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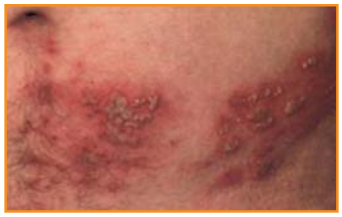
of interesting stuff for doctors today.

Give shingles vax to all at 60

Michael Woodhead

Shingles has increased markedly among older people since the varicella vaccine was introduced, and now justifies routine vaccination at age 60, Australian researchers say.

GP management rates for herpes zoster have increased by 55% since universal varicella vaccination was brought in for children in 2005, a **study** in the *MJA* shows. The increase is presumably because older people no longer gain the boost to immunity from exposure to wild-type varicella virus, says study author Professor Mark Nelson and colleagues from the Menzies Research Institute in Hobart.



In the varicella vaccine era, GPs are seeing more cases of shingles

The number of GP consultations for zoster increased from around 154,000 a year in the pre-varicella era of 1999-2000 to around 266,000 last year, they estimate, based on BEACH study data. At the same time, GP consultation rates for varicella declined from 164,000 to 65,000 a year. Their figures also show that about 60% of zoster cases occur in people over 60, and zoster also tends to be more severe in this older age group.

A single vaccine such as Zostavax given at the age of 60 would therefore prevent most cases of herpes zoster, they say, but it may be more practical to give the vaccine at age 65, when it would still prevent about half the cases and also the more severe cases.

"It would seem pragmatic to introduce a herpes zoster program into general practice for people aged 65 years, as this would correspond to other funded programs for older people such as influenza," they say.

What do you think?
comment@6minutes.com.au

Nine out of ten GPs still love their job

Jared Reed

Job satisfaction is very high among Australian GPs, with around 85% saying they like their job, according to a **survey** of general practice in Australia.

The results are consistent across all communities, in contradiction to the perception that rural GPs are less satisfied professionally, the study in the *MJA* today (online 19 July) shows.

The survey of 4000 GPs from across the country gauged satisfaction across a range of areas of work practice, such as the amount of variety, working conditions, recognition of work, responsibility, and colleagues.

It found the majority of Australian GPs were highly satisfied with most professional aspects of their work.

The biggest difference between metropolitan and small-town GPs was the unpredictability of working hours – reflecting the significant on-call responsibility of rural practice, the study authors say. City GPs were less satisfied with remuneration than rural doctors, possibly due to higher living costs and increased competition – while country GPs may benefit from incentives to work in rural areas, they say.

Efforts to attract doctors to rural areas do not appear to have made a dent in the problem, the authors note, adding that there could be greater scope to highlight rural practice as a highly satisfying career path.

"Rural medicine should be marketed more actively as a highly satisfying professional career choice for practising GPs, and stronger efforts need to be made to reduce the prevailing negative perceptions of rural practice," they conclude.

What do you think?
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Epiglottitis reminder

Acute epiglottis has become rare since the introduction of Hib immunisation, but clinicians should still be alert for it as it may also be caused by *Streptococcus pneumoniae*, say paediatricians in an **article** in the *Journal of Paediatrics and Child Health* (46: 446) this week.

BMI a poor guide to cardiovascular risk

Waist-to-hip ratio is the best predictor of cardiovascular events and mortality in patients with type-2 diabetes, whereas BMI is the worst, a five year study of more than 11,000 patients co-ordinated by the George Institute for International Health in Sydney has shown. *Eur J Cardiovasc Prev Rehabil.* (online 12 July).

AMA wants MBS on election agenda

The AMA has challenged the major political parties to simplify the Medicare Benefits Schedule, embrace GP point-of-care testing and direct referral for MRIs and also establish a long-term indexation formula for the MBS.

In other news ...

Apple's iPad device has been banned by the SA health department, with staff issued a warning letter telling them not to buy the device for work use until it has been fully evaluated, says *Computerworld*. **(read more)**

The TGA has revealed that only three out of 139 pharmaceutical manufacturing facilities it audited last financial year were problem-free, *The Australian* reports. **(read more)**

The AMA has been excluded from a key diabetes advisory group because it would not support block funding of diabetes care, says *The Australian*. **(read more)**

Australian men believe postnatal depression is caused by women having unrealistic expectations of parenthood, a study by beyondblue has found, according to the *West Australian*. **(read more)**

Coles supermarkets are selling cheap imported cigarettes to circumvent the tax hike on tobacco, prompting a call from Nicola Roxon for consumers to boycott the stores, says the *ABC*. **(read more)**

GPs are demanding that the TGA give clear safety reassurance about the safety of swine flu vaccines after reports of vials being discoloured and containing particles, says *The Australian*. **(read more)**

Hysterectomy by keyhole surgery has half the rate of complications of open abdominal surgery, a Queensland study shows, says the *Daily Telegraph*. **(read more)**

Nine NT children under the age of 10 contracted STIs such as chlamydia and trichomoniasis in a six-month period last year, NT Health Department figures show, according to *The Australian*. **(read more)**

Only one in four nursing graduates can find a job in Queensland's public health system, because of budget cuts and an unwillingness to mentor young recruits, says *The Courier Mail*. **(read more)**

The UMAT test is expensive, stressful and unfair but universities will continue to use it to select students for undergraduate medicine courses, says the *Independent Weekly*. **(read more)**

Public health campaigns that warn of the risks of obesity demonise fat people but do nothing to help them lose weight, a Monash University study has found, says the *Daily Telegraph*. **(read more)**

You said it...

To have your say CLICK HERE

Contraception advice in pharmacies (link)

Many people find sexuality a very private and sensitive topic. There is a big difference between a confidential discussion with a doctor in a consultation room and a discussion with a pharmacist across the dispensary counter in what is essentially a retail setting.
TracyS

Of course women should attend a doctor. This is an excellent opportuntiy to talk about sensible sexual practices, proper not emergency contraception, address general health and importantly check/screen a woman for sexually transmitted illnesses especially chlamydia.

Recency of Pap testing can also be addressed. This is a no-brainer for anyone and pharmacy should not be the port of call
Dr Steve Wilson
Chairman, AMA (WA)
Council of General Practice Vice President, AMA

RACGP and 'specialist' fellowships (link)

The article on the National Faculty of Special Interests is a great idea. Many of us are involved in specialist-related activities without being 'recognised'/accredited with having a special interest.

Many of us 'older' GP's have gained immense experience in these fields. I would like to see emergency medicine added to this list.
Dr Aru Moodley
Geraldton

Roxon spruiks hospital checking site (link)

Only a dope would think that hospitals have any control over their "performance".

All doctors and nurses at all hospitals in this nation do their best. The differences relate to sociodemographic factors and are nothing to do with the hospital attended.

The Attorney General has to be a lawyer. Why we are encumbered with this idiot industrial lawyer as the Minister for Health is a mystery, but it shows how much contempt the government has for health and the health care professions.

Any doctor who votes for Labor is a self-hating fool who cares nothing for our patients' welfare.
Dr Barry Walters
Perth

If the public see this as an opportunity to offer constructive criticism, then it would be a useful tool. It is more likely to be seen as an opportunity to vent their spleen about how they felt treated when they misunderstand what has happened and had to wait too long. People will respond in great detail spare of useful

You said it...

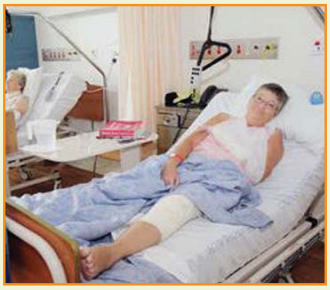
To have your say CLICK HERE

information. This is an endemic problem like cane toads. In Queensland they are no longer trying to eradicate cane toads because the problem is too big. I think the problem Roxon is tackling is bigger than cane toads.

This effort to garner from information from the public's frustration and disappointments is a naive waste of taxpayers money.

Dr Thomas Lyons

People will still have to wait for availability at their local hospital, nothing is instant and never will be. But yes, we can all strive to do better. At least they have a hospital. Hospitals are only used by people who have failed to get support (majority) for simmering, longer term issues.



In a well population, few use hospitals.

I want to see the Federal government measured for how their gap initiatives are working. I thought all the new promises are about fixing gaps, not just making hospitals get their jobs done smarter. What can we say about hospital closures regionally/rurally and the gaps created so waiting lists are blown out by default?

What about lack of access to allied health regionally, because the scarce professionals in allied health chose to reside in the city? Forget waiting lists, there is just no service.

But wait, there's more. Yes, we have an ultrasound machine but the waiting list for this is six weeks. Why, because we only have a visiting radiologist. Hospital wait lists may be important in cities but hey, there are far more non-available services rurally that are not getting a mention in fixing really, with promises and plans of "Medicare Locals" now seeming a new way of cost shifting, not gap service delivery improvements.

If they are serious about access to services, why not start by putting up a website which will measure the government's 'achievement in service' provision as promised? Let us (GPs and public alike) tick a box if a shortage is in our area, or a service non-existent. Publicise it nationally (not like their last survey filled out by staff). Give the public say a good month to enter into this online, then say in six months time repeat this study.

We all know how much Medicare $ are spent per head population in cities vs rural areas. Let's monitor where the changes are really going to be made vs promises.

Rural GP and rural resident

Have anything to say?
Click here