

In this issue

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HEALTH ON THE HOMELANDS

Aboriginal people living in the decentralised Utopia community in the Northern Territory have lower overall and cardiovascular mortality than expected in the NT Indigenous population. The scattered community, whose health outcomes have been closely followed by Rowley et al (*page 283*), is part of the homelands movement, in which Aboriginal people have returned to their traditional lands and ways of living, supported by community-controlled primary health care outreach services. The 10-year follow-up of 296 adults, who were screened and found to have lower risk-factor prevalence than the NT Indigenous average in 1995, revealed a standardised mortality ratio of 0.62 (95% CI, 0.42–0.89) compared with the NT population.



DIALYSIS NO BARRIER TO ICU

Patients on chronic dialysis should not be denied admission to a high dependency unit (HDU) or intensive care unit (ICU) if they become critically ill, say researchers from Queensland. Senthuran et al (*page 292*) cross-referenced HDU and ICU admission data from their hospital with the Australia and New Zealand Dialysis and Transplant Registry database. Mortality was 17% in the HDU or ICU and 29% in hospital, and multiple HDU/ICU admissions were common. However, median survival after discharge was 2.25 years (3.5 years after starting dialysis) compared with a median survival among all Australian dialysis patients of 4.5 years.

NEW GUIDELINES FOR PARACETAMOL POISONING

Paracetamol is the drug most commonly involved in overdoses treated in hospital, and the most important single cause of fulminant hepatic failure in Western countries. In support of a consistent approach to treatment, a group of clinical toxicologists consulting to Australasian poisons information centres has developed guidelines and a new nomogram indicating when to use an *N*-acetylcysteine infusion. They present their recommendations on *page 296*. New formulations of paracetamol present new challenges, as illustrated by the case of a young woman who took 96 extended-release tablets (Roberts and Buckley, *page 310*). Her serum paracetamol levels did not peak until 20 hours after ingestion, necessitating a prolonged course of *N*-acetylcysteine.

BLIND TO GLAUCOMA

Normal intraocular pressure does not exclude glaucoma, and doctors and eye care professionals need to ensure that patients who are at risk of glaucoma have access to regular, competent examination of their optic discs, says Walland (*page 269*) in an editorial to mark the inaugural World Glaucoma Day on 6 March. About half of Australians with glaucoma remain undiagnosed, often despite having seen an eye care practitioner. Illustrating the insidious nature of this disease are two cases from the Netherlands, in which patients with first-degree relatives with glaucoma were overlooked as potential sufferers until they developed major vision loss (Zegers et al, *page 312*).

STRENGTHENING AUTISM MANAGEMENT

A new model for improved diagnosis, assessment and management of autism spectrum disorders has been developed in Western Australia. It is envisaged that the model, described by Glasson et al on *page 288*, will improve consistency in an area that has been misunderstood and under-resourced.

MERELY MAIL?

In this issue's *Letters* (*page 316*), it's on for young and old. There's more on peanut allergy, a call for more stringent regulation of toys, and a lively exchange on co-sleeping with infants. And older Australians are in for an epidemic of osteoarthritis as obesity begins to take its toll. Various contributions on task substitution reveal where many of our readers' hearts lie, but a young registrar has the final say in defending her techno-savvy generation of doctors.

MORE ON MEDICATION ERRORS

An audit of aged care facilities (ACFs) in the Hunter region of New South Wales has found that errors in dose administration aid packaging of medications are common, and often originate from poor communication between doctors, pharmacists and the ACF staff (Carruthers et al, *page 280*). More than 4% of 6972 packs, affecting 12% of residents, were either missing a medication, contained the wrong dosage, label or drug, or failed to be delivered to the ACF. And in a qualitative study of the causes of medication errors in a hospital in Western Australia, stress, distraction, knowledge gaps and poor communication were frequently cited contributors to a range of drug prescribing and administration errors (Nichols et al, *page 276*). In response, the CEO of the Clinical Excellence Commission, Clifford Hughes, recommends more scrutiny and sharing of information on a national scale, so that we can implement comprehensive evidence-based strategies to eliminate medication errors (*page 267*).

Dr Ruth Armstrong, MJA

ANOTHER TIME ... ANOTHER PLACE

All those, therefore, who have cataract see the light more or less, and by this we distinguish cataract from amaurosis and glaucoma; for persons affected with these complaints do not perceive the light at all.

Paul of Aegina (AD 615–690)