations at the bedside. Mere experience by itself is nothing. If I take my dog to the bedside with me, he sees what I see. But he learns nothing from it. Why? Because he's not a scientific dog.

*The Doctor's Dilemma, act 1, 1913
George Bernard Shaw*