In brief

Reuters

A woman hugs a doctor after her treatment at a free clinic in Los Angeles late last month. Almost 5000 uninsured or underinsured people queued to receive free dental work, medical exams, screenings and vaccinations. Hundreds of doctors, nurses, dentists and other health care workers volunteered their time for the event, which was organised by the non-profit health maintenance organisation, LA Care Health Plan.

From the NHMRC

NHMRC John Cade Fellowship in Mental Health Research

In Australia, at least one in five people is affected by some form of mental illness. It is the leading cause of disability, with high personal, social and economic costs.[1]

The National Health and Medical Research Council (NHMRC) recently called for applications for a prestigious new Fellowship, as part of its response to the Australian Government's 2011 National Mental Health Reform package, which quarantined $26.2 million of funds over 5 years.[2]

The new Fellowship — the NHRMC John Cade Fellowship in Mental Health Research — is named after Dr John Cade AM, an Australian psychiatrist working in Melbourne after World War II, who discovered the effectiveness of lithium as a treatment for bipolar disorder. This discovery proved transformative in relation to both patient care and outcomes.

The Fellowship aims to support up to two leaders in mental health research and research translation, who will tackle pressing mental health issues through innovative and transformative research. They will play a leadership role, with a vision and plans to augment and expand Australia's capacity in high-quality mental health research, especially in new and emerging areas.

The unique aspect of this Fellowship is that successful candidates will be awarded a grant of $750 000 per annum for 5 years to support themselves and a team of researchers. Thus, these Fellows will be expected to build excellent research teams and expand the scale and scope of Australian mental health research.

More information regarding the NHRMC John Cade Fellowship in Mental Health Research can be found on the NHMRC website at http://www.nhmrc.gov.au/grants/apply-funding/fellowship-awards/people-support.

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1 Australian Bureau of Statistics. National Survey of Mental Health and Wellbeing: Summary of Results, 2007. Canberra: ABS, 2008. (ABS Cat. No. 4326.0.) http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4326.02007 (accessed Aug 2012).

2 Roxon N, Macklin J, Butler M. National Mental Health Reform — Ministerial Statement. Canberra: Department of Health and Ageing, 2011. http://www.health.gov.au/internet/budget/publishing.nsf/Content/849AC423397634B7CA25789C001FE0AA/$File/DHA%20Ministerial.PDF (accessed Aug 2012).

News

Warnings cut road trauma, but at a cost

Doctors' warnings to patients that they may be unfit to drive may help reduce trauma from road crashes, but there are downsides for the driver and doctor–patient relationship, a Canadian study has found. The study, published in the *New England Journal of Medicine*, identified 100 000 patients who had received a medical warning in Ontario between 2006 and 2009. The researchers evaluated the drivers' need for emergency care after a road crash in the 4 years before their warning and the year after. They found there was a 45% fall in serious trauma from car accidents in the 12 months after patients were warned. However, medical warnings were associated with an increase in emergency department visits for depression and a decrease in return visits to the doctor, the researchers found, suggesting that "clinical judgment is needed in deciding which patients are most likely to benefit form a warning".

Meanwhile, a viewpoint in the *BMJ* says evidence does not support the medical screening of older drivers. The viewpoint said older drivers had an enviable crash record "yet the belief that older drivers pose a disproportionate risk to road users refuses to die". Cognitive screening tests for older drivers did not reduce the rate of older people dying in car crashes, but significantly increased the rate of older people dying as pedestrians and cyclists. The viewpoint called for a focus on evidence-based innovations, such as restricted licensing and rehabilitation, to keep older people driving safely.

N Engl J Med 2012; 27 September (online)
BMJ 2012; 345: e6371

Wake-up call over drug shortages

Hospitals should employ an ethical policy on drug allocation as the number of critical medication shortages in the United States reaches an unprecedented level, an article in the *Archives of Internal Medicine* argues. The policy should be based on policy transparency, clinical relevance, the opportunity to appeal a decision, mechanisms for policy enforcement, and fairness, the authors wrote. They said they applied a policy based on these principles at Duke University Medical Center in Durham, North Carolina, and found it was reliable and workable. A commentary in the same issue said the article was a wake-up call to clinicians to become better educated about drug shortages. Late last year, an article in the *Medical Journal of Australia* called for international efforts to focus on sustainable supply of essential medicines and equipment.

Arch Intern Med 2012; 24 September (online)
MJA 2011; 195: 510-511

Threats to gains in women's and children's health

Impressive overall falls in maternal and child mortality in developing countries mask areas of major concern, according to a progress report on the United Nations' Global Strategy for Women's and Children's Health. The report found that the number of deaths per year of children aged under 5 years had fallen from 11.6 million in 1990 to 7.2 million in 2011. However, despite the falls, most of the 75 target countries were not on track to reach Millennium Development Goals by 2015, the report said. Unless broader issues that influenced women's and children's health, including poverty, education and gender inequality, were addressed, gains made so far may be at risk, the World Health Organization report said.

Every woman, every child report, *WHO* 2012

Symptoms point to cannabis use relapse

A cannabis user who is trying to give up the drug may have a higher risk of relapse if they have certain withdrawal symptoms, an Australian study has found. The study monitored functional impairment in 49 cannabis users who were withdrawing from the drug. They found that users who had withdrawal symptoms including insomnia, anxiety, depression, physical tension, mood swings and loss of appetite were more likely to relapse. "Cannabis withdrawal is clinically significant because it is associated with elevated functional impairment to normal daily activities and the more severe the withdrawal is, the more severe the functional impairment is", the researchers wrote.

PLoS ONE 2012; 26 September (online)

From the MJA archives

***MJA* 1937; 14 August (edited extract)**

Shining the light on gastroscopy

In a leading article on gastroscopy that appeared in *The Lancet* this year, it was stated that the procedure was still so new in English-speaking countries that those who wrote about it wrote as for the uninitiated. Few practitioners in Australia can claim to have been initiated into the mysteries of the gastroscope. Dr John Horan's article in this issue will therefore be welcomed. There is no doubt that, in skilled hands, the gastroscope will be of great use. Probably the most conservative clinicians will agree that early carcinoma of the stomach will be more easily diagnosed if a gastroscopic examination is made whenever there is the slightest uncertainty in the interpretation of symptoms in a patient of a certain age. Quite possibly the gastroscope in the hands of skilled operators will throw light on the interrelationship of such conditions as cancer of the stomach, gastric ulcer and chronic gastritis.

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