



The real thing?

When the Federal Minister for Health announced that celecoxib would be funded by the PBS from August 2000, his high hopes for COX-2 inhibitors mirrored those of the general and medical communities. In the months that followed, however, the fallout from the drug's listing included concerns about adverse events and a budget blowout. Kerr et al (*page 403*), using data from the General Practice Research Network, confirm and partially explain one of the most enthusiastic prescribing epidemics Australia has seen. According to Dowden (*page 397*), this was largely due to a highly successful marketing campaign. In the US, where a similar scenario was played out, the promotion of rofecoxib in 2000 cost more than the advertising budgets for Pepsi and Budweiser beer!

Devils in the details

In clinical trials there needs to be a speedy, seamless process for informing sponsors and co-investigators of significant adverse events. Australia has clear guidelines for how this is to be done, but Liauw and Day (*page 426*) believe some of the bureaucratic requirements might prove counterproductive.

Our failing hearts

Consider yet another by-product of the ageing population: an epidemic of heart failure. Perhaps good news for the manufacturers of the many effective therapies for this condition. However, Campbell (*page 422*) believes we have an alternative.

Universal question

Every baby born in Australia since the early 1960s should theoretically have had a heel prick for newborn blood screening. Inevitably, however, some babies slip through the net, missing the opportunity to be screened for an ever-expanding list of treatable disorders. In South Australia, Metz et al (*page 412*) have linked two routine databases to determine what factors increase a baby's chances of missing screening, leading to Wilcken's conclusion (*page 400*) that targeting these "at-risk" groups will bring us closer to the utopia of universality.



Meningitis not on menu

The solution to an intriguing case featuring a young man with aseptic meningitis and peripheral eosinophilia is unveiled by Senanayake et al in this issue's **Lessons from Practice**. Turn to *page 430* for tips on what to ask the patient and your laboratory.

In this issue's **Snapshot**, yet another young man turns up with a headache and surprising findings, as described by Allan and colleagues on *page 448*.

Drugs and crime

We know that people who are drug dependent are more likely than others to commit crime, but the study of Heffernan et al (*page 408*) indicates just how widespread and intertwined the problems of drug use, psychological distress and crime are. While most would also agree that arrestees should have access to drug and alcohol services, Makkai (*page 399*) cautions against the assumption that this would reduce crime.

Burden and the bottom line

The past 10 years have seen major changes in the way we measure disease and injury in populations, as well as a growing realisation that, to allocate scarce resources, we need accurate statistics. On *page 396*, Lopez explains some of these concepts that underpin the work of the Centre for Burden of Disease and Global Health Research, at the University of Queensland.

Rural talent

It will come as no surprise that the skill base required of rural GPs is often quite broad. Do these skills vary according to the remoteness of the GPs' location? Humphreys and colleagues (*page 416*) conducted a novel study asking rural GPs across Australia whether they performed certain "sentinel" activities that indicate practice complexity.

The real deal

When Little addressed the recent Australian Healthcare Summit "powerpoint" hijinks and laser pointers were conspicuously absent. As the text of his speech will attest (*page 432*), the power was in the points he made, as he threw down a moral gauntlet to the assembled experts.

Serial wisdom

As the **MJA Practice Essentials – Endocrinology** series continues, Couper and Prins (*page 441*) tackle the new treatments for diabetes. In the ever-popular **EBM: Trials on Trial** series, Morris and Leach dissect an RCT of surgery versus watchful waiting for young children with persistent otitis media. The study used an "intention-to-treat" analysis which, as Heritier et al explain (*page 438*), is the gold standard.

Another time . . . another place . . .

One should treat as many patients as possible with a new drug while it still has the power to heal.

William Osler, 1901