

Responding to both established and emerging health challenges

Two articles in this issue of the *MJA* shed light on unusual aspects of well known diseases. The prognosis for individuals with cystic fibrosis has changed dramatically over my time in medicine. Life expectancy for people with cystic fibrosis is now almost 50 years of age and this is likely to improve further with the availability now of effective modulator therapy. In their research letter, Amelia Lin and colleagues examine the characteristics of one interesting group — adults diagnosed with cystic fibrosis, using data from the Australian Cystic Fibrosis Data Registry data from 2000 to 2019. Importantly, they show that “34 of 109 adults for whom the [cystic fibrosis] diagnosis was suggested by clinical features (31%) presented with non-respiratory symptoms, such as gastrointestinal disease and infertility”, highlighting that “High clinical suspicion is consequently needed by specialists and general practitioners to expedite its diagnosis” (doi: [10.5694/mja2.51797](https://doi.org/10.5694/mja2.51797)). In the linked editorial, John Massie notes the importance of family testing of people with cystic fibrosis, while pointing out that “most people with cystic fibrosis do not have family histories of the disease, and only population-based carrier screening programs assist couples avoid having children with cystic fibrosis” (doi: [10.5694/mja2.51837](https://doi.org/10.5694/mja2.51837)).

A perhaps unfamiliar aspect of another familiar disease, prostate cancer, is examined by Mariya Hamid and colleagues — bone health in men with prostate cancer commencing androgen deprivation therapy (ADT). The authors note that “Although Australian and overseas guidelines recommend assessing bone health when commencing ADT in men with prostate cancer, reported DXA [dual-energy x-ray absorptiometry] screening rates are poor”. Their study — the first Australian prevalence study of DXA baseline bone health assessment in men with prostate cancer commencing ADT — showed that “Despite guideline recommendations and their eligibility for MBS-subsided DXA scans ... only 20% of men had DXA scans between six months before and twelve months after first dispensing of ADT”. The findings are important because in an ageing population of men with prostate cancer, bone loss and fracture have the potential for substantial associated morbidity.



The authors conclude that “bone health monitoring should be a routine component of prostate cancer care for men receiving ADT” (doi: [10.5694/mja2.51835](https://doi.org/10.5694/mja2.51835)).

An area of health that is demanding increased attention — and which unfortunately is likely to become even more familiar to all medical practitioners — relates to climate change. Zerina Lokmic-Tomkins and colleagues discuss the design of digital health applications for climate change mitigation and adaptation. In their perspective, the authors note “the importance of digital technology, including surveillance technology, data and innovation for resilient global health care systems” and argue that “Digital health has an unparalleled opportunity to become more adaptive for climate action and resilience through a focus on sustainability, equity and the interconnection of digital health and the environment” (doi: [10.5694/mja2.51826](https://doi.org/10.5694/mja2.51826)). It’s a good reminder that health care must continuously adapt in order to adequately respond to both established and emerging health challenges. ■

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