

Students do morning exercises with soccer balls on a playground at a primary school in Zhejiang province, China. Picture: China Daily/Reuters/Picture Media.

From The Cochrane Library

Big problems in search of small gains

We have known for some time that hormone therapy provides no **Cochrane** protection against heart disease overall, but the latest Cochrane review update suggests there may be some benefit in the subgroup of recently postmenopausal women (aged between 50 and 59 years). However, only a small number of these women are likely to benefit, and potential harms include an increased risk of deep vein thrombosis. Despite data from more than 40 000 women drawn from 19 studies, hormone therapy remains a complex issue where the same treatment offers benefits in some women but harms in others (doi: 10.1002/14651858.CD002229.pub4).

Helping people with long-term conditions manage their own health is another complex area where small gains are often the best we can hope for. In personalised care planning, the patient and clinician jointly agree on goals and actions for managing the patient's health problems. A new review of 19 studies, involving more than 10 000 participants, shows personalised care planning has some merit, probably leading to small improvements in some indicators of physical health, such as better blood glucose levels and lower blood pressure (doi: 10.1002/14651858.CD010523.pub2). Unsurprisingly, the process worked best when the support was intensive and when it was integrated into routine care.

With rates of dementia increasing, the search is on to improve how we identify and assess people who have problems with cognitive functioning. Three recent reviews assess the usefulness of various function tests for measuring and predicting cognitive decline in patients at risk of dementia.

The review of the Mini-Mental State Examination included 11 studies and over 1500 people with mild cognitive impairment but failed to find evidence to support its use as a stand-alone single-administration test (doi: 10.1002/14651858.CD010783.pub2).

The Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) is a diagnostic tool used in hospital settings. The evidence from 13 studies of more than 2700 participants strikes a more positive note, suggesting IQCODE is useful for ruling out possible dementia in the general hospital setting, but is less useful in specialist memory clinics and psychiatry wards (doi: 10.1002/14651858.CD010772.pub2).

In the Mini-Cog screening test, an older person's ability to recall three words and draw a clock is assessed to help identify those who may benefit from further evaluation to determine whether dementia is present. The three studies included in the review call into question the accuracy of the test

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and lead the authors to call for further research before the Mini-Cog can be recommended for routine use (doi: 10.1002/14651858.CD010860.pub2).

For more on these and other reviews, check out www.cochranelibrary.com.

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Direct access testing ... the good and the bad

Basketball billionaire Mark Cuban has sparked a debate in the US clinical community by suggesting, via social media, that those who can afford to should take quarterly blood tests "for everything available", using the data as a baseline for future comparisons, *Forbes* reports. "Create your own personal health profile and history", Cuban, owner of the Dallas Mavericks NBA team, tweeted. "A big failing of medicine [is that] we wait until we are sick to have our blood tested and compare the results to 'comparable demographics'." Clinicians, journalists and bloggers piled in on the debate; some, like Professor Aaron Carroll from Indiana University School of Medicine, saving: "We don't know what to do with the results at this point. We should get tests when we have evidence that they will help". Others, like Associate Professor Michael Tomasson from Washington University School of Medicine, reflected that: "If the richest among us are willing to provide data and enthusiasm for high tech precision medicine, that's a good thing. If something really useful comes out of these experiments, those of us with more limited means will likely benefit in the long run." Dan Munro, in Forbes, wrote: "Beyond the debate itself is the simple reality that Direct Access Testing (DAT) is poised to become mainstream a lot faster than many realize. DAT has been around for about 15 years now, but the technology advances are poised to fundamentally change the dynamics of both access and cost".

The daily commute's damaging effects

Time magazine reports that the daily commute may have negative effects on human health. Weight gain, neck and back pain, mood swings and trouble



concentrating, increased stress and exposure to pollution were credited to commuting by car or public transport, according to studies in the *American Journal of Preventative Medicine, The BMJ, Gallup,* the University of East Anglia and the *Journal of Experimental Psychology.* Amanda MacMillan, writing in *Time,* suggested walking when possible; sitting up straight; initiating conversations with strangers; flexible working schedules; soothing music; and slow, deep breathing as practical solutions to the negative effects of commuting.

Tumour mutations used to build cancer vaccine

In a small clinical trial in Amsterdam, three people with melanoma received vaccines designed to alert the immune system to mutated proteins found in their tumours, *Nature* reports. Lead researcher Ton Schumacher, from the Netherlands Cancer Institute, said it was too early to say whether the resulting immune response would rein in tumour growth, but "the trial is a crucial proof of concept". "We don't really know how strong an immune response has to be to be clinically meaningful. Nevertheless, it's an important step." In 2014, two groups showed that such vaccines can work in mice, *Nature* reports.

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doi: 10.5694/mja14.01021

Meanwhile, in *MJA InSight* ...

"There's not a person in Australia who thinks we are currently diagnosing autism as early as we can" — Professor Andrew Whitehouse, head of the developmental disorders research group at the Telethon Kids Institute

Push for earlier autism diagnosis

https://www.mja.com.au/insight/2015/12/push-earlier-autism-diagnosis

"After my diagnosis I discovered that my son also has coeliac disease and I was embarrassed. Not only do I have the condition myself but I'm a doctor and, perhaps more importantly, I'm his mum." — Dr Susan Hookey, director of General Practice Liaison at Melbourne Health and a practising GP

Susan Hookey: Coeliac vigilance

https://www.mja.com.au/insight/2015/12/susan-hookey-coeliac-vigilance

"If I was a GP and got a positive result back, I would phone the laboratory and ask if they had confirmed the result using a second target" — Dr Raymond Chan, of the Royal College of Pathologists of Australasia

"Unnecessary" gonorrhoea tests

https://www.mja.com.au/insight/2015/11/unnecessary-gonorrhoea-tests

Stroke survival better with a friend

The Economist reports that the chances of a good outcome following a stroke are improved if the patient is accompanied at the hospital by a friend. Quoting a study published in Medicine, The Economist says: "Stroke victims arriving with someone were more than twice as likely to be correctly diagnosed by the triage nurse, and had their CT scans performed earlier. Patients eligible for clot-busting medication also received it much faster if accompanied ... Patients with one companion had CT scans an average of 15 minutes sooner than those unaccompanied. A second companion shaved a further 20 minutes off the wait, although three or more companions did not confer any additional benefit." Lead researcher Gal Ifergane, a neurologist from Soroka University Medical Centre in southern Israel, was quoted as saying: "We asked our security team to allow two people to come in with stroke patients rather than just one. And we now consider stroke patients who are coming alone as a group at risk."

Cate Swannell doi: 10.5694/mja15.n0420

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What are your views on the immunisation exemption conscientious objector forms?



Dr Agnes Bennett, c 1916, while she was commanding officer of the 7th Medical Unit of the Scottish Women's Hospital for Foreign Service. National Library of New Zealand.

Forgotten women doctors

Unable to enlist in either New Zealand or Australia, Dr Agnes Bennett was on her way in mid May 1915 to join the French Red Cross in Paris, when her ship the RMS *Morea* reached Cairo.

News of Australian casualties at Gallipoli was not long in reaching her and despite the official policy denying enlistment to women doctors, Dr Bennett was appointed to the Egyptian Army Hospital at Abassia within days.

She stayed for a year and is one of almost 30 Australian and New Zealand women doctors who served as surgeons, pathologists,

anaesthetists and medical officers across the Western and Eastern battlefronts. The Centenary of World War I provides the occasion to chronicle and celebrate the stories of their service.

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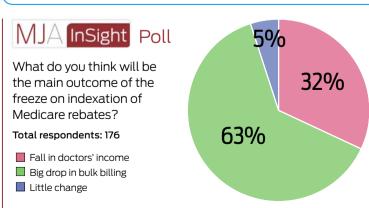
Alcohol and drugs

What influences people to do what they do? If their drug and/or alcohol habit is causing problems, what might get them started on the path towards doing something about it? Practitioners, family, friends and the patients themselves may find this newly posted website — https://liftingthelidondruguse.wordpress.com — helpful in approaching the subject. It lifts the lid and looks into "us", not just "them", showing that we all have behaviours which can be troublesome.

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