EDITORIAL

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The more things change...

After 5 years as Editor in Chief of *Australian Family Physician*, Associate Professor Steve Trumble is moving on to focus his attention on his career long interest in medical education as Associate Professor of Medical Education in the School of Medicine at the University of Melbourne. Arguably Steve's most enduring achievement in his time at *AFP* has been securing listing of *AFP* in Thomson Science Citation Index Expanded. This is an enormous vote of confidence in *AFP* and will be of great assistance not only to *AFP*'s international standing but also Australia's academic general practice community. However, this is by no means the only significant achievement of Steve's tenure which has included improving the reach and opportunity for citation of *AFP* articles; creation of an academic registrar post as *AFP* Fellow; and a significant increase in both the circulation of *AFP* and the involvement, support and pride of the general practice community in our journal. On a personal note, Steve is a very generous and supportive colleague who has taken with good grace the limitations that come with a very small (but energetic) production office and has participated enthusiastically in the sense of fun, humour and collegiality of a highly creative team. We all wish him well and look forward to his continuing involvement in *AFP* as author, reviewer, reader and advisor.

Dr Carolyn O'Shea, Dr Kath O'Connor, Dr Jenny Presser and I will be your medical editorial team for 2008. Carolyn brings excellent clinical, medical education and writing experience and a fabulous eye for detail to her role as Associate Medical Editor. Kath was our inaugural Publications Fellow and we are delighted she now joins us as Assistant Medical Editor, reinforcing the value of the post both to us here at *AFP* and to the registrar in their professional development. Jenny joins us from Darwin as our Publications Fellow for 2008. She has considerable research experience from a past life in the biological sciences and we have already been impressed by her enthusiasm, professionalism and commitment to make the year mutually beneficial despite the tyranny of distance. We all hope to continue to make our journal a high quality, relevant, inclusive, responsive and innovative publication. As always, we are heavily reliant on you, the general practice community, as readers, authors, reviewers, researchers, educators and clinicians to share your expertise, opinions and comments in ensuring the continued vibrancy and vitality of *AFP*.

This month in *AFP* we explore the theme of urinary incontinence in women. As discussed in the articles this is often a hidden problem for which the majority of sufferers do not seek medical attention because of embarrassment, fear of social stigma, or because of a belief that no effective treatments are available. Yet these symptoms often have a very significant detrimental effect on health and quality of life, with women limiting physical, sporting and social activities because of incontinence (or fear of incontinence), and suffering poor self esteem, social isolation and mood effects. It is therefore essential that as GPs we broach this sensitive topic with our patients, make a thorough assessment of their symptoms, and advise them that effective treatments are available. Good patient information, resources and patient support is available via the Continence Foundation of Australia (www.continence.org.au).

For the majority of women with urinary incontinence, assessment and management is squarely in the remit of primary care. As discussed by McKertich, assessment of urinary incontinence can usually be completed with no more sophisticated tools than a thorough history, physical examination and a bladder diary. Urodynamic studies and specialist consultation are reserved for women with atypical symptoms or complicated problems. Similarly for most women with stress or urge urinary incontinence the mainstay of treatment is education, pelvic floor physiotherapy and bladder training (with a pelvic floor physiotherapist or continence therapist). Neumann and Morrison outline the benefits of referral to a pelvic floor physiotherapist in assessment of pelvic floor function, ensuring that the right exercises are performed and in encouraging adherence to treatment. For women with urge incontinence not responding fully to the above measures, treatment with anticholinergic agents is an effective, evidence based option. For the small group of women not responding to conservative therapy there is a range of surgical interventions available, including innovations such as the use of intravesical bolutinum toxin or sacral neuromodulation.

For most women though, the most important thing we can do as GPs is to take the time to ask them about their urinary symptoms and use the skills readily at our disposal to offer effective treatment. The basics of good GP care remain the same.

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