

In brief



Reuters/Andrew Biraj

A 60-member Thai medical team went to Bangladesh on a 10-day goodwill operation to furnish and fit prostheses for 100 patients who lost limbs in accidents in different parts of the country, including the victims of the Rana Plaza building collapse. A member of the team adjusts an artificial limb on Jewel Sheikh, a survivor of Rana Plaza, at the National Institute of Traumatology and Orthopaedic Rehabilitation in Dhaka.

From the Consumers Health Forum of Australia

It's time Australia embraced primary care

One paradox of modern medicine is that the better clinicians get at treating diseases and trauma, the more elusive the full potential of primary health care becomes.

While Australia's success in combating lethal cardiovascular disease, for instance, is impressive, our success at dealing with the challenges of lifestyles that predispose people to chronic diseases like diabetes has been less so. In some areas, Australia has been a leader in public health, but in primary care we lag behind other countries.

We are a hospital-centric country. The political focus in health debates is on hospitals, with little attention given to one of the substantial health reforms of the Rudd–Gillard government — Medicare Locals.

The 61 Medicare Locals have been strong in some places but patchy elsewhere. They have shown the potential for cohesive care when there

is local engagement and a genuine commitment from clinicians. Some general practitioners, accustomed to independent practice, have resisted Medicare Locals, fearing a loss of autonomy and another layer of red tape.

The Medicare Local model adds a layer of staffing by providing more people to underpin population health planning and community engagement, and to make health care more responsive to local needs.

There is a telling paragraph in the National Primary Health Care Strategic Framework document (<http://www.health.gov.au/internet/publications/publishing.nsf/Content/NPHC-Strategic-Framework>) published earlier this year. It states that the complexity of the interaction between the federal government, the states and privately funded and consumer-funded services can lead to fragmentation, gaps and poorer



Consumers
Health Forum
of Australia

Carol Bennett
Chief Executive Officer

Consumers Health Forum
of Australia

doi: 10.5694/mjal3.11027

outcomes for consumers, and that “It is in this context that makes it imperative that we turn our efforts towards improving primary health care”.

Primary care should be a much higher priority in Australia, but it should also be about more than a visit to the GP. Many consumers are happy to continue to go to their GP-dominated practice under the previously established model. But if we can develop a more coordinated system than is feasible through stand-alone GP consulting rooms, isn't it in our interests to achieve the more comprehensive level of care? Thirty-nine per cent of hospital emergency presentations are avoidable and involve patients who could have been treated by a GP (<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737422169>). Effective primary care will lessen our dependence on hospitals as the first line of health care.

News

Bracing better than no treatment for scoliosis

Bracing significantly decreases the progression of high-risk vertebral column curves in patients with adolescent idiopathic scoliosis, according to research published in the *New England Journal of Medicine*. The multicentre study involved 242 patients with typical indications for bracing due to their age, skeletal immaturity, and degree of scoliosis. These patients had either chosen to have rigid thoracolumbosacral bracing for at least 18 hours a day or to be observed ($n = 126$) or were randomly assigned to either bracing or observation ($n = 116$). The study was stopped early because of the efficacy of bracing. The rate of treatment success was 72% after bracing and 48% after observation in an analysis that included both cohorts. In the intention-to-treat analysis, the rate of treatment success (defined as keeping the Cobb angle of the curvature to less than 50 degrees) was 75% among those randomly assigned to bracing and 42% among those assigned to observation. There was a significant association between longer hours of brace wear and higher rates of treatment success.

N Engl J Med 2013; 19 September (online). doi: 10.1056/NEJMoal307337

No benefit, some harms from cognitive enhancers

Cognitive enhancers such as donepezil, rivastigmine, galantamine and memantine do not improve cognition or function in patients with mild cognitive impairment, and have increased associated gastrointestinal harms, according to a meta-analysis and systematic review published in *CMAJ*. Based on 10 reports from eight randomised trials, the review showed no significant differences in cognition, function or mortality between patients taking cognitive enhancers and placebo. The frequency of nausea and diarrhoea were significantly greater among patients taking cognitive enhancers than among those taking placebo after a median of 36 weeks of follow-up. "Our results do not support the use of cognitive enhancers for patients with mild cognitive impairment", the authors wrote. "These agents were not associated with any benefit and led to an increase in harms. A decision aid should be developed that would allow patients to properly weigh the benefits and disadvantages of taking these medications."

CMAJ 2013; 16 September (online). doi: 10.1503/cmaj.130451

From the MJA archives

MJA 1949; 19 March (edited extract)

Abstracts from Medical Literature: The Mental Hospital

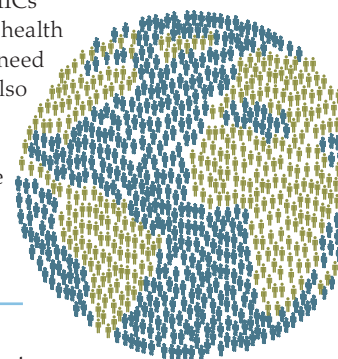
Preston W. Thomas (*Journal of Nervous and Mental Disease*, November, 1947) believes that the mental hospital of tomorrow will be shorn of much of its present status. The care of mental patients must be based on three specific ideals: (i) the mental patient must be provided with medical care from the very onset of the illness through the acute stages and until he may be returned to his place in society; (ii) mere custodial care must be completely eliminated and replaced

by the principle of constant therapy; (iii) the goal of all treatment must be the return of a maximum number of patients to society in the shortest possible time. Everything must be done to eliminate the stigma of "insanity". [Psychiatric clinics] should be easily available and every community should have access to either a permanent or mobile diagnostic and therapeutic service. Employers, GPs, schools and social agencies should be encouraged to refer patients to these clinics for diagnosis and outpatient care. Stay in hospital should be as temporary as possible ... this will require intensive coordination of all public and private agencies.

Unsafe medical care debilitates on global scale

Harms caused by unsafe medical care result in almost 23 million disability-adjusted life-years (DALYs) lost worldwide per year, most of them in low- and middle-income countries (LMICs), research published in *BMJ Quality and Safety* shows. Using analytic modelling of data obtained from a literature review and recent World Health Organization-commissioned epidemiological studies, the authors calculated the global burden of disease for seven inpatient adverse events: adverse drug events, catheter-related urinary tract infections, catheter-related bloodstream infections, nosocomial pneumonia, venous thromboembolism, falls and decubitus ulcers. "[There] were 22.6 million DALYs lost due to these adverse events", the authors wrote. "The number of DALYs lost were more than twice as high in LMICs (15.5 million) as they were in HICs (7.2 million) ... To improve the health of the world's citizens, we will need to improve access to care and also to invest in substantial focus on improving the safety of the health care systems that people access worldwide."

BMJ Qual Saf 2013; 22: 809-815
doi: 10.1136/bmjqs-2012-001748



Global child death rates still unacceptable

A "toxic mix" of population growth and continued failures to address gaps in access to life-saving interventions has led to an increase in the absolute number of deaths of children aged under 5 years in the past decade in countries where most maternal and child deaths occur. A 10-year review of progress in child survival, published in *The Lancet*, shows that the biggest problems lie in sub-Saharan Africa, where 48% of global under-5 deaths occurred in 2010. The review of the Countdown to 2015 for Maternal, Newborn, and Child Survival found that the rise in the absolute number of under-5 deaths occurred in just 15 countries, of which all but three were in sub-Saharan Africa. The review authors wrote that the decade had seen enormous gains in expanding community health services and management of childhood illness by trained health workers at community level. However, they said there was a "disturbing trend" towards some institutions evaluating their own health programs, hindering objective assessment of their effectiveness. They called on the global health community to "show steadfast commitment to child survival".

Lancet 2013; 382: 1049-1059

Cate Swannell

doi: 10.5694/mja13.n1007