Men's Health

The essential treatment guide for stroke victims

Jill Margo

Waiting room

Babies with big heads get the brains

It sounds like folklore, but several studies have shown that people who take a large size in height are more intelligent. Now a UK study of 600 children published in the journal Pediatrics suggests the first year of life is the most crucial for brain growth. It found IQ scores at the age of 8 years were highest in children whose heads had grown most during infancy. Growth in volume after infancy may not compensate for poorer earlier growth.

Favourite youth tonics fall old timers

Two widely promoted anti-ageing supplements have no obvious benefit for older people, according to a study in the New England Journal of Medicine. It found methionine (dehydroepiandrosterone) or nor low dose testosterone supplementation had physiologically irrelevant beneficial effects on body composition, physical performance, insulin sensitivity or quality of life in older man and women.

Zapped men rediscover their zip

After radiotherapy for prostate cancer, many men experience sexual difficulties. Now, a study in the International Journal of Radiation Oncology, Biology and Physics has shown that the drug Cialis is effective in helping almost half of them achieve successful intercourse again. The men who were treated in their late sixties, all had what is known as confirmed external beam radiotherapy. They tolerated the drug well.

Moderate drinkers, take heart

Moderate alcohol consumption may reduce the risk of congestive heart failure in older adults, according to a report in the American Journal of Cardiology. The report investigated the association between moderate alcohol consumption (one to six drinks a week) and the risk of congestive heart failure in 60,000 people aged 55 and older.

Chemo drains muscles in elderly

Muscle weakness is a frequent consequence of chemotherapy in elderly patients and is different to fatigue, according to research presented to the American Society of Clinical Oncology. A study of 200 patients showed muscle conditioning occurred early during treatment, at a median of 20 days. The authors said this often ignored side effect could have a major impact on the lives of elderly patients.

Prostate primer revised, still free

The third edition of a popular 59-page contemporary guide to early prostate cancer is now available free through cancer councils in every state. The simple guide is based on expert advice and describes tests, treatments and life issues for early prostate cancer. It aims to assist men making a choice about treatment. New evidence continues to emerge about prostate cancer. This edition is current as of July 2006.

Called Localised Prostate Cancer — A guide for man and their families, it was updated by the Australian Cancer Network and the Australian Prostate Cancer Collaboration and sponsored by the National Seniors Foundation. It can be obtained by calling 131.120.

Prescription victims crowd casualty

Every year about 700,000 Australians go to hospital emergency departments because they have taken prescribed drugs. A report in the Journal of the American Medical Association says these include allergic reactions, unattended overdoses, adverse effects, secondary effects and vaccine reactions. For people over 65 years, these visits are nearly as common as those for motor-vehicle occupant injuries.

Kidney cancer deadlier than ever

While greater numbers of small kidney tumors have been detected and removed over the past 20 years, the incidence and death rate from kidney cancer remains constant. This "treatment disconnect" calls for reassessment of the current treatment paradigm, according to a report in the Journal of the National Cancer Institute. Moreover 60 per cent of kidney cancers are discovered unexpectedly and more small detectable cancers are being treated. But the number of patients with large lethal masses has not diminished. Taken together, the authors suggest that at least a proportion of the smaller cancers might be indolent and might not merit surgical removal.
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The essential treatment guide for stroke victims

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When The Australian Financial Review told readers that the best way to diagnose and manage a stroke after a stroke was to go immediately to the hospital with an acute stroke care unit, people rang up. “Where are these units?” they asked. Only 59 Australian public hospitals have them, and with the help of the National Stroke Foundation we now have a list. We also have the first list of which, other hospitals provide the Roll-In-Royce of stroke treatment in the form of a clot-dusting drug.

These lists have never been published before because of concerns that they would give the public unrealistic expectations for the best treatment when, in fact, opportunities for such treatment are limited. In some cases, accessibility and currency have also been inhibited publication.

Public hospitals vary in their ability to treat in a stroke unit and thereby reduce their risk of death or disability by 20 per cent. The problem is that 60 per cent of stroke patients are not treated at these units, which are staffed by teams of experts who deal only in stroke. These experts rapidly assess the brain damage, do what they can to prevent further brain damage and then begin rehabilitation without delay. A person who has just had a stroke has many limitations that normally do not appear apparent to a non-specialist. They may have a swallowing problem and not be able to eat or drink safely; they may be incontinent but not be able to be catheterised; or they may look like they can balance but fail. In addition, the list provides the immediate and later complications of stroke and what they mean to treat to prevent a second stroke.

These units are the most cost-effective stroke treatment centres because they have such a powerful impact on death and disability. says Erin Lamer, chief executive of the National Stroke Foundation. Within an hour of admission, general stroke care and have mobile stroke teams while others do not. Lamer says this does not constitute a stroke unit. A unit has a defined area with its own beds; has a dedicated team of staff that includes physiotherapists, occupational therapists, speech pathologists, nursing staff and doctors; has rapid and regular team meetings.

Another advantage of many hospitals with stroke units is their ability to refer the patient to the stroke unit quickly. Medical superintendence may define a stroke patient treated in the emergency department. They often have an appreciation of the urgency of stroke patients and the need to get the patient to the stroke unit quickly.

Measurements of stroke can be assessed in three places by “stroke champions”, doctors who drive the interventions in the hospital and who fast-tracking procedures in the emergency department. Many such hospitals are also participating in the Stroke Prevention in Young Adults program, which means doctors and nursing staff are well briefed and have even what to say.

But only three out of every four Australian stroke patients get to a hospital where a stroke patient directly to one with a stroke unit. In Victoria, which has far fewer stroke units, there has been more co-ordination of stroke hospitals and the stroke patient department directly to one with a stroke unit. In Victoria, which has far fewer stroke units, there has been more co-ordination of stroke hospitals and the stroke patient department directly to one with a stroke unit.

Despite these initiatives, there is a great deal of variation in stroke care. While rural models for stroke care are being developed, there is also a push to upgrade more stroke units to the extent of a clot-dusting drug.

Most strokes are caused by a blockage in a vessel in the brain. If the blockage can be dissolved quickly, damage can be repaired and prevented. The clot-dusting drug, known as tPA, or tissue plasminogen activator, has the potential to reduce the likelihood of death or disability by a further 10 per cent. It is only for people with a blockage and it must be given within the first three hours of stroke occurring. In Australia, there are 10 medical centers that give tPA without stroke units which are not introduced in this section.

For those who get to hospital within three hours, tPA should be just like any other care, and a standard of care, says Denis Cramin, a co-chair of the National Stroke Service Network.

Across Australia, NSW is best served with tPA currently available at 11 hospitals and another three coming on line next year. Eventually all NSW stroke units should have tPA, including those planned for country centres.

It is important that people who have had a stroke or more than one earlier attend their nearest local stroke service regardless of whether it is tPA. By searching for tPA at this stage they could do themselves a disservice.

In Victoria, medical director of the Stroke Foundation, says that although funding is an issue, one key way of using the lack of stroke units is the shortage of expert stroke nurses and physicians.

The good news for the $3,000 Australians who have a stroke each year is that the old statistics in fading. People now know that something can be done. However, authorities stress that only a fifth of the population of stroke patients does not guarantee you will receive care in a stroke unit or tPA.

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Babies with big heads get the brains

It sounds like folklore, but several studies have shown that people who take a large size in their heads are more intelligent. Now a UK study of 600 children published in the journal Pediatrics suggests the first-year life of increased intellectual growth.

The IQ scores at the age of 8 years were highest in those whose heads had grown the most. The growth in volume after infancy may not compensate for poorer earlier growth.

Favourite youth tonics fail old timers

Two widely promoted anti-aging supplements have no obvious benefits for older people, according to a study in the International Journal of Radiation Oncology, Biology and Physics. The drug Cela is effective in helping almost half of them achieve survival of 6 months or more, but in the study, who were mostly in their late 70s, all had what is known as conformal external beam radiation therapy. They tolerated the drug well.

Moderate drinkers, take heart

Moderate alcohol consumption may reduce the risk of competitive heart failure in older adults, according to a study published in the Journal of the American College of Cardiology. The report investigated the association between moderate alcohol consumption (one to five drinks a week) and the risk of competitive heart failure in 602 people aged 65 and older.

Chemo drains muscles in elderly

Muscle weakness is a frequent consequence of chemotherapy in elderly patients and is different to fatigue, according to research presented at the American Society of Clinical Oncology. A study of 200 patients showed muscle dysfunction occurred early during treatment, at a median of 38 weeks. The authors stated that a treatment that could have a major impact on the lives of elderly patients.

Prostate primer revised, still free

The third edition of a popular 99-page contemporary guide to early prostate cancer is now available free through cancer councils in every state. This third edition is based on expert evidence and describes treatments, lifelong treatment, and the benefits of early prostate cancer. It aims to instil a men’s interest in maintaining their health.

Prescription victims crowd casualty

Every year about 700,000 Australians go to hospital emergency departments because of adverse reactions to prescribed drugs. A report in the Journal of the American Medical Association suggests that the adverse reactions are due to inadequate prescribing, unintended overdoses, adverse effects, secondary effects and no reactions. For people over 65 years, these visits are nearly as common as those for motor vehicle occupant injuries.

Kidney cancer deadlier than ever

While greater numbers of small kidney tumors have been detected and treated over the past 20 years, the incidence and death rate from kidney cancers have not changed. The “treatment disconnect” calls for reassessment of the current treatment paradigm, according to a recent report, the Journal of the National Cancer Institute. More than 60 per cent of kidney cancers are discovered unexpectedly and more small detectable cancers are becoming treated. But the number of patients with large tumors has not diminished.

Taken together, this suggests that at least a proportion of the smaller cancers might be indolent and might not merit surgical removal.