

# In other journals

18 AUGUST

## GERIATRICS: TO BE OR NOT?

Head-to-head in the *BMJ*, Australian experts debate whether geriatric medicine should remain a specialty. Flicker says “Yes” — like penicillin, geriatric assessment and rehabilitation initially had such a dramatic effect in managing older people with multiple chronic illnesses and concomitant functional disability that it was adopted on observational data only.<sup>1</sup> This model has since been shown to work in randomised controlled trials and continues to work well. However, Denaro and Mudge say “No” — while they acknowledge that geriatric medicine pioneered and championed comprehensive assessment and rehabilitation as well as multidisciplinary care, they argue that it is the resources and team model of care rather than “geriatric technology” that makes the difference.<sup>2</sup> And, as most of our patients in the future will have chronic diseases or disabilities, or have frailty-related problems, there is little point in continuing to distinguish general physicians from geriatricians.

1 *BMJ* 2008; 337: a516

2 *BMJ* 2008; 337: a515

## DOCTORS ON THE WEB

Have you ever “googled” your name on the Web? Gorrindo and Groves advise that every doctor should regularly conduct a Web search of himself or herself. It will give you an idea of the information about you, both professional and personal, that curious patients may be able to access. Particularly vexing may be slanderous information published in a blog by a vengeful acquaintance about you (or someone else with the same name). They suggest that you can take some steps to control the information that is readily available online — for example, you could create a Web page for your practice. Although this may seem counterintuitive, such information may satisfy a patient’s desire for “digital connectedness” to you and discourage deeper online probing.

*JAMA* 2008; 300: 213-215

## INJURY BY GOLF CART

In the United States, golf carts have become increasingly popular as a mode of transport off the golf course due to their small size, low maintenance and ease of use; low emissions and quiet operation are other attractive features. They can be seen in a variety of public and private settings, including at sporting events, airports, college campuses, military bases and retirement villages. However, two reports, both based on data from the US National Electronic Injury Surveillance System, remind us that the safety of golf carts should not be presumed.<sup>1,2</sup> McGwin and colleagues reported that an estimated 48255 injuries occurred between 2002 and 2005, with the highest injury rates observed in 10–19-year-olds and those aged 80 years and older.<sup>1</sup> Watson and colleagues studied a much longer period — from 1990 to 2006 — reporting an estimated 147696 injuries, with an increase of 132.3% over the 17-year study period.<sup>2</sup> Falling from a golf cart was the most common cause of injury, and the researchers recommended that seatbelts should be used when available. Further, they advised avoiding sharp turns at high speeds because increasing the radius of a turn greatly decreases the risk of passenger ejection.

1 *J Trauma* 2008; 64: 1562-1566

2 *Am J Prev Med* 2008; 35: 55-59



## FROM RUSSIA WITH HOPE

In the past, dimebon was approved in Russia, and sold for many years, as a non-selective antihistamine. Eventually removed from the market for commercial reasons, it has made a recent comeback there via a randomised controlled trial conducted in 183 patients with mild-to-moderate Alzheimer’s disease.<sup>1</sup> Compared with placebo, dimebon improved the clinical course of patients, not only in terms of cognition but also behaviour and activities of daily living. An accompanying commentary said that dimebon — with weak cholinesterase, weak glutamatergic, and neuroprotective activity — seemed to cover all bases for Alzheimer’s disease, but that further work is needed to establish its efficacy (or otherwise) in addition to, or compared with, established treatments.<sup>2</sup>

1 *Lancet* 2008; 372: 207-215

2 *Lancet* 2008; 372: 179-180

## FISH OR CHICKEN?

In Australia, oesophageal perforation is most likely to be iatrogenic, related to endoscopy. Not so in Singapore, where the swallowing of fish or chicken bones during meals is common. Most cases are innocuous, and most individuals who swallow these bones do not seek medical attention unless their symptoms are severe or persistent. Sng and colleagues report that, over an 11-year period, foreign body ingestion was the cause in 10 of 14 cases of oesophageal perforation managed by Changi General Hospital’s department of surgery — a fish bone in five cases and a chicken bone in four (the odd one out was a swallowed tooth). All the patients with “bone” perforations presented with contained oesophageal leaks and were managed conservatively, with two patients progressing to surgery.

*ANZ J Surg* 2008; 78: 573-578

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