Close to the heart

Christine Gee
Deputy Editor
mja@mja.com.au

doi: 10.5694/mja14.c0804

An editor's working life is a rather sedentary one and, unfortunately, an after-work burst of activity at the gym is unlikely to negate the full health risks of all that sitting. In this issue, Straker and colleagues (*page 138*) remind us of the health risks associated with excessive sedentary behaviour, particularly in the office, where many of us (not just editors) spend around half our sedentary time. They present data showing that risks of increased mortality, obesity and type 2 diabetes associated with sitting persist even when workers meet the recommended guidelines for physical activity outside the office. Although these cultural norms are unlikely to change in the near future, the authors propose that doctors advocate for increased movement in the workplace. However, the evidence for the value of intervening in the workplace is lacking, and the descriptive data are a good reason for a formal intervention study.

On the subject of cardiovascular health, Yip and colleagues (*page 158*) share with us their retrospective review of all patients presenting to an emergency department with suspected acute coronary syndrome (ACS). They compared the management of these patients 2 years before and 1 year after the introduction of a high-sensitivity cardiac troponin I (hscTn-I) assay in their centre. Somewhat reassuringly, they found no significant increases in rates of ACS diagnosis, hospital admission, invasive treatment or inhospital mortality from ACS. However, a higher proportion of patients underwent coronary angiography in the post-changeover period, as higher test sensitivity resulted in increased investigation. On a positive note, the hscTn-I assay was associated with lower median time spent in the emergency department: 3.85 h versus 4.35 h.

How useful might troponin testing be in general practice? Marshall and colleagues (*page 155*) describe the risks and benefits, and conclude that general practitioners should have a "high threshold" for ordering these tests. When suspicion of ACS is high, the preferred option is referral to hospital.

In an accompanying editorial, Chew and Cullen (*page 125*) write "Both of these articles [on troponin testing] highlight the challenges in translating this diagnostic innovation into effective health care and improved outcomes". The real value of higher precision assays will be realised when clinical decision making evolves.

The safety of children is another matter close to our hearts (at least figuratively). Guthridge and colleagues (*page 162*) have used hospital admissions data for the period 1999–2010 to measure trends in rates of maltreatment of Aboriginal and non-Aboriginal children in the Northern Territory. For Aboriginal children, the average annual rate of admission with a definitive diagnosis of maltreatment was almost 10 times the rate for non-Aboriginal children. Rates for both groups did not change significantly over the 12-year period, which contrasts with increases reported from child protection services data. Reliable surveillance data are difficult to obtain, writes Vimpani in an accompanying editorial (*page 126*). Hospital data depend on clear and complete documentation, and he suggests the use of agreed protocols to improve the validity of documenting maltreatment. ❑

Bridge to functionality

Cate Swannell
Careers Editor
cswannell@mja.com.au

Rehabilitation medicine is emerging from the shadows of the bigger, and perhaps "sexier" specialties. Described by rehab physicians as "undervalued, misunderstood and underresourced", the specialty provides the bridge between the life-saving work of the acute care units and the patient's return as a functioning member of their community.

Multidisciplinary teams are the heart and soul of rehabilitation, with physicians working alongside physiotherapists, speech therapists, occupational therapists, counsellors, nurses, families and carers.

"It's a privilege to work with people with disabilities", says Professor Fary Khan, director of rehabilitation medicine at the Royal Melbourne Hospital. "They don't really have a voice."

Professor Khan, Professor Mary Galea, who is professorial fellow at the University of Melbourne's Department of Medicine at the Royal Melbourne Hospital and a senior principal fellow in the Florey Institute of Neurosciences and Mental Health, and Associate Professor Andrew Cole, president-elect of the Australasian Faculty of Rehabilitation Medicine and chair of its policy and advocacy committee, discuss the nature and future of rehabilitation medicine (*page C1*).

NPS MedicineWise and Asthma Australia have collaborated to produce a free online tool designed to help health professionals teach and check their patients' inhaler technique (*page C2*).

Our events calendar is on *page C3*. If you have events you wish to add, please contact Cate Swannell at cswannell@mja.com.au ❑

Careers follows p 176