In this issue

15 SEPTEMBER

POPULATION GENETIC TESTING?

Homozygosity for a single gene mutation is responsible for most cases of haemochromatosis, but the existence of a genetic test for susceptibility to a common disease is not the only consideration in introducing population screening, says Allen (*page 300*). A recently completed 12-year follow-up of C282Y homozygous individuals has made it possible to predict which patients will develop symptomatic iron overload or haemochromatosis complications, leaving the way open for a screening strategy that considers factors such as individual vulnerability and age of onset.

CHOLESTEROL: YOUR ROLE IN ITS DOWNFALL

How low is low enough for cholesterol, who will most benefit from lipid-lowering therapy, and what medications will be most effective? These are questions that we continually revisit as the pool of evidence evolves, sometimes confusingly. Some challenging articles in this issue may influence your thinking on this subject.

A recent randomised trial testing the effect of adding ezetimibe to simvastatin in patients with familial hypercholesterolaemia showed that ezetimibe lowered low-density lipoprotein (LDL) cholesterol levels but had no effect on carotid artery intima-media thickness after 2 years. Should we revisit the maxim that no level is too low for LDL cholesterol in the light of these results? Not until the results of a trial assessing clinical cardiovascular endpoints become available in a few more years, advises Hamilton-Craig on *page 303*.

While Australian guidelines encourage the use of a risk factor equation to calculate patients' absolute risk of cardiovascular disease when making decisions about lipid-lowering therapy, Pharmaceutical Benefits Scheme (PBS) criteria for subsidising lipid-lowering drugs are based largely on lipid levels alone. According to Chen and colleagues' analysis of data from over 8000 adults who participated in the AusDiab study, this approach results in somewhat of a mismatch, with many patients who would be considered at low risk based on the Framingham risk prediction equation) receiving lipid-lowering therapy, and more than 80% of those at high risk remaining untreated (*page 319*).

According to the National Heart Foundation, under-45-year-olds need only have their serum lipid levels measured if they are in a high-risk group for cardiovascular disease. Earlier this year, however, two industry-sponsored groups launched whole-of-population cholesterol awareness and testing campaigns in Australia. On *page 326*, Hall points out that this may lead to an increased demand for testing and treatment in low-risk groups, with obvious benefits for the companies involved. In response (*page 328*), Cobcroft, from Unilever, and Ketelbey from Pfizer, assert their companies' commitment to population health.

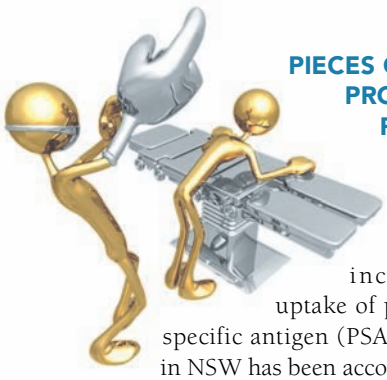
REFORMING OUR HOSPITALS

If we want to move forward to strengthen our hospitals as leaders in clinical quality, research and innovation, we need to look back to the evolution of the university teaching hospital, says Penington (*page 332*), and to take a good hard look at where we are today, adds Van Der Weyden (*page 330*). There is no reason why Australian teaching hospitals should not join some of their international peers as centres of excellence in patient care, medical education and clinical research, but changes to the organisational structure and funding of health care will be needed to make this happen.

ANOTHER TIME ... ANOTHER PLACE

He was very often, both in the Day and the Night, forced to make Water, seldom in any Quantity because he could not retain it long enough.

Edward Hyde, Earl of Clarendon, 1759



PIECES OF THE PROSTATE PUZZLE

The increasing uptake of prostate-specific antigen (PSA) testing in NSW has been accompanied by an increase in the incidence of prostate cancer, and a decrease in prostate cancer mortality. So say Smith et al (*page 315*), after correlating Medicare claims for PSA testing since 1989 with over 30 years of cancer registry and population data. Their findings raise the possibility that widespread use of the controversial test is leading to earlier diagnosis and more effective treatment.

If doctors are confused about prostate cancer, it is not surprising that men consulting their general practitioners are often completely in the dark. In a survey of over 500 such men, Arnold-Reed et al (*page 312*) found that, although 75% of them had undergone some sort of prostate-related examination or test, 48% were unaware that prostate cancer is the commonest male cancer, 35% did not know how it could be treated, and 53% were unaware of treatment side effects.

SPARE THE RODS IN KIDS' ASTHMA

A 3-day course of oral corticosteroids for children with asthma exacerbations who are not admitted to hospital is as efficacious as a 5-day course, say Chang et al (*page 306*). In a double-blind randomised controlled trial, 201 children were assigned to receive oral prednisolone (1 mg/kg) daily for either 3 or 5 days. About a third of the children in each group were symptom-free at 7 days, and there was no significant difference in scores of asthma-related morbidity at either 7 or 14 days.

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