

In brief



Reuters/Charles Platiau

Emmanuel Clari demonstrates the use of an electronic cigarette in his shop in Paris. France intends to ban electronic cigarette smoking in public places by imposing the same curbs enforced since 2007 to combat tobacco smoking.

From the CSIRO Preventative Health Flagship

The AIBL study: opening the presymptomatic window in Alzheimer disease

More than 250 000 Australians have dementia, and this number is predicted to increase at least threefold by 2050. The current global cost of Alzheimer disease is 1% of gross domestic product, which is set to increase exponentially as the number of cases increases. The projected burden on our health care system would be crippling, posing an unprecedented challenge to find a cure for this disease.

Supported by the Science and Industry Endowment Fund (<http://www.sief.org.au>), researchers from Austin Health, the Commonwealth Scientific and Industrial Research Organisation (CSIRO), Edith Cowan University, the Florey Institute of Neuroscience and Mental Health, and the National Ageing Research Institute are undertaking the Australian Imaging, Biomarkers and Lifestyle Flagship Study of Ageing (AIBL; <http://www.aibl.csiro.au>).

This longitudinal study of more than 1100 Australians aged over 65 years aims to give a better understanding of the ageing process and the pathogenesis of Alzheimer disease, leading to early identification of at-risk individuals who could benefit from therapeutic intervention.

Recently published AIBL research (doi: 10.1016/S1474-4422(13)70044-9) quantified longitudinal changes in the pathological features of Alzheimer disease, showing that abnormal levels of amyloid- β in the brain are detected 17 years before the onset of dementia. The study also estimated that brain amyloid- β levels increase, on average, 3% per year. Predicting the rate of preclinical changes and identifying early pathological indicators are essential to the design and timing of therapeutic interventions aimed at modifying the course of Alzheimer disease.



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Another recent AIBL report (doi: 10.1038/mp.2013.40) showed that the amount of brain amyloid- β can be estimated using a small number of blood proteins. This could represent a step towards development of a low-cost, minimally invasive, frontline screening test for Alzheimer disease, to identify individuals needing confirmatory testing and early intervention.

To prevent the development of dementia, the growing consensus is that disease-modifying therapies may need to be given early, most likely at the presymptomatic stage. These two reports from the AIBL study — offering a quantitative understanding of the natural progression of the disease and a low-cost option for early identification of at-risk individuals — give hope for unlocking a presymptomatic window for effective intervention.

News

Shared decision making on the rise

The surge in interest in shared decision making (SDM) as the next big thing in patient-centred care has been highlighted by a series of articles published in the latest edition of *JAMA Internal Medicine*. One research article examines the effect of a lack of proper information on patients undergoing dialysis. A second evaluates the relative hospital costs potentially associated with patients' involvement in decisions about medical care. A third measures the US national proportion of medical decisions in primary care that are patient-centred, and a research letter discusses the decision-making preferences of patients with an acute myocardial infarction. An accompanying editorial said the amount of SDM-related research was "reaching a tipping point". SDM could improve patient choice, health outcomes, patient adherence, satisfaction, length of stay and do-not-resuscitate decisions, the author wrote. "A series of prospective studies is needed ... such results could then be related to health outcomes."

JAMA Intern Med 2013; 27 May (online). doi: 10.1001/jamainternmed.2013.6057
doi: 10.1001/jamainternmed.2013.6172. doi: 10.1001/jamainternmed.2013.6048
doi: 10.1001/jamainternmed.2013.6248

Self-regulation fails in alcohol industry

Alcohol product placements in movies are increasing, particularly in films made for the youth market, research in *JAMA Pediatrics* has found. The American study analysed the top 100 box-office hits released in the United States from 1996 through 2009, counting the number and duration of tobacco and alcohol product placements in each of the 1400 movies. The authors found that, after the implementation of the Master Settlement Agreement in 1998, which ended formal product placement agreements involving payment between tobacco companies and film producers, tobacco brand appearances dropped by 7.0% per year and held at a level of 22 per year after 2006. In the case of alcohol placements, subject only to industry self-regulation, there was little overall change in the number or duration of alcohol brand appearances. But they trended upward in youth-rated movies from 80 to 145 per year. This was a trend "that could have implications for teen drinking", the authors concluded.

JAMA Pediatr 2013; 27 May (online)
doi: 10.1001/jamapediatrics.2013.393



From the MJA archives

MJA 1965; 9 October (edited extract)

The Pill — its place in history

Sir: One frequently sees ... pictures of starving people in Africa, Hong Kong, India and China, and with typical Anglo-Saxon push they are advanced as reasons why Australians should limit their families; as a result, more "Pills" have been taken by a greater number of women in the smallest possible time than in any other period in history. Among the reasons advanced by drug companies for taking "the Pill" are that: "It is feminine to do so"; "it is favoured by doctors"; and "it will not cause any change in appearance". These advertisements are

accompanied by pictures of beautiful and charming young women, the suggestion being that those are just the ones who should not raise families ... For those who wish to indulge in promiscuity, fear of the Judgement Day, Detection, Infection or Conception has never been a problem ... Fashions come and go. "The Pill" is a fashion which has come and will shortly go. Chastity before marriage and faithfulness after it in both sexes are human qualities equally admired by Christians, Moslems, Jews and atheists. This is sufficient to guarantee their survival.

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Weight loss reduces psoriasis severity

Weight loss has been linked with improvements in the severity of psoriasis in obese patients, according to a Danish study in *JAMA Dermatology*. In a randomised trial, 60 obese patients with psoriasis were allocated to either a low-energy diet (LED) or routine dietary guidance (control group). The patients were assessed after 16 weeks using the Psoriasis Area and Severity Index (PASI) and the Dermatology Life Quality Index (DLQI). After 16 weeks, patients in the LED group experienced a mean change in PASI of -2.3 compared with -0.3 for the controls, a non-statistically significant result, although the improvement in both groups was correlated with weight loss. The mean difference in DLQI was 2.0 in favour of the LED group. Patients in the LED group also showed improvements in other outcomes, including body mass index (BMI), fat mass, waist and hip circumferences and waist-to-hip ratios. An accompanying commentary urged dermatologists to include weighing their patients and calculating BMI as part of their standard practices.

JAMA Dermatol 2013; 29 May (online)
doi: 10.1001/jamadermatol.2013.722
doi: 10.1001/jamadermatol.2013.3383

Regionalised care improves stroke outcomes

Implementing a regional system of stroke care delivery has been associated with improved processes of care and outcomes after stroke in a Canadian study published in *CMAJ*. The Ontario Stroke System (OSS) — a province-wide regionalised stroke care delivery system — was fully implemented by 2005. To evaluate its effectiveness, researchers analysed 243 287 visits by patients with acute stroke or transient ischaemic attack between 1 January 2001 and 31 December 2010. Full implementation of the OSS was associated with an increase in rates of care at stroke centres (40.0% before implementation v 46.5% after implementation), decreased rates of discharge to long-term care (16.9% v 14.8%), and decreased 30-day mortality for haemorrhagic (38.3% v 34.4%) and ischaemic (16.3% v 15.7%) stroke. The authors also found associations with marked increases in the proportion of patients who received neuroimaging, thrombolytic therapy and antithrombotic therapy.

CMAJ 2013; 27 May (online). doi: 10.1503/cmaj.121418

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