In this issue 20 SEPTEMBER

SPOTLIGHT ON TEEN MUMS

Fewer than 2% of women become mothers in their teens these days, but those who do can suffer from reduced educational and employment opportunities, and socioeconomic disadvantage. Having a second baby within 2 years of the first (rapid-repeat pregnancy — RRP) compounds these problems, and was the subject of a study by Lewis and colleagues (*page 338*). About a third of their cohort of 147 Western Australian teenagers who gave birth for the first time between 2004 and 2006 were pregnant again within 2 years despite access to contraceptive advice from 6 weeks postpartum. Being sexually active for longer than 3 months, planning a second pregnancy and being an Indigenous Australian were predictors for RRP. The use of barrier or oral contraception did not appear protective, but long-acting contraceptive use reduced the odds of an RRP by about two-thirds.

CJD OPTIMISM

Australians who received cadaver-acquired pituitary hormones between 1967 and 1985 can be somewhat reassured that no new cases of Creutzfeldt–Jakob disease have been reported in Australian recipients for 20 years. According to Boyd et al (*page 366*), this long interval makes it unlikely that we will see any more cases related to this source. Other countries have not been so lucky.

TALKING UP CIRCUMCISION

"... promotion of condom use plus circumcision of males [is] analogous to seatbelts plus airbags for reducing the road toll", say Cooper and colleagues, somewhat controversially, on (*page 318*). Routine infant male circumcision is not recommended by the Royal Australasian College of Physicians, or performed in most public health care facilities, but the authors say that it should be available as a protective measure against heterosexual acquisition of HIV.

MANY PATHS TO A SINGLE DIAGNOSIS

Ovarian cancer is notorious for its subtle onset, late diagnosis and poor outcomes. According to a substudy of the Australian Ovarian Cancer Study, however, once medical attention has been sought, diagnostic delay is unusual. To examine the pathways to diagnosis, Jordan et al interviewed 1463 women with ovarian cancer who were recruited from gynaecological oncology units and cancer registries between January 2002 and June 2005 (*page 326*). Most women presented initially to a general practitioner, after which, via a diverse set of pathways, 66% of cancers were diagnosed within 1 month and 80% within 3 months. It took longer than 6 months to reach a diagnosis in 12% of the women; factors associated with delay were remote living, lower incomes, and certain clinical presentations, such as abdominal pain, bowel symptoms, or multiple symptoms.

A SYSTEMATIC FAILURE?

The authors of a negative clinical trial in this issue say their study highlights the difficulty of implementing systematic models of disease care in Australian General Practice, without workforce and other reform. Holton and colleagues trained doctors and staff in 20 of 40 general practices in systematic asthma care involving a register-recall system, postcard prompts for review, and an education module (*page 332*). Only about one in three patients from the intervention practices attended when invited for review and, apart from the provision of written asthma action plans (which was more likely in the intervention group), there was no difference in clinical outcomes, quality of care, quality of life, or asthma self-management skills between the groups at 12 months.

A CENSURE AND THREE WISHES

During the 2009 H1N1 influenza pandemic, Aboriginal and Torres Strait Islander people were vastly over-represented in hospitalised cases, intensive care admissions and deaths. Hardly surprising, say Miller and Durrheim (*page 316*), considering the toll that such epidemics have taken in the past. What is surprising, however, is the lack of a mention of Indigenous Australians in the recently revised National Action Plan for Human Influenza Pandemic. In response to this omission, the authors convey a message from Aboriginal and Torres Strait Islander communities and health services, about how planning should be done in matters pertaining to their health: "Ask us, listen to us, share with us".

ON THE BALL WITH BRONCHIECTASIS

Chronic suppurative lung disease and bronchiectasis are known to be a problem in Australia's Aboriginal and Torres Strait Islander population: guidelines for diagnosis and management in this high-risk population were published in the Journal in 2008. Now Chang and other experts from the Thoracic Society of Australia and New Zealand and the Australian Lung Foundation have provided recommendations for the general population, in whom these conditions are often missed or misdiagnosed (*page 356*).

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ANOTHER TIME ... ANOTHER PLACE

> [Diagnosis] grew up in advance of therapy. For a considerable period able clinicians had little else to do but refine the art of diagnosis. It became in this way almost dissociated from treatment and became regarded, consciously or unconsciously, as an end in itself.
>
> *Archibald Leman Cochrane*