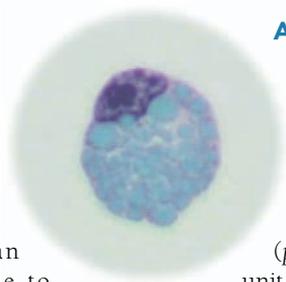


In this issue

5 APRIL

SLEEPING BEAUTIES

Do you remember Winterbottom's sign? And what a Mott cell (Figure) looks like? In this issue, two case reports highlight the diagnostic and therapeutic difficulties that Australian clinicians must overcome to successfully manage west-African human African trypanosomiasis in a non-endemic country (*page 413*; *page 417*). More commonly known as sleeping sickness, this chronic debilitating condition is caused when trypanosomes are transmitted in the saliva of the bite of a tsetse fly. The stakes are the highest, as unless the condition is treated appropriately it is fatal. Both cases occurred in young women who were originally from Sudan but who had spent years in Ugandan refugee camps, where they most probably contracted the parasite.



EVIDENCE-BASED MISMATCH

Some patients with perianal Crohn's disease for whom anti-tumour necrosis factor (TNF)- α treatment is clinically indicated do not satisfy current eligibility criteria for PBS-subsidised therapy, according to Burger and colleagues (*page 375*). The dilemma seems to affect those patients primarily affected by a draining fistula but who have a low Crohn's Disease Activity Index; and, it has arisen despite level 1 evidence demonstrating the efficacy of anti-TNF- α therapy for fistulising Crohn's disease and the lack of effective alternative therapies. Among other things, the therapy can help to alleviate faecal incontinence and reduce awkwardness around sexual activity.

ANOTHER TIME ... ANOTHER PLACE

There are two major problems in advertising. And there are really no more.

Problem number one is to say the right thing in the right way, and is largely a creative problem.

Problem number two is to get this message before the right type of people, and to reach the proper number of them.

James R Adams

ADMITTING REFORM

An acute assessment unit (AAU) in a tertiary teaching hospital in Adelaide may have had a beneficial effect on several health care performance measures, including access block (*page 384*). The AAU is a 16-bed unit designed to receive adult patients whose clinical profile makes them inappropriate for a subspecialty medical unit or for a surgical service. Compared with waiting times recorded for 2003, in 2006 — the AAU's first year of full operation — the percentage of admitted patients waiting in the emergency department for more than 8 and 12 hours for a hospital bed decreased significantly from about 29% to 18% and from about 20% to 10%, respectively.

FOODS AIN'T FOODS

Is it reasonable for our food and alcohol industries to profit from advertising (and selling) relatively unhealthy products, leaving our society to bear health care costs that may result from relatively uninformed consumer choices? Harper and Mooney (*page 400*) argue for a levy to be imposed on advertising promoting these products, with the funds raised used to provide consumers with more complete and balanced information on the healthy and harmful impacts of their food and alcohol choices. Loff and Crammond (*page 397*) go further, suggesting that all forms of marketing of energy-dense, nutrient-poor foods be prohibited. This is just one item on their determined list of wishes for obesity prevention.

PEARLS AFTER SWINE FLU

Currently, effective vaccines for influenza are usually only available "after the horse has bolted", according to an Australian expert (*page 364*). So vaccines that would only need to be given once every 5 to 10 years and that protect against a variety of strains could be a useful development. In a leading editorial, Collignon says this is just one of many lessons learned here in the past year of pandemic (H1N1) 2009. Although Australia was one of the first countries in the world to manufacture and distribute a vaccine for pandemic flu, the vaccine only became available when the epidemic was essentially over. After surveying general practice staff, Seale and colleagues (*page 378*) report that in the event of an influenza pandemic involving a more virulent strain, general practitioners and practice nurses would need to have access to vaccines and antiviral medication, not only for themselves but also for their families, in order to be willing to treat patients.

DEFUSING THE PROSTATE DEBATE

Polarised opinions about the value of prostate-specific antigen (PSA) testing for prostate cancer might be due for review. Denham and colleagues (*page 393*) report that two major international trials have found evidence that regular PSA testing may be useful in reducing mortality in countries or regions with a low prevalence of previous testing. Further, useful strategies for avoiding over-treatment could be developed, including "active surveillance" with regular PSA testing and digital rectal examination in early-stage low-grade disease.

Dr Ann T Gregory, MJA