

In this issue

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CHEST PAIN REALITY CHECK

A multistate study has found that many patients admitted to Australian hospitals with chest pain do not receive optimal evidence-based management, and that management varies depending on where it occurs. The Heart Protection Partnership project (Walters et al, *page 218*) used prospective case note review in 27 hospitals across five states to provide a snapshot of the quality of care, as assessed by adherence to existing Australian guidelines. Benchmarks for time to treatment were often not met, and indicated drugs and interventions not received. Hospitals with interventional facilities were most likely to deliver timely, appropriate care: 66% of patients in such hospitals received guidelines-based medical therapy and referral for angiography, compared with 20% in hospitals without interventional facilities.

CLUELESS ON KIDNEY DISEASE

Most Australians are unaware that the major causes of kidney disease are diabetic nephropathy, hypertension and glomerulonephritis. White et al (*page 204*) interviewed 852 participants in the ongoing AusDiab study in 2004, asking what sorts of things they believed caused kidney disease and whether they recalled having their kidney function tested. People with known diabetes or hypertension were slightly more likely than others to know that their condition was a risk factor for kidney disease, but alcohol misuse, poor diet, genetic factors, medication, inadequate fluids and obesity were all mentioned ahead of the three main causes. And even among patients with known kidney disease, recall of kidney function testing was low.



TELERADIOLOGY: BACK TO BASICS

What's wrong with the idea of beaming diagnostic images around the world to be interpreted and reported on rapidly by qualified experts? According to Kenny and Lau (*page 197*), if the wrong images are sent to the wrong people for the wrong reasons, both the profession and patients will suffer. About seven out of 10 Australian radiologists use teleradiology in their daily work, mostly within their own state and almost all within Australia. But as the international market broadens, the International Radiology Quality Network has developed teleradiology guidelines which have been adapted for local use, with the underlying principle of "what is good for the patient".

ONE IN FIVE SHUN BP DRUGS

A study based on Pharmaceutical Benefits Scheme records indicates that one in five patients who are commenced on antihypertensive therapy do not persist beyond the first script. Simons et al (*page 224*) identified almost 50 000 patients who filled an initial antihypertensive prescription between 2004 and 2006. Nineteen per cent did not fill a second prescription. Overall median persistence time was 20 months, with older patients more likely to persist than younger ones. Patients prescribed angiotensin II receptor antagonists or angiotensin-converting enzyme inhibitors were more likely to persist than those prescribed calcium channel blockers. Most patients who collected repeat prescriptions did so at the correct time intervals, indicating good adherence to treatment.

DUBIOUS ALLIES

Like it or not, say Pramming and Colagiuri from the Oxford Health Alliance (*page 202*), industry and business make our world go round. While some might regard the Alliance's links with some of the purported "big business" culprits in the current chronic disease epidemic with suspicion, they explain why and how they plan to persist with industry partnerships.

CONSIDERING NATIONAL REGISTRATION

Australia is almost certainly heading towards a system of national registration for medical practitioners, with a publicly available electronic register. On *page 247*, Healy et al point out that this will help registration to serve its main purpose — protecting the public — and explore, using comparisons of the eight existing state registers, what information an effective national register might contain.

CORRESPONDENCE CORNER

At the *MJA* we value readers' comments on the content and context of all our published material. We therefore welcome (and have contributed to) the debates in this issue's *Matters Arising* and *Letters* about the interpretation of two figures in a research article published last year (*page 258*), and the *MJA*'s policy on sponsored supplements (*page 260*).



SUBTLETIES OF CRC SCREENING

It's essential for any screening test that the benefits outweigh the risks, and on the face of it, the risk-benefit profile for Australia's National Bowel Cancer Screening Program is very favourable. Now that the program is up and running, though, say Rosenfeld and Duggan (*page 196*), we need to consider some of the more subtle downsides, including the psychological effects of embarking on testing, the shortage of female colonoscopists to meet women's preferences, and participants' understanding of the limitations of screening.

Dr Ruth Armstrong, MJA

ANOTHER TIME ... ANOTHER PLACE

No families take so little medicine as those of doctors, except those of apothecaries.

Oliver Wendell Holmes Sr, 1860