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SCOPE CIRCUMSPECTION

If your patient with dyspepsia is aged under 55, has no alarm symptoms and is in a low-risk category for *Helicobacter* infection, a trial of acid-suppression therapy, rather than an endoscopy, should be your initial management plan, says Duggan (*page 166*). *Helicobacter* infection is on the decline, making peptic ulcer and gastric cancer rare, and proton-pump inhibitors are now readily available.

THE MENTAL HEALTH OF FOSTER KIDS

Children and adolescents living in home-based foster care have rates of mental health



problems two to five times higher than those in the general community. To make this comparison, Sawyer et al used the standard measures used in the Child and Adolescent Component of the Australian National Survey of Mental

Health and Well-being. They questioned 326 children aged 6–17 years living in foster care in Adelaide and their carers (*page 181*). Sixty-one per cent of the kids in foster care scored above the cut-off for behaviour problems, compared with 14.1% in the community sample. Adolescents in foster care had significantly higher depression scores than their community counterparts and were much more likely to have made a serious attempt at suicide. In 2005, over 20 000 Australian children were living in home-based foster care.

NANOTECHNOLOGY: A SMALL CHALLENGE



There are gaps in our knowledge about the safety of nanotechnology that urgently need to be closed, say Priestly et al (*page 187*). Nanoparticles are less than 100nm in size and are increasingly used in biomedical imaging, drug delivery and other therapeutic preparations, as well as non-medical applications such as manufacturing, optics, electronics, energy production and quantum computing. Because of their small size, there are concerns about inadvertent absorption and the difficulty of monitoring particle entry into the body. Recent reports from Australia and overseas have identified a dearth of information about the occupational health and safety ramifications of this new technology, as well as potential risks to consumers. Nanotherapeutics, such as cosmetics, sunscreens and drug and vaccine delivery systems, provide new challenges for safety, cost-effectiveness and regulation in Australia, adds Faunce (*page 189*).

FLU SHOTS IGNORED

According to Bull et al (*page 185*), almost two-thirds of the staff working in hospitals in Victoria in 2005 had not had an influenza vaccination. Among the employees of 74 hospitals (63 330 non-casual staff) 38% were reported by hospital infection control staff to have been vaccinated by the end of August 2005. Among the clinical staff, nurses (35%) did better than doctors (29%), but allied health workers (45%) outperformed both.



COMMUNICATION RE FIBRILLATION

Hospital doctors, GPs, allied health professionals, patients and carers need ongoing updated information and better communication to optimise the management of patients taking warfarin for atrial



fibrillation (AF), a qualitative study of stakeholders in Sydney has found (Bajorek et al, *page 175*). Stepping into the breach, Medi et al (*page 197*) come forward with some up-to-date information on AF management.

Q FEVER PROTECTION NOW AVAILABLE

The announcement late last year that the federal government would fund the required upgrades to allow CSL Limited to restart the production of Q fever vaccine is a forward step in the long journey to control this disease, says Marmion (*page 164*). There will be continued efforts to develop a vaccine that does not require pretesting of all people requesting vaccination, but, in the meantime, the supply of the highly effective whole-cell vaccine has been ensured.

Dr Ruth Armstrong, MJA

ANOTHER TIME ... ANOTHER PLACE

The pulsus irregularis observed in *valvular heart diseases, coronary sclerosis, and myocardial diseases* is persistent and for that reason I have called it *pulsus irregularis perpetuus*; ... it is essentially the same whether the patient's heart beats *faster or slower*; ... it does not arise under the influence of respiration, and thus it is not identical with *pulsus irregularis respiratorius*.

Heinrich Ewald Hering Jr, 1903