



OLDER PATIENTS AT RISK AFTER SURGERY

Older patients have high rates of complications and death after non-cardiac surgery, regardless of the type of surgery, say the authors of a recent audit. McNicol et al (*page 447*) prospectively collected data on 1102 patients aged 70 years or more, who underwent non-cardiac surgery at three Melbourne teaching hospitals over a 4-month period in 2004: 70% had pre-existing comorbidities. Almost one in five patients required admission to intensive care, and a similar proportion had postoperative complications such as unplanned ICU admission (5%), sepsis (5%) or acute renal impairment (7%). The 30-day mortality rate was 6%, with increasing age, comorbidity severity, and preoperative hypoalbuminaemia (<30g/L) conferring increased risk.

CHILDHOOD WEIGHT PROBLEMS PERSIST IN YOUNG ADULTS

If the past two decades are any indication, most Australian children who are overweight will be overweight or obese as adults. But many children of normal weight will also become obese. When Venn et al ascertained the BMIs of over 4000 participants in the 1985 Australian Schools Health and Fitness Survey about 20 years after the beginning of the study, 40.1% of the men were overweight and 13.0% obese. The corresponding rates in women were 19.7% and 11.7% (*page 458*). Obese children were far more likely than children with healthy BMIs to become obese adults (relative risk, 4.7 for boys and 9.2 for girls), but only 6.4% of obesity in men and 12.6% in women was attributable to childhood obesity.

PREDIABETES EXPLAINED

More than 16% of Australian adults have prediabetes (impaired fasting glucose or impaired glucose tolerance), placing them at high risk of developing diabetes and at an increased risk of cardiovascular disease. But sufferers need not go down this track, say Twigg et al (*page 461*), in a position statement from the Australian Diabetes Society and the Australian Diabetes Educators Association. Although population screening for the condition is currently not recommended, once identified, prediabetes is amenable to lifestyle interventions and, in some cases, medication.



MUSHROOM WORKER'S LUNG IN AUSTRALIA

Two employees of the same Victorian mushroom farm have been treated for mushroom worker's lung (hypersensitivity pneumonitis associated with organic dust from mushroom compost). According to Hoy et al (*page 472*), the condition has not previously been reported in the Australian literature, but is almost certainly under-recognised. They urge employers to take steps to keep workers' exposure to toxic dust to a minimum.

ANOTHER TIME ... ANOTHER PLACE

Mrs Beaver stood with her back to the fire, eating her morning yogurt. She held the carton close to her chin and gobbled with a spoon ... "Heavens, how nasty this stuff is. I wish you'd take to it, John ... I don't know how I should get through my day without it."

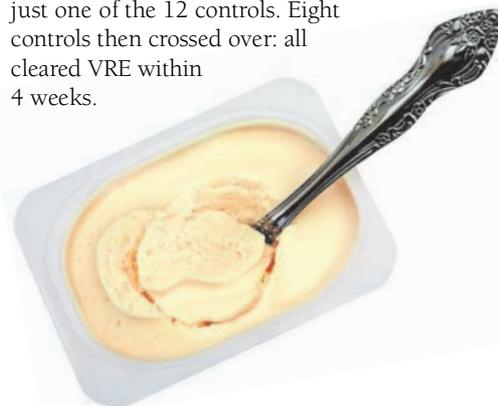
Evelyn Waugh, *A handful of dust* (1934)

PRODUCT INFORMATION DEBATE CONTINUES

A recent article on the inadequacies of the product information (PI) for thyroid medications (Stockigt JR, *MJA* 2007; 186: 76-79) has generated some heat with our readers (*Matters Arising*, *page 483*). Sweidan and Reeve highlight problems with the reporting of drug interactions; Torpy finds fault with blanket information provided to consumers about glucocorticoids; and Bach suggests that the specialist societies could assist with PI updates. Donahoo counters that PI is generated by the pharmaceutical companies and is not meant to be used as the only source of drug information. In reply, Stockigt suggests that the National Prescribing Service should be employed to improve drug PI, while Dowden reminds us all to consult independent sources when prescribing.

PROBIOTICS CLEAR VRE

In a randomised controlled trial conducted by Manley et al (*page 454*), yoghurt containing the live bacterium *Lactobacillus rhamnosus* GG (LGG) cleared vancomycin-resistant enterococci (VRE). Twenty-seven patients in the renal ward of Austin Health with positive rectal swabs for VRE were allocated at random to receive 100g per day of either yoghurt containing LGG or standard pasteurised yoghurt. All 11 patients in the treatment group cleared VRE from their faeces by Week 3, compared with just one of the 12 controls. Eight controls then crossed over: all cleared VRE within 4 weeks.



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