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Different strokes

It is not surprising that recent research confirms that patients with stroke who are treated in specialised stroke units have improved outcomes. What is surprising is the duration of the effect on mortality. On *page 444* Pollack and Disler take us step by step through the stroke rehabilitation process, as part of the *MJA Practice Essentials – Rehabilitation* series.

Gut reaction

You don't have to be a GP or gastroenterologist to realise that heartburn is common. The two major drug therapies available are H₂-receptor antagonists and proton-pump inhibitors. Which is better at controlling symptoms? Talley and colleagues (*page 415*) conducted a randomised controlled trial of standard-dose ranitidine versus low-dose pantoprazole for uninvestigated heartburn in general practice.

Limited alternatives

With the current community uncertainty about the safety of HRT, many women may be looking for "natural" alternatives. Yet, the safety of these is far from guaranteed. In *Notable Cases*, Whiting et al (*page 432*) present the case of a woman who required a liver transplant after taking black cohosh for menopausal symptoms, and describe other instances of hepatitis associated with herbal preparations.

Statins get the tick

You're at high risk of cardiovascular disease but you have average-to-low total cholesterol and LDL-cholesterol levels: should you be taking statins? And what about antioxidants? Hamilton-Craig's editorial (*page 404*) delves into the findings of the UK Heart Protection Study, which recruited over 20 000 participants for answers to these questions.

But what's it going to cost? The answer, at least for those with established coronary heart disease and average cholesterol levels, can be found in an economic evaluation by Glasziou and colleagues (*page 420*). Their data from the LIPID trial, a randomised controlled trial of pravastatin involving over 9000 Australians and New Zealanders, give statins a tick for cost-effectiveness.

Will we fight needles on the beaches?



A \$27.5 million Federal Budget initiative was announced in May to develop and introduce retractable needle and syringe technology to reduce needlestick injury, as part of the government's "Tough on drugs" strategy. But how much of this strategy will focus on such injuries in public places rather than among healthcare workers at greater risk?

The news from an investigation by Whitby and McLaws (*page 418*) of needlestick injuries in their hospital over 10 years is disturbing: rates of such injuries are definitely not falling, despite education and other simple interventions. Let's cut to the chase, says Jagger's editorial (*page 405*): a frontline soldier wouldn't waver about whether he'd prefer a protective shield or an educational poster, so neither should we in getting safety devices to our healthcare workers.

Resilient refugees

By 1996 over 150 000 Vietnamese refugees were living in Australia. Yet in Perth's sizeable community, Vietnamese children and adolescents are not using available mental health services. McKelvey and colleagues (*page 410*) wondered if this was due to child or parent factors, and devised a study to determine whether some kids are missing out on the help they need. Minas and Sawyer (*page 404*) say these young Vietnamese exemplify the good results possible with a supportive, compassionate approach to asylum seekers.

How to make a good trial

What's the recipe for making clinical trial evidence work in the real world? It takes a good dose of relevant trial design, outcome measures and reporting, and lashings more patient participation, argues Simes (*page 407*).

And when resources are short, how do you reduce the number of subjects without compromising the power of the trial? Turn to the continuation of our *Trials on Trial* series by Keech and Gebiski (*page 446*). Farquhar *page 436* discusses a real randomised trial comparing intrauterine levonorgestrel with hysterectomy for managing menorrhagia.

What's more, when new trial evidence overtakes old guidelines, it's time to update, say Chan and colleagues. Turn to *page 440* for their suggested modifications to the NHMRC guidelines for treating depression in adolescents.

Another time ... another place ...

... *Dora Lush was an experienced and competent experimenter. She was inoculating a mouse when the syringe slipped and pricked [her] index finger deeply with the needle a week later the finger had swollen and was stiff and sore. She was hospitalised at once ... [but] she died on 20 May 1943 about three weeks after the accident ...*

*Macfarlane Burnet
The Walter and Eliza Hall Institute, 1935-1965*