

In this issue

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SUICIDE RISK AFTER CHILD SEXUAL ABUSE

Victims of child sexual abuse (CSA) are at markedly increased risk of suicide and accidental fatal drug overdose, and CSA is a significant contributor to the burden of suicide in the community, say researchers from Victoria. Cutajar and colleagues (*page 184*) linked the forensic medical records of 2759 children found to be victims of CSA between 1964 and 1995; coronial data spanning July 1991 to August 2008; and two public mental health databases. Eight suicides and 13 fatal accidental overdoses occurred in the CSA cohort, giving them a relative risk (compared with the general population) of 18 for suicide and 49 for accidental fatal overdose. Most were aged in their 30s at the time of death, and half had a known anxiety disorder. The study's findings resonate with Kalucy (*page 182*), a psychiatrist of long standing, who encourages further thinking about what might foster resilience in CSA victims, as well as a massive public health response to this major cause of psychological harm.

A HEALTHIER BEER?

If you thought Homer Simpson was the only one extolling the health benefits of beer, think again. Miller and colleagues believe that many Australians are being lulled into a false sense of security by the availability of "low-carbohydrate" beers. In a letter on *page 235*, they present the cold, hard nutritional facts about a number of popular beers. The verdict? Low-alcohol beer is a better way to go if you want to cut down on kilojoules and avoid the short- and long-term repercussions of excessive drinking.

DIABETES RISK PREDICTION

Thanks to the Australian Diabetes, Obesity and Lifestyle study (AusDiab), there is now a simple, non-invasive diabetes risk prediction tool for use in Australian populations. You may have been using the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) in your practice. On *page 197*, Chen and colleagues present the data and the statistical model from which it is derived.

STUDENT SELECTION AND SUPPORT

If the experience of the University of Adelaide is generalisable, medical schools may need to work with the secondary education sector to encourage a diversity of applicants, say Laurence and colleagues (*page 212*). A look back at four successive cohorts of applicants did identify certain characteristics that predicted the offer of a place, but these were considered to reflect the type of applicant the course structure attracts rather than any inherent bias in the selection process. Once entered, medical school is notoriously stressful. Support systems exist in every educational institution but, as shown by Hillis and colleagues' survey of 1328 medical students from five universities in Australia and New Zealand (*page 188*), some students do not know about them or are concerned about the stigma of accessing them. Routine inclusion of self-care strategies in medical curricula may be one way of reaching distressed students who do not seek help.

MEASURING UP

In Australia, it is estimated that 190 000 hospital admissions per year involve problems with medicines. Monitoring the safety of medication use, however, is far from easy: it's impossible to monitor every prescription in every population and, even if we could do this, appropriateness can be difficult to judge. With these and other problems in mind, the NSW Therapeutic Advisory Group has collaborated with the Clinical Excellence Commission to develop 30 reliable and measurable indicators that can be used at virtually any level of health care delivery. Lowinger and colleagues point the way to their use on *page 180*. Elsewhere in this issue, the case presented by Chalasani and Qureshi (*page 228*) exemplifies the constant dilemma of balancing medication risks and benefits: would you have prescribed warfarin for this elderly man with atrial fibrillation and neovascular age-related macular degeneration?

FIDDLING THE BOOKS

"In the absence of adequate funding to maintain basic services, performance-based funding has prompted hospital data fraud in Victoria and NSW." Strong words, but Nocera's examples (*page 222*) read like a screenplay for the television series, "Yes, Minister", including ghost wards, fictitious waiting lists and rubbery figures. A change in hospital management culture and a uniform national approach are some of the suggested solutions. Adequate funding would not go astray, either.

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ANOTHER TIME ... ANOTHER PLACE

... bread, meat, vegetables and beer.

Ancient Greek Tragedian Sophocles

