A displaced Iraqi girl is treated in a field hospital at the Hasansham U2 camp, where more than 300 people fell ill in a mass outbreak of food poisoning, in al-Khazer, east of Mosul, Iraq.

Alkis Konstantinidis/Reuters

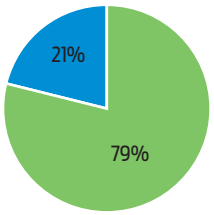
MJA InSight Poll

I have lost at least one colleague to suicide

Total votes = 326

Yes

No



Take part in next week's poll on: www.mja.com.au/insight

MJA Podcasts

Professor Parker Magin is a conjoint professor at the University of Newcastle and director of research at GP Synergy. He discusses his co-authored research in this issue on changes in pathology test ordering by early career general practitioners.

Professor Chris Del Mar is professor of Public Health at Bond University. He discusses antibiotics for acute respiratory infections in general practice, to accompany his co-authored research published in this issue.

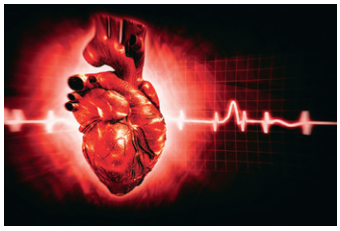
Professor Mieke van Driel is professor of General Practice and Dr Paul Clark is a senior lecturer, both at the University of Queensland. They discuss their co-authored Perspective in this issue, on the role GPs can play in the treatment of hepatitis C.

Dr Michael Low is a haematologist with Monash Haematology and the Immunology Division of the Walter and Eliza Hall Institute of Medical Research. He discusses new therapies for iron deficiencies to accompany his co-authored Narrative Review in this issue.

Ms Megan Carroll is a PhD candidate at the University of Melbourne School of Population and Global Health. She discusses the outcomes of her co-authored research, published in this issue, on the high rates of general practice attendance following release from prison.

Podcasts are available at www.mja.com.au/podcasts and from iTunes.

Poorer households, poorer hearts?



Researchers from Finland and the University of Tasmania, in research published in *JAMA Pediatrics*, have examined the association between childhood family socio-economic status and left ventricular mass and diastolic function in adulthood. The authors conducted analyses in 2016 of data collected in 1980 and 2011 in the Cardiovascular Risk in Young Finns Study, which included 1871 participants who reported family socio-economic status (characterised as annual family income) from ages 3 to 18 years. Increased left ventricular mass, assessed by echocardiography, is associated with heart failure not related to heart attack, and left ventricular diastolic dysfunction can be a predictor of heart failure. The authors reported that low family socio-economic status in childhood was associated with increased left ventricular mass and impaired diastolic performance more than 30 years later. This association persisted even after adjusting for age, sex, conventional cardiovascular risk factors in both childhood and adulthood, and the participants' adult socio-economic status. Echocardiography was not undertaken during childhood, so the researchers were unable to determine precisely when childhood socio-economic status began to be associated with cardiac structure and function. The study population was racially homogenous, limiting the generalisability of the results to white populations. "These findings further emphasise that approaches [to cardiovascular disease] prevention must be directed also to the family environment of the developing child. Particularly, support for families with low [socio-economic status] may pay off in sustaining cardiovascular health to later life."

http://jamanetwork.com/journals/jamapediatrics/fullarticle/10.1001/jamapediatrics.2017.1085

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Persistent mental distress linked to increased risk of death for cardiac patients

Australian and New Zealand research, published in *Heart*, has linked persistent moderate to severe mental distress to a significantly heightened risk of death among patients with stable coronary heart disease. There was, however, no association for those experiencing persistent mild or occasional distress over the long term. The researchers looked at the association between occasional or persistent mental distress and the risk of death in 950 people aged 31–74 years with stable coronary heart disease; all were participants in the Long Term Intervention with Pravastatin in Ischaemic Disease Trial and had had a heart attack or been admitted to hospital for unstable angina in the preceding 3–36 months. They completed a validated general health questionnaire (GHQ30) at 6 months, 1, 2, and 4 years after the event, to gauge their levels of mental distress. This was graded at each of the assessments according to severity and length of time it lasted: never distressed; occasional (of any severity); persistent mild distress on three or more occasions; and persistent moderate distress on three or more occasions. The participants' health and survival were then tracked for an average of 12 years. During the monitoring period, 398 people died from all causes, and 199 died from cardiovascular disease. The questionnaire responses showed that 587 of participants (62%) said they had not been distressed at any of the assessments, while 27% had experienced occasional distress. Around one in ten (8%) said they had experienced persistent mild distress, and 35 people (4%) complained of persistent moderate distress. People in this last group were nearly four times as likely to have died of cardiovascular disease and nearly three times as likely to have died from any cause as those who said they had not been distressed at any of the assessments.

http://heart.bmj.com/content/early/2017/06/01/heartjnl-2016-311097

Cate Swannell doi: 10.5694/mja17.n1707