



Women perform square dancing at a park in Beijing, China. Chinese-style square dancing is running circles around other healthy hobbies for older people, with millions taking to parks and plazas across China, swivelling their hips and rolling their arms.

Picture: Kim Kyung-Hoon/Reuters/Picture Media.

From NPS MedicineWise

Proton pump inhibitors: too much of a good thing?



Proton pump inhibitors (PPIs) are a mainstay in the management of acid peptic disorders; they are highly effective at relieving symptoms and are generally well tolerated. However, there is growing international concern about their increasing use. Long-term use is only recommended in specific clinical situations, yet data indicate that this accounts for the majority of total use and large numbers of PPI users do not actually have a clear indication for therapy (<http://www.nps.org.au/publications/health-professional/medicinewise-news/2015/proton-pump-inhibitors>).

A big problem is that once people are on a PPI, therapy is often not stepped down appropriately. Up to 30% of patients may be able to stop PPI therapy after the initial course of therapy without experiencing symptoms, but a step-down approach is not necessarily part of their ongoing management. Overuse of PPIs may increase risks of adverse effects and incur unnecessary costs for both taxpayers and individuals.

While PPIs are generally considered safe, there are reports (mostly from observational studies) about more serious, albeit rare, adverse events associated with their use, including enteric infections, pneumonia, fractures and acute interstitial nephritis. While reports are insufficient to establish a causal relationship, they may warrant consideration, especially against a backdrop of significant overprescribing of PPIs.

In the past decade, at least two PPIs have featured annually in the top 10 most prescribed Pharmaceutical Benefits Scheme (PBS)-subsidised medicines and, in the 2013–14 financial year, over 19 million prescriptions were issued, most of these for managing gastro-oesophageal reflux disease. The most commonly prescribed PPI in 2013–14 incurred a cost of over \$200 million to the PBS.

NPS MedicineWise has recently published a suite of free resources (<http://www.nps.org.au/heartburn-and-reflux>) to support quality use of PPIs, including a symptomatic management pad for use with patients, and a clinical e-audit and interactive online case study (Continuing Professional Development points available).

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Beijing Olympic babies heavier

The *South China Morning Post* reports that babies born a month after the Beijing Olympics were, on average, 23 g heavier than babies born at the same time of the year in 2007 and 2009. The study, published originally in *Environmental Health Perspectives*, used data from 83 672 full-term births from mothers in four urban districts in Beijing. The authors concluded that the government decision to reduce air pollution during the month of the Games had a significant impact on fetal growth and development. "Short-term decreases in air pollution late in pregnancy in Beijing during the 2008 Summer Olympics, a normally heavily polluted city, were associated with higher birth weight," the authors concluded.



Spinal cord injuries in Nepal

The **World Health Organization** reports that of the estimated 14 000 injuries resulting from the 25 April earthquake in Nepal, approximately one in three, or 4700, will need rehabilitation and of those, 12% have damage to their spinal cord. "Nepal neither has the human resources nor medical facilities to deal with the needs of those suffering spinal injuries", the WHO reports. "The number one need now is spinal cord rehabilitation – human and medical resources related to that are the most important because we do not have those kinds of resources", Dr Ganesh Gurung, coordinating operations in Nepal, said. The WHO has been coordinating with Ministry of Health and Population, Nepal, to deploy foreign medical teams to areas that lack access to services, or whose medical infrastructure was destroyed by the quake. The UN health agency is calling all donor agencies and emergency relief partners to make the long-term needs of affected populations a priority, and ensure spinal care and rehabilitation is taken into account.

Concierge medicine on the rise in US

Slate.com reports that an alternative medical model — tagged "concierge medicine" — in which doctors see a reduced panel of patients, "each of whom pays a monthly or annual retainer", is on the rise in wealthier parts of the United States, notably areas populated by a large number of high-income retirees. "Patients are granted more (sometimes even unlimited) access to the doctor. Weekends and evening phone consults and same-day appointments are the norm. So are expanded medical tests. Annual fees for this service run from \$1,000 to \$20,000", Slate reports. A 2012 survey of almost 14 000 physicians found that almost 7% planned to convert their practices to concierge in the next 1 to 3 years. Salon estimated that the end result would be "1 725 500 Americans losing access to their health care providers".

Top 5 MJA articles online since 20 April 2015

1) *Research: An enhanced recovery after surgery program for hip and knee arthroplasty*

A multimodal perioperative care pathway leads to shorter hospital stays

doi: 10.5694/mja14.00601

2) *Research: Polypharmacy among inpatients aged 70 years or older in Australia*

doi: 10.5694/mja13.00172

3) *Research: Obesity management in general practice: does current practice match guideline recommendations?*

doi: 10.5694/mja14.00998

4) *Reflections / MJA Dr Eric Dark Creative Writing Prize: Jack*

doi: 10.5694/mja14.00539

5) *Perspective: Knowing when to stop antibiotic therapy*

doi: 10.5694/mja14.01201

Meanwhile, in MJA InSight ...

"If we only focus on what surgery can do for one individual, we lose sight of the broader issues of care" — Professor Guy Maddern, head of surgery at the University of Adelaide and director of surgery at the Queen Elizabeth Hospital and Royal Adelaide Hospital

Surgeons' priorities probed

<https://www.mja.com.au/insight/2015/16/surgeons-priorities-probed>

"We can't give up just because it's too hard, we have to try different ways of doing things" — Dr Lorraine Chantrill of the Garvan Institute of Medical Research

Pancreatic cancer hurdles

<https://www.mja.com.au/insight/2015/16/pancreatic-cancer-hurdles>

"Organ donation is about helping someone in need — there's no medical benefit for the donor, only risk" — Professor Paolo Ferrari of the Organ and Tissue Authority

Paying donors "immoral"

<https://www.mja.com.au/insight/2015/15/paying-donors-immoral>

Antimicrobial resistance programs lacking, says WHO

Only a quarter of countries who responded to a World Health Organization survey have national plans to combat antibiotic resistance, the **WHO** reports. "There are major gaps in actions needed across all 6 WHO regions to prevent the misuse of antibiotics and reduce spread of antimicrobial resistance", according to a new WHO report called *Worldwide country situation analysis: response to antimicrobial resistance*. Key findings include: 34 out of 133 participating countries have a comprehensive national plan to fight resistance; monitoring is key for controlling antibiotic resistance, but it is infrequent; sales of antibiotics and other antimicrobial medicines without prescription remain widespread; public awareness of the issue is low in all regions; and the lack of programs to prevent and control hospital-acquired infections remains a major problem.

Cate Swannell doi: 10.5694/mja15.n1805

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Utility of genetic screening: the hypertrophic cardiomyopathy as a paradigm

Hypertrophic cardiomyopathy (HCM) is the commonest genetic cardiovascular disease and a leading cause of sudden cardiac death (SCD). Most HCM patients are asymptomatic, but those who are at risk of SCD would benefit much from genetic diagnosis leading to early treatment. Identifying and discovering pathogenic HCM mutations is needed to prevent SCD, and individuals with a family history should be targeted. Genetic screening might assist clinicians, but this possibility remains frequently overlooked. Last but not at least, the pedagogy needed in this field is immense, including among physicians, while too many families remain undiagnosed and unnecessarily misinformed.

Fabian Sanchis-Gomar
General Practitioner, Spain

Public speaking for doctors

From all accounts we are a learned profession. Being thus invested, it behoves us to use the capacity to convey learning and transmit it in private interchange, public discourse and in performing that wonderful duty of teaching. The immense repository of knowledge, power, control and capacity for care which we possess should be honed to the point where it is both available and welcomed. Communication takes place in a number of settings, predominantly within the consulting room, at the bedside, in the lecture theatre and public forum.

The spur may be felt at the behest of an invitation or, most justifiably, through an irresistible urge to clarify, vindicate or validate a point of view. Not uncommonly it is as an announcement of the speaker's presence and importance. Whatever the impetus, we desire to secure that overarching outcome — the education and consolation of our respective audiences.

Alex Cohen
Retired Clinical Professor, WA

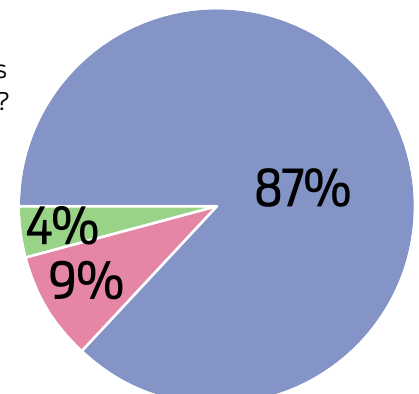
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MJA InSight Poll

Should the regulation of complementary medicines be more tightly controlled?

Total respondents: 160

- Yes – stop outrageous claims
- Maybe – not for all
- No – they are mostly low risk



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