

**ADDRESS LETTERS TO**

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**Internet searches****Dear Editor**

I was dismayed to see the author of the article 'How I use the internet' (*AFP* July 2007) advocate using the search engine 'Yahoo!' to do clinical, patient related topic searches. He refers to the results as being 'precise and relevant information at the point of care'.

With so many qualified resources for free health information available, I do not understand how one could accept Yahoo! search results as the best choice. Australia has one notable website that would be a better choice, 'InfoRX for Australian health professionals' ([www.fhhs.health.wa.gov.au/inforx/default.htm](http://www.fhhs.health.wa.gov.au/inforx/default.htm)).

It is important to promote the use of best evidence in medicine. This article suggests using a tool that will not result in 'best evidence' being identified.

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**Emergency contraception****Dear Editor**

The article 'Sex, contraception and health' (*AFP* August 2007) stated that emergency contraception (EC) has the potential to reduce the rate of unintended pregnancy by 50%. The term 'emergency contraception' here refers to the emergency contraceptive pill (ECP).

We have all been optimistic about the potential public health impact of EC. However, recent studies have found that EC does not reduce unintended pregnancy rates on a population level. A recent Cochrane Review examined the effect on pregnancy rates of advanced provision of EC.<sup>1</sup> The authors concluded that ECP does not reduce pregnancy rates compared with usual provision of ECP. The same conclusion was reported in another review comparing advanced access with other levels of access to ECP and the effect on pregnancy rates.<sup>2</sup> Although the studies clearly demonstrate that greater access to ECP increases its use, no study showed a reduction in unintended pregnancy rates.

A comprehensive strategy is required, including sex education and contraceptive availability, as EC alone will not reduce unintended pregnancy rates. Further research is needed to address the underutilisation of EC. We are currently conducting a national telephone survey to explore Australian women's knowledge of, attitudes to, and use of ECP.

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**Promoting lifestyle change to cancer survivors****Dear Editor**

Cancer survivors are at an increased risk of other chronic diseases, including cardiovascular disease, diabetes and other cancers.<sup>1</sup> Making positive changes to health behaviours after a diagnosis of cancer can improve quality of life, potentially extend survival, and reduce the risk of other chronic diseases.<sup>2</sup>

In June 2006, The Cancer Council Australia released a position statement for cancer survivors on 'Benefits of healthy diet and physical activity'. This document suggests that cancer survivors: maintain a healthy body weight; participate in regular physical activity; eat a healthy diet, incorporating two serves of fruit and five serves of vegetables per day; avoid or limit alcohol; and handle and prepare food safely. The guidelines do not differ from what is recommended for the general population for reducing cancer risk and maintaining general good health. However, the position statement highlights the growing need for health promotion for cancer survivors.

A range of health promotion tools are available to assist GPs with the delivery of lifestyle counselling (eg. LifeScripts). The National Cancer Helpline (13 11 20) provides resources and advice on issues of cancer survivorship to health professionals and consumers.

The long term health issues specific to cancer survivors are emerging as a public health concern. While some ongoing morbidity is inevitable in this population, many of the comorbidities and declines in functional status can be reduced by lifestyle interventions.<sup>3</sup> As such, the inclusion of lifestyle counselling during general practice consultations is warranted.

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