

TRIALS ONLINE

Last September, the International Committee of Medical Journal Editors (ICMJE) announced their intention to publish only “registered” clinical trials. Far from being another layer of red tape, well-conducted trials registers will ensure that the public has free access to information about all the drugs, interventions and devices that are currently being tested in clinical trials. As outlined by the ICMJE members on *page 609*, the new policy applies to trials that start enrolling patients after 1 July 2005. An Australian registry is on its way. For details see <<http://www.nhmrc.gov.au/research/general/clincreg.htm>>.

AN UNKIND CUT

Imagine that you are about to undergo surgery in a public hospital. After a long waiting time, you have finally been admitted and are waiting nervously in a ward, no doubt pondering the events of the day to come. Expecting to hear the rattle of a theatre trolley, you are surprised to get a visitor of a different kind, bearing bad news. Should surgical cancellations really come down to the wire like this? Schofield et al (*page 612*) have studied the rates of and reasons for day-of-surgery cancellations in one Australian hospital. In response, Cregan discusses how we can make these cancellations rare events (*page 605*).

BACKSTREET BOYS

Anyone who cycles, runs or walks to work in the city learns to love the smell of exhaust fumes in the morning. Yet the components of these emissions can promote heart and lung disease, and even cancer. What should we tell urban exercisers? Sharman (*page 606*) has some advice.

TAILOR MADE

A small but increasing number of drugs that target the specific genetic characteristics of patients or their tumours are now available in Australia. This area is exciting and promising, but, according to Hall et al (*page 607*), the steep learning curve associated with developing and using these drugs will be matched by the challenges of funding them.

NOTABLE ANOREXIA COMPLICATION

It is not uncommon for patients with severe anorexia nervosa to develop electrolyte imbalance and abnormal renal function. The two women described by Roberts et al (*page 635*), however, had renal impairment from a pathological process not previously associated with the disease.

LITTLE BONES...

In the last issue, Young et al embarked on an update of the treatment of minor injuries in children. In the second half of their contribution to the *Practice Essentials – Paediatrics* series (*page 644*) the same authors present a practical overview of the treatment of common fractures ... and some sound advice on head injuries.

OLD BLACK DOG

Elderly people may experience depression somewhat differently to younger people, and the course of their illness and their management may be complicated by various co-existing medical problems. Commensurate with the complexity of the problem, many different treatment strategies have been recommended. On *page 627*, Frazer et al have assembled a systematic review of the evidence for the usual (and unusual) therapies.



EYE-OPENER

In a subsistence society like the Solomon Islands, visual impairment is particularly disabling, but the country still lacks the ophthalmic surgery capacity to deal with the treatable causes. Participation in a visiting Australian eye team provided Baker (*page 633*) with some valuable insights.

WHO NEEDS HOME OXYGEN?

While the current funding arrangements for domiciliary oxygen therapy generally require the involvement of a respiratory physician or cardiologist, any doctor can order home oxygen therapy at the patient's expense. Who should benefit? In a position statement on *page 621*, the Thoracic Society of Australia and New Zealand provides clear guidance on when and how this useful adjunct should and should not be used.

URTIs GIVEN NOTICE

To reduce unnecessary antibiotic use along the South Australian coast, Dollman et al conducted an information campaign in the community, on the place (and risks) of taking antibiotics for URTIs; they also visited GPs to discuss antibiotic guidelines and scoring systems for deciding whether to prescribe antibiotics. Read their success story on *page 617*.

CONFOUNDED PHAEO

Six patients with poorly controlled hypertension or paroxysmal symptoms that make you think “phaeochromocytoma”. All have elevated 24-hour urinary catecholamine levels, but only one has the condition. What were the diagnostic confounders here? Find out in this issue's *Diagnostic Dilemmas* by Harding et al (*page 637*).

ANOTHER TIME ... ANOTHER PLACE

Operating Theatre information systems vary across sites, and there is, as yet, no strategy to rationalise these ... the wide variety of operating theatre systems in use is a significant constraint and mitigates against detection of patterns of regular cancellation of elective surgery, and identification of best practice.

New South Wales Auditor General, September 2003