In this issue

16 MARCH

REMOTENESS PARADOX

The issue of the welfare of Indigenous Australians living in very remote communities became politicised in 2005 when former federal Indigenous Affairs Minister Amanda Vanstone dubbed the communities "cultural museums", and questioned the government's ability to adequately service them. Politics aside, the effect on health of remote living is far from clear. A study from Andreasyan and Hoy (*page 307*) points to a J-curve in mortality patterns for Indigenous Australians, with those living in very remote communities in the Northern Territory actually less likely to die than those in remote towns such as Alice Springs and Katherine, where death rates were up to 9 times higher than in the general Australian population.

A study of incidence of and survival after acute myocardial infarction (AMI) in the Northern Territory (You and colleagues, *page 298*) compared urban and rural Indigenous with non-Indigenous populations between 1992 and 2004. The non-Indigenous population experienced a 20% decline in AMI incidence, and improved survival (similar to the trends found in the general Australian population), and were more likely to survive AMI if they lived in an urban centre. Indigenous people, by contrast, experienced a 60% increase in AMI incidence. They did, however, share the improvement in survival rates, irrespective of place of residence.

LESSONS FROM DISASTER

Victims of previous Australian disasters, such as the Ash Wednesday fires and the Bali bombings, can draw some comfort from the observation by McFarlane and Raphael that experience and research after these tragedies may help those dealing with the psychological fallout of the recent bushfires in Victoria (*page 291*). Crucial to the task ahead is drawing on these past experiences to inform a process that is bound to be long and difficult.

SCOPE FOR PREVENTION IN INDIGENOUS KIDNEY DISEASE

While some of the chronic conditions that contribute to the gap in life expectancy between Indigenous and non-Indigenous Australians are already established in childhood, this is unlikely to be the case with renal disease, say Haysom and colleagues (*page 303*). The group tracked a cohort of more than 2000 Aboriginal and non-Aboriginal schoolchildren in New South Wales for 4 years, successfully following up about 70%. At baseline (mean age, 8.9 years), Aboriginal children had higher rates of haematuria than non-Aboriginal children (86/1248 v 36/1018), but 4 years later they were no more likely to have any persistent risk factor. Overall rates of persistent risk factors were 1.9% (haematuria), 2.4% (albuminuria), 5.0% (obesity), 1.5% (systolic hypertension) and 0.2% (diastolic hypertension).

VITAMIN D AND CALCIUM — STILL IMPORTANT

The balance of evidence remains in favour of calcium and vitamin D supplementation in elderly men and women, although the effect on bone mineral density is likely to be modest, say Sanders and colleagues in a joint position statement from three learned Australian and New Zealand bodies (*page 316*). Boosting calcium intake above the recommended levels (about 1300mg/day for older people) is unlikely to be of additional benefit.

SUPERSIZING BABIES

Anecdotal reports that Australian newborns are getting bigger seem to be well founded. Using the NSW Midwives Data Collection, Hadfield and colleagues confirmed that, between 1990 and 2005, mean birthweight increased by 23g for boys and 25g for girls (*page 312*). The proportion of term babies born large for gestational age (>90th centile) also increased — from 9.2% to 10.8% in boys, and 9.1% to 11.0% in girls. Maternal factors such as a decline in smoking, increasing age, and increasing rates of gestational diabetes provided a partial, but not complete, explanation for this interesting observation.

FLOGGING A DEAD HORSE?

Some of the *MJA*'s most innovative research finds a home in the Letters to the Editor section. Worth careful consideration in this issue is the research letter from Large (*page 339*), which suggests that, with homicide rates much lower in Australia than in the United States, we might be better off concentrating our efforts on increasing kidney donation by live, rather than deceased donors.

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ANOTHER TIME ... ANOTHER PLACE

When any calamity has been suffered, the first thing to be remembered, is how much has been escaped.

Samuel Johnson