



Reuters/Stringer

Doctors prepare to operate on 37-year-old Huang Chuncai at a hospital in Guangzhou, China, on Christmas Day 2013. Huang suffers from neurofibromatosis, a genetic disorder of the nervous system that primarily affects the development and growth of nerve tissues. The surgery successfully removed a 1.5 kg part of his tumours, from his left cheek. Huang is expected to have two more operations.

From the NHMRC

The National Health and Medical Research Council and Indigenous health

In 2013, up to the end of October, the National Health and Medical Research Council (NHMRC) committed more than \$646 million for more than 5154 grants. The NHMRC aims to commit 5% of its annual research budget to research relevant to Indigenous health. In its October 2013 grants announcement, nearly 6% (\$31.8 million) of grant funding committed was relevant to Indigenous health.

The NHMRC has funded an unprecedented number of translational activities that will contribute to Indigenous health. Through the Centres of Research Excellence (CRE) Scheme, we fund CREs dedicated to immunisation in understudied and special-risk populations (chief investigator, Professor Raina MacIntyre, New South Wales); lung health in Aboriginal and Torres Strait Islander children (Professor Anne Chang, Northern Territory); discovering

Indigenous strategies to improve cancer outcomes via engagement, research translation and training (Associate Professor Gail Garvey, Queensland); reducing inequality in heart disease (Professor Simon Stewart, Victoria); and Aboriginal health and wellbeing (Professor Fiona Stanley, Western Australia).

We also fund the following Partnership Projects, in which researchers partner with end users, including policymakers and clinicians:

- SEARCH: better evidence, better health for urban Aboriginal children (Professor Jonathan Craig, NSW)
- The Northern Territory Diabetes in Pregnancy Project (Associate Professor Louise Maple-Brown, NT)
- National research partnership to improve primary health care performance and outcomes for Indigenous peoples (Professor Ross Bailie, NT)



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- Getting better at chronic care in north Queensland (Professor Robyn McDermott, South Australia)
- Should Australia introduce a national chlamydia testing program? (Associate Professor Jane Hocking, Vic)
- Child health and development: a South Australian data linkage study (Professor John Lynch, SA).

As part of our strategy to contribute to improved Indigenous health, the NHMRC also developed the *Road map II: a strategic framework for improving the health of Aboriginal and Torres Strait Islander people through research* (<http://www.nhmrc.gov.au/guidelines/publications/r47>). In 2014, we will begin a review of published research in Indigenous health to identify any research that has practical benefits for health policy and clinical practice but which may not yet have been implemented.

News



Smoking cessation reduces cataract risks

Men who smoke are at increased risk of requiring cataract extraction (CE) but the risk reduces after quitting, according to research published in *JAMA Ophthalmology*. The authors examined the association between smoking cessation and the risk of CE in 44 371 participants of the Cohort of Swedish Men, aged 45 to 79 years, who in 1997 completed a questionnaire on smoking habits and lifestyle factors. Participants were followed for 12 years from 1 January 1998, and matched with the national day-surgery register and local registers of CE. The researchers identified 5713 cases of age-related CE among the cohort, with current smokers of more than 15 cigarettes per day having a 42% increased risk of CE. Smoking cessation significantly reduced the risk for CE over time; however, 20 years after cessation, men who had smoked more than 15 cigarettes per day had a 21% increased risk of CE compared with those who had never smoked.

JAMA Ophthalmol 2014; 2 January (online). doi: 10.1001/jamaophthalmol.2013.6669

Conflicts could influence sweetened beverage results

Systematic reviews (SRs) in the field of sugar-sweetened beverages (SSBs) and weight gain or obesity are five times more likely to present a conclusion of no positive association if there is a stated conflict of interest with the food industry. Research in *PLOS Medicine* found 17 published SRs up until 31 August 2013, with six declaring a financial conflict of interest with some food industry. Ten of 12 SRs with no reported conflict of interest concluded that SSB consumption could be a potential risk factor for weight gain, while five of six with a declared conflict concluded that there was insufficient evidence to support a positive association between SSB consumption and weight gain. "These findings draw attention to possible inaccuracies in scientific evidence from research funded by the food and drink industry", an accompanying commentary said. "Clear guidelines and principles need to be established to avoid dangerous conflicts of interest."

PLOS Med 2013; 31 December (online). doi: 10.1371/journal.pmed.1001578



Tax on soft drinks may be diabetes killer

A 20% tax on sugar-sweetened beverages (SSBs) in India could reduce overweight and obesity prevalence by 3.0% and type 2 diabetes by 1.6% over the period 2014–2023, according to an economic–epidemiological modelling study published in *PLOS Medicine*. The researchers used a survey of Indian households to obtain data on the effect of SSB price variations on per-capita consumption, calculating the potential effect of price changes on the demand for SSBs and other "substitute" beverages. They then estimated the effect of a 20% tax on SSBs on caloric consumption, glycaemic load, the prevalence of overweight/obesity, and the incidence of type 2 diabetes among Indian subpopulations. "In absolute figures, a 20% SSB tax would avert 11.2 million cases of overweight/obesity and 400 000 cases of type 2 diabetes between 2014 and 2023", the editor's summary of the research said. "Notably, if SSB sales increase more steeply as predicted ... the tax would avert 15.8 million cases of overweight/obesity and 600 000 cases of diabetes." An accompanying perspective article said the research was "an important contribution to the evidence base for future-orientated policy making".

PLOS Med 2014; 7 January (online). doi: 10.1371/journal.pmed.1001582
doi: 10.1371/journal.pmed.1001583

Comments

New Comments section in the *MJA*

Readers are invited to email us a brief comment (no more than 100 words) on any current health-related matter, such as the state of our hospitals, junior doctors, Indigenous health, general practice, Medicare copayments, rural medicine, alcohol and our emergency departments, obesity or *MJA* themes.

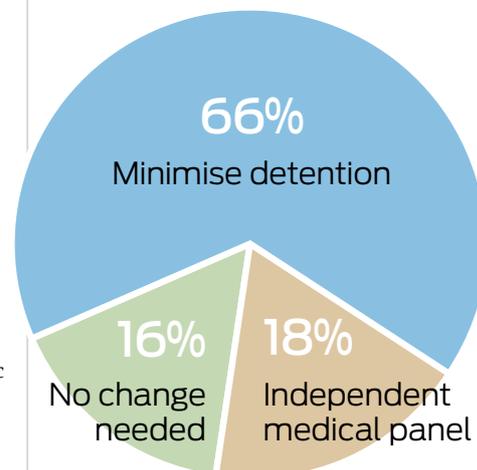
Note that comments about specific articles published in the *MJA* should be submitted as *Letters to the Editor*. Comments may be edited and will not be sent back to the author for approval. Publication is at the Editor's discretion; you will be notified if your comment is selected. Please include your full name, discipline and state of residence, and disclose any relevant information or affiliations that may affect interpretation of your comments.

Your comments are as important today as they were 100 years ago (see page 5).

Email your comments to:
comments@mja.com.au

MJA InSight poll

What should the government do to improve the physical and mental health of asylum seekers in detention?



MJA InSight

Take part in next week's poll on
www.mja.com.au/insight

Cate Swannell

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