Mascots in condom costumes arrive to hand out prophylactics at Agua Dulce beach in Lima, Peru, on International Condom Day, which is celebrated along with Valentine’s Day on 14 February. Volunteers in 28 countries gave out free condoms and hosted HIV testing events to spread the message of safe sex.

Let’s not lose sight of the real value of being “medicine wise”


NPS MedicineWise has selected 10 therapeutic areas in which we believe we can make the most impact in terms of both health and economic outcomes. These areas are infectious diseases, endocrine disorders, cardiology, respiratory problems, haematology, gastroenterology, musculoskeletal problems, mental health, neurology and emerging issues. Underpinning selection of these is their alignment with Australia’s National Health Priority Areas (http://www.aihw.gov.au/national-health-priority-areas), the prevalence and burden of disease, and our ability to actually effect change.

In selecting specific conditions to address within these therapeutic areas, we look at many factors, not least of which are the implications for clinicians. Are there gaps in practice or variability in prescribing? Are there new or changed guidelines or new evidence for emerging or best practice that clinicians need to know about? Is there evidence of patient harm or poor patient adherence?

We then assess if we are best placed to close this gap in current knowledge and if our interventions are likely to result in a change in practice or behaviour. This underpins the value of the program for clinicians.

In 2014, NPS MedicineWise programs will deal with identified problems and gaps in treatment for asthma, fatigue and hypertension — conditions that affect many people, generate controversy about appropriate management, and have changing guidelines or new therapies.

In this era of fiscal responsibility and scarcity of health funding, it is easy to forget the roots of this crucial health initiative and understate its very real impact on people’s lives. Fifteen years on, quality use of medicines remains a cornerstone for patient safety and realising better health outcomes.
Australasia in sexual violence spotlight

Australasia has the world’s third highest adjusted prevalence of sexual violence committed by non-partners, according to a systematic review published in the *Lancet*. The authors identified 7231 studies published between January 1998 and December 2011, from which they obtained 412 estimates covering 56 countries. In 2010, 7.2% of women aged 15 years and older worldwide were estimated to have experienced non-partner sexual violence. The highest estimated prevalence — adjusted for national-level studies, combined perpetrators, and training of fieldworkers — was found in central sub-Saharan Africa (21%); southern sub-Saharan Africa was second (17.4%); and Australia and New Zealand’s prevalence was 16.4%, the highest of the developed nations. South Asia — India and Bangladesh — had the lowest adjusted prevalence with 3.3%. Although the completeness and comparability of data remain as problems which affect interpretation of the findings, an accompanying editorial said the rates reported were “unacceptably high on public health and human rights grounds” and “effective responses will require widespread legal and institutional change”.


Sentinel-node biopsy key for melanomas

Ten-year follow-up data from patients involved in the Multicenter Selective Lymphadenectomy Trial (MSLT-1) have supported the use of sentinel-node biopsy in patients with intermediate-thickness (1.20–3.50 mm) or thick (> 3.50 mm) primary melanomas. 2001 patients with primary cutaneous melanoma were assigned to undergo either “wide excision and nodal observation with delayed lymphadenectomy for nodal relapse” (observation group) or “wide excision and sentinel-node biopsy, with immediate lymphadenectomy for nodal metastases detected on biopsy” (biopsy group). The authors found that 10-year disease-free survival rates were significantly higher in the biopsy group than in the observation group. Among patients with intermediate-thickness melanomas, the survival rate was 71.3% ± 1.8% in the biopsy group compared with 64.7% ± 2.3% in the observation group. Among patients with thick melanomas the respective rates were 50.7% ± 4.0% and 40.5% ± 4.7%. An accompanying editorial said the “practice-changing” trial showed the “important role of early identification and surgical removal of regional metastases, both in obtaining staging information and in improving survival”.


Female soccer players heading for concussion

Female soccer players have a higher incidence of concussions than male players, but the unique effects of heading the ball on concussion effects require further research, according to a systematic review published in *Brain Injury*. The authors identified 49 studies published between 1806 and May 2013. In one 2002 study identified by the authors, women were 2.6 times more likely to suffer concussive injuries during a single season than their male counterparts. Overall, the authors concluded, “the acute cognitive effects of concussions in soccer are similar to those effects reported in the larger body of sport-related concussion literature”. The unique aspect of soccer — heading the ball — was not studied enough to yield any conclusive results about its concussive effects, short- or long-term. “This is an area that could be greatly expanded”, the authors wrote.

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