



Young gymnasts stretch themselves on wooden bars at the gymnastics hall of a sports school in Jiaxing, Zhejiang province, China, last month. Chinese officials insist tough new eligibility rules will put a stop to the type of “age cheat” scandal that saw a Chinese gymnast stripped of her medal from the 2000 Sydney Olympic Games for falsely claiming to be above the minimum age of 16.

Reuters/Picture Media

From the NHMRC

Research translation network targets the evidence–practice lag

The incidence of venous thromboembolism (VTE) is around 135 times higher among hospitalised patients than among people in the community. Despite blood clots being the leading cause of preventable hospital deaths, there is a large gap between evidence and practice.

The National Health and Medical Research Council (NHMRC) and the Australian Commission on Safety and Quality in Health Care have recently addressed this obvious evidence–practice gap in VTE prevention, working to reduce a death rate from VTE that exceeds that from motor vehicle accidents or skin cancer. This collaboration is an indicator of the potential power of a new NHMRC network being established to expand Australia’s research translation capacity and accelerate improvements in health care.

The NHMRC already has a strong presence in the translation of Australian health and medical research into clinical practice and service improvements. It funds over 20 Centres of Research Excellence in clinical and health

services research and provides other grants with a major focus on research translation. Over 200 Fellowships are currently awarded that support research translation.

Binding this pool of expertise and knowledge together through a national network will accelerate the translation of research into practice, and develop translation science in Australia. Through this initiative, the NHMRC is aligning with the growing international movement to establish collaborative networks, such as the United Kingdom Clinical Research Collaboration, and that of the European Science Foundation.

Research translation networks have demonstrable effectiveness. In its 5 years of operation, the Scottish Diabetes Research Network has:

- established an integrated diabetes research infrastructure between the four major academic centres in Scotland and associated managed clinical networks;
- increased the volume of high-quality commercial and academic clinical trials and increased trial recruitment

throughout Scotland; and

- provided a platform for high-quality, unintrusive epidemiology on a national level.

The NHMRC is already a leading participant in global research translation initiatives based on international collaboration. The Global Alliance for Chronic Disease, for example, is calling for research into barriers to the uptake of evidence on the control and prevention of hypertension in poor-to-middle-income countries and in disadvantaged populations in developed countries, including our Indigenous population. Australia’s research translation capacity can directly contribute to this broad-scale international effort to reduce the significant health and social burden of non-communicable disease.

Initiatives such as the NHMRC research translation network will create future opportunities for targeting the greatest health problems facing Australia, including obesity, mental health and dementia. The opportunities for future international contributions will also be enhanced.

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News

Heavy heart: depression precedes cardiac disease

The association between depression and cardiovascular disease is complicated. Both disorders share common risk factors, and depression is itself a risk factor for cardiovascular disease. But being diagnosed with a major disease can also trigger depression, and having depression worsens cardiac outcomes.

Researchers are now acting like marital counsellors trying to sort out this messy relationship, untangling the sordid details to see where the problems all began.

New Australian research among people who had ever had major depression or cardiac disease has found that depression preceded heart disease in more than 80% of cases.

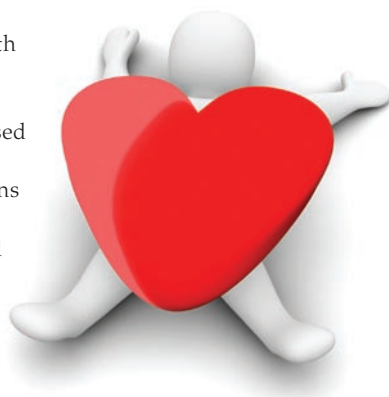
"This finding differs substantially from figures reported in other studies which have explored depression history in cardiac patients, conducted in clinical settings", the researchers wrote.

However, they added that they had anticipated this result because depression is typically diagnosed at a much younger age than cardiac disease.

The research included 224 people aged from 16 to 85 years using data from the community-based 2007 National Survey of Mental Health and Wellbeing.

The study also found that those with pre-cardiac depression had poorer self-rated mental health, which has been associated with worse health and mortality outcomes.

Soc Psychiatry Psychiatr Epidemiol 2011; 10 August (online)



Little exercise, long life

Time-poor doctors struggling to implement the lifestyle advice they give patients may welcome new research showing that minimal exercise has big benefits. A huge observational study has found that just 15 minutes a day of physical activity increases life expectancy by 3 years. The 8-year study on more than 400 000 Taiwanese people found that if inactive individuals exercised for 15 minutes a day, then one in six deaths could be postponed. "Mortality reductions of similar magnitude have been estimated for a successful tobacco control program in the general population", researchers wrote.¹ Exercise was also found to have a dose-response effect, such that more exercise conferred increased health benefits. Meanwhile, research tracking more than 11 000 Australians has reached the alarming conclusion that every hour of TV viewing reduces life expectancy by 22 minutes.²



1. *Lancet* 2011; 16 August (online)

2. *Br J Sports Med* 2011; 15 August (online)

From the MJA archives

MJA 1961; Vol II (10): 408

On visiting the patient in hospital

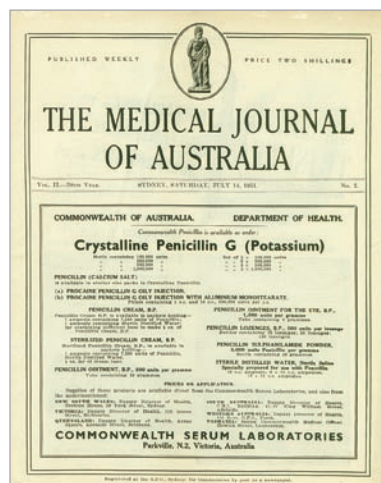
Unless those who visit the patient have some kind of human understanding, the value of their contact with him will be quite offset by deleterious effects on him. Some don'ts loom rather largely.

Don't stay too long. It is sheer cruelty to allow (or expect) the patient to be witty and entertaining, or even to respond to his witty and entertaining visitors.

Don't "cheer the patient up" to such an extent that he becomes excited, has a rise in temperature and cannot sleep, and don't make him laugh so much that his stitches burst.

Don't regale the patient with the latest disasters affecting his home, his family, his close friends or his business.

Don't especially, if the patient is a wife



or mother, tell her of her husband's increased hypertensive headache due to the strain of her absence, or of Junior's broken arm, sustained because he was alone in the house for a short time when he came home from school and fell off the table.

Drug-eluting stents, part XI

Drug-eluting stents (DES) have had a rocky road since their introduction into clinical practice in 2003. They were initially used widely, then safety concerns raised in late 2006 reduced their use worldwide, but recent data have confirmed their safety and efficacy. New US research has found that limiting the use of DES to patients who will benefit most is cost-efficient and clinically effective.¹ The US research on more than 10 000 patients undergoing percutaneous coronary interventions found that rates of use of DES declined from 92% in 2004–2006 to 68% in 2007, but rates of death and myocardial infarction remained similar. "Because we were selectively targeting the highest-risk patients, we were able to use far fewer drug-eluting stents while preserving the clinical benefit", said lead author Dr David Cohen.¹ The researchers estimated that the restricted DES use reduced the cost of cardiovascular care by \$400 per patient. The US research backs up recent Australian research that found that selective use of drug-eluting stents was an independent predictor of freedom from major adverse cardiac events.²

1. *Circulation* 2011; 124: 1028-1037

2. *Med J Aust* 2011; 195: 122-127

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