



PROTON-PUMP INHIBITORS NOT RISK FREE

Patients taking proton-pump inhibitors (PPIs) are at a small but significantly increased risk of hospitalisation for pneumonia, say Roughead et al (*page 114*) after examining war veterans' health records over 5 years. The records revealed about 14000 admissions for pneumonia among almost 200000 veterans: those exposed to PPIs had a rate ratio of 1.16 (95% CI, 1.11–1.22) compared with those not exposed. While the increase in risk is small, the overall effect may be large because of the large numbers of people taking PPIs — about 1 million prescriptions in Australia per year. On *page 109*, Talley points out that no drug is risk free and adds enteric infections, osteoporosis, vitamin B₁₂ deficiency and interstitial nephritis to the list of conditions with which PPIs have been associated, repeating the useful maxim, “lowest dose for the shortest time ...”

KIDS AND CHOLESTEROL

New guidelines released in the United States last year for managing lipid abnormalities in children caused ripples around the world. Were they really advocating widespread testing and drug therapy for kids as young as 8 years? On *page 107*, Ayer et al outline the changes to the guidelines and ask whether Australia should follow suit. In the sense of bringing all the experts together to estimate the extent of the problem and develop relevant local guidelines, yes indeed!

CHILDHOOD OBESITY: CALLING FOR SANITY

If you follow it in the media, the commentary surrounding childhood obesity is a bit like the diary of a yo-yo dieter. One day our portly paediatric population is destined to a life of chronic disease and an early death, and the next the whole problem is in the imaginations of a few over-anxious public health advocates. But the problem is real, say Gill et al (*page 146*), and we need to get on with developing strategies, including a whole-of-population approach, to tackle it.

One of the factors fuelling confusion about childhood obesity is the lack of good data. According to Stubbs and Achat (*page 140*), inconsistencies between study methods and the need for written parental consent have caused real problems with the quality of the available information. They argue that ongoing anthropometric monitoring of school children might be best achieved by an “opt-out” system in which all children participate unless they or their parents indicate otherwise.

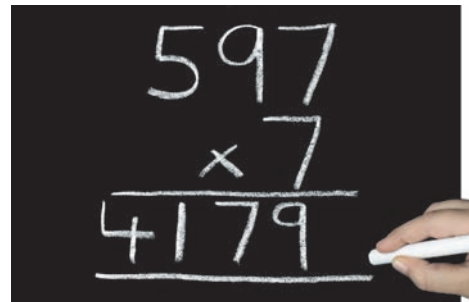
If routine weight monitoring of kids puts a blip on your ethical radar, how about calling in the child protection authorities when parents badly neglect their children's weight problems? On *page 136*, Alexander et al present the case of an obese child whose physical and psychological decline prompted such action. Both medical and child protection authorities could do with some guidelines to cover these sorts of scenarios which, although rare, present real challenges.

IN LETTERS ...

This issue's *Letters* run to quite a few pages but are well worth the read. For an added layer of protection in your surgical gloves, for instance, you may wish to heed Turner's advice (*page 167*) or, if you're a connoisseur of unusual cases, read Tran and Reeves' account of a patient's fortuitous response to immunoglobulin therapy (*page 168*).

AUSTRALIA PERFORMING WELL IN CHILDHOOD STEM CELL TRANSPLANTATION

An increase in the use of non-related donors, a growing role for umbilical cord blood, a trend towards decreasing treatment-related mortality, and results broadly similar to those from overseas: these are some of the findings in a report from the Australasian Bone Marrow Transplant Recipient Registry. The registry collects data from all hospitals in Australia and New Zealand in which haemopoietic stem cell transplantation (HSCT) is performed. Relapse of the underlying condition remains the major cause of mortality conclude Moore et al (*page 121*), but HSCT offers the best chance of cure to many children with otherwise fatal conditions.



DRUG DOSE CALCULATIONS: TRY THIS QUICK QUIZ

Most doctors have never been assessed for their ability to calculate drug doses, and do not meet their own standards for accuracy in such calculations. These findings emerged when Simpson et al administered a 12-item test to 190 doctors working in a Queensland teaching hospital (*page 117*). Senior staff and those working in the critical care specialties did better than other doctors. How would you have scored?

Dr Ruth Armstrong, MJA

ANOTHER TIME ... ANOTHER PLACE

The level of civilization attained by any society will be determined by the attention it has paid to the welfare of its children.

Billy F Andrews, 1968