

**MENTAL HEALTH REFORM:  
THE EPIC**

You need good mental health to deal with our mental health care system. Just ask any patient (or watch the news). A trio of articles in this issue dissects the problem. Did you know that Australia has had an official National Mental Health Strategy since 1992? Whiteford and Buckingham (*page 396*) supply the facts and figures to show whether we're any better off in 2005. Hickie and colleagues (*page 401*) describe real-life mental health disaster stories as told by patients, carers and health professionals, and propose a 10-year plan for reform. Andrews' editorial (*page 372*) advocates a single chariot driver for a health care system that's bigger than Ben Hur.

**NOISY SLEEPERS**

Snoring in adults has been linked to heart disease, cognitive decline, accidents and more, but its potential for harm in children is only just being recognised. On *page 419* Kennedy and Waters give an account of the management of children with suspected upper airway obstruction – part one of two *Practice Essentials – Paediatrics* articles on childhood sleep problems.

**FUNNEL-WEB FACTS**

Funnel-web spiders are found in many parts of eastern Australia and, although the Sydney funnel-web is the best known, there are over 30 identified species with varying potential for envenoming. To get a picture of funnel-web envenoming in Australia, Isbister et al painstakingly sought out and sorted through reported bites. They interrogated arachnologists and sifted through museum records, books and journals, clinical records, their own extensive database and any other sources they could think of, to put together a systematic arachnometric review (*page 407*).

**CRUISE CONTROL**

Being confined to your cabin with gastro on a holiday cruise is no one's idea of fun. Anyone planning to sail into the Port of Sydney on a cruise ship will be interested to hear how outbreaks of infectious disease on board are handled. Turn to *page 391* for Ferson and Ressler's account of public health action on the high seas . . .



**NO STENT LEFT UNTURNED**

Drug-eluting stents for coronary artery disease have been shown to reduce restenosis rates compared to bare-metal stents. Their drawbacks? They don't reduce rates of mortality or infarction and they cost a lot. Chew's editorial (*page 376*) argues for routine data collection of outcomes in all patients having percutaneous coronary interventions and coronary artery bypass grafting, to gauge cost-effectiveness more accurately.

**ALL GROWN UP . . .**

In children's hospitals throughout Australia, young adults find themselves perched Alice-in-Wonderland-like in facilities and wards designed for little people. Why are they there? The study of Lam et al (*page 381*) sheds some light on the possible reasons, which often relate to the failure of paediatric teams to plan their patients' transitions to adult care. Bennett et al (*page 373*) explain further why we need the will and the way to help young people through this difficult phase.

**JAW-BREAKING**

Use of the bisphosphonates has expanded rapidly, with indications ranging from hypercalcaemia of malignancy to osteoporosis. However, so has their side-effect profile, with recent reports of an association with osteonecrosis of the jaw. Carter and colleagues (*page 413*) describe five patients who presented with painful, exposed bone in the maxilla and mandible. Australia's Adverse Drug Reactions Advisory Committee (ADRAC) has also received at least 13 notifications. The condition does not necessarily resolve with treatment and cessation of bisphosphonates, so turn to Purcell and Boyd's report (*page 417*) on its risk factors.

**PROSTRATE?**

In a hypothetical scenario, a male patient isn't told that prostate-specific antigen (PSA) levels have been requested with his other pathology tests. In another scenario, the patient is made aware that the doctor intends to include a PSA test. How did over 500 men respond to these two scenarios? Gattelari and Ward report on *page 386*.

**ANOTHER TIME ... ANOTHER PLACE**

I began thirty years ago the treatment of selected cases of acute insanity in general hospitals . . . and from that time until the present I have never been without such cases, and believe that the results have been sufficiently satisfactory to urge this plan of treatment on the profession generally.

Brower, DR. The treatment of acute insanity in a general hospital. *JAMA* 1906; 47: 83-85