In this issue

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RAPID DIAGNOSIS OF RTIs: AVAILABLE NOW

Point-of-care tests (POCTs) are a viable option for the rapid diagnosis of suspected pneumonia, influenza, legionellosis or respiratory syncytial virus, suggest Charles and Grayson (*page 36*). POCTs can be done at the bedside (or in the surgery) using throat or nasal swabs or aspirates, or urine, with results emerging in 10–15 minutes. The authors say that using POCTs may reduce unnecessary antibiotic prescribing as well as guiding appropriate treatment. But on *page 40*, Dwyer and Sintchenko note that POCTs are still less sensitive and specific than current laboratory techniques and are not funded by Medicare. Rather than being a daily tool for GPs, they believe they are best used for disease surveillance, for rapid investigation of outbreaks, and in laboratories with limited diagnostic facilities.

COMPENSABLE PATIENTS SLOWER TO HEAL

According to a study from Victoria, patients hospitalised with orthopaedic trauma who are eligible for compensation have worse outcomes than those who are non-compensable. Gabbe et al (*page 14*) followed 707 patients admitted to two Level 1 trauma centres and registered on the Victorian Orthopaedic Trauma Outcomes Registry in 2003–2004. Compensable patients had more injuries and greater injury severity but, even after adjusting for these and other differences between the groups, they were more likely than non-compensable patients to report moderate to severe physical and mental disability 12 months after injury, and were less likely to have returned to work.

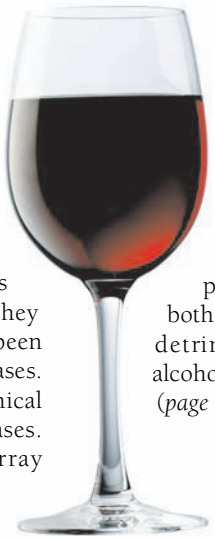
CHEST CTs OVERUSED

If the findings of a study from Cairns are generalisable, excessive use of thoracic computed tomography (CT) by general practitioners may be putting patients at risk from ionising radiation. A physician from a large regional centre (Simpson) teamed up with a GP (Hartrick) to retrospectively review 50 consecutive cases of patients referred by GPs for chest CTs to two private radiology practices (*page 43*). After viewing the request forms, scans and recent chest x-rays and clarifying indications and outcomes with the referring GPs, they concluded that a chest CT had been necessary in only about a third of cases. The CT fully answered the GP's clinical question in only 6 of the 50 cases. Radiologists Mendelson and Murray (*page 5*) agree that radiological investigations are sometimes overused in general practice, in part due to short consultation times, fear of litigation and patient expectations. They suggest that GPs should consult radiologists about what radiological investigations have to offer, and call on their radiological colleagues to take more responsibility for the effective and appropriate use of imaging.

DRUG OVERDOSE AND NALTREXONE

A recent case series of patients who died of drug overdose after being treated with naltrexone implants comes under criticism from a number of expert readers in *Matters Arising* (*page 54*). Among other issues, contributors note that only two of the five patients who died had potentially active naltrexone implants, and that one of these was poorly documented. In reply, Gibson et al justify their inclusion of all the cases in order to highlight the period of increased risk after naltrexone therapy is ceased. Read all the letters and decide for yourself.

ALCOHOL WORSENS HEPATITIS C OUTCOMES



Hepatitis C progresses to cirrhosis much less often than was previously thought, and alcohol consumption is the strongest known modifiable determinant of outcome. Recent reports reveal that only about 7% of people with community-acquired hepatitis C progress to cirrhosis after 20 years, and patients should be informed of both the positive prognosis and the detrimental effect of drinking alcohol, say Duggan and Duggan (*page 47*).

Dr Ruth Armstrong, MJA

ANOTHER TIME ... ANOTHER PLACE

First the man takes a drink,
Then the drink takes the man.

Edward Rowland Sill (1841–1887)
An adage from the Orient