



## Navigating Endometriosis Care

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By now, many women have seen the Four Corners episode which exposed poor care, and particularly the overuse of laparoscopic surgery leaving women much worse off with severe, unrelenting pain. Hundreds of women have come forward with complaints about their care, and GPs report being questioned by women with endometriosis about what they should do.

Endometriosis is when tissue similar to the lining of the uterus implants in the pelvis, bowel or more distant organs. Here's what's important to understand: the symptoms don't relate closely to the extent of the disease. Widespread endometriosis doesn't necessarily mean severe pain and, equally, quite localised endometriosis can be associated with debilitating pain. Some women have no symptoms at all, and it's only discovered when investigating infertility.

The diagnosis can generally be made from a woman's history and combination of symptoms: pain during sex, painful periods, pain with defecation, pelvic pain and/or heavy menstrual bleeding. There's a common view that ultrasound is necessary, but here's the problem: ultrasound to detect endometriosis is highly specialised, needs extensive training, and isn't usually available at your local radiology practice. It can help with the diagnosis and maybe deciding if laparoscopic surgery is advisable, but it's not essential for diagnosis.

The core treatments are non-surgical: medications and pelvic floor physiotherapy. Laparoscopic surgery is of limited value and far from guarantees pain relief. Sometimes surgery can actually induce chronic pain, so it needs to be chosen carefully, ideally with a second opinion. The ABC Four Corners investigation found that women in this Melbourne practice had undergone multiple surgeries with major organs removed, usually making them worse in the process.

The main message: get diagnosed as quickly as possible so treatment can start early with the least invasive approaches, hopefully controlling the disease before it progresses.

More information: <https://endometriosisaustralia.org/>

## Kids and their salt intake

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As adults, we're often warned to keep our salt intake under control. Most of us have far too much, and most comes from processed foods. High salt intake has been linked to raised blood pressure with its risk of heart attacks and strokes, kidney damage, and even autoimmune diseases. But children's salt intake hasn't been given as much attention.

An Australian study looked at salt intake in schoolchildren aged around 9 years old by measuring the sodium in their urine over a 24-hour period. This is a reliable indicator of dietary salt consumption because it captures everything eaten, not just what parents remember or children report.

The findings were concerning. Many of the children were consuming too much salt. Just under one in five had high blood pressure, and the risk was highest in girls and children living with obesity. What's particularly worrying is that childhood hypertension can track into adulthood, setting up a lifetime of cardiovascular risk.

So where is all this salt coming from? While you'd expect savoury snacks like chips and crackers to be culprits, sweet foods are often the hidden problem. Breakfast cereals, bread, biscuits, and even some yoghurts can contain surprisingly high amounts of sodium. A couple of slices of bread can have as much salt as a small packet of crisps. Even foods marketed as healthy options for kids can be loaded with salt as a flavour enhancer and preservative.

The message for parents: home-cooked food with minimal added salt is the healthiest approach. When buying packaged foods, check the sodium content on labels. As a guide, foods with less than 120mg of sodium per 100g are considered low salt, while anything over 400mg per 100g is high. Minimise processed foods and encourage plenty of exercise to help maintain a healthy weight. Teaching children to enjoy food without excessive salt now helps establish healthier taste preferences for life.

The study:  
<https://www.nature.com/articles/s41440-025-02489-1.epdf>

## Does brain training work?

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The world is full of people doing Sudoku or crosswords hoping to stave off dementia. The problem? You just get good at puzzles rather than improving your thinking and memory overall. This is a much broader issue in cognitive training called distant transfer: whether you derive benefits in brain functions that are not closely related to the training itself.

The largest, longest study of cognitive training has recently reported its findings 20 years from the original intervention. Nearly 3,000 older people were divided into four groups: controls, memory training, cognitive speed training, and reasoning (problem-solving) training. Over several weeks, they were taught their assigned technique and given practice. After a year, some received booster sessions, and again at three years.

After 10 years, people who'd had reasoning and speed training had significantly maintained their cognitive performance in those areas, especially if they'd had top-up sessions. Memory training didn't have lasting effects. But what was really interesting was that those who'd had cognitive speed training had a lower risk of Alzheimer's and related dementias. By 20 years, the benefits of reasoning training had faded, but the speed training group still showed a lower dementia risk.

The speed training involved a visual recognition task, and crucially, it was adaptive. The person's skills were measured at the beginning, the programme was tailored to their starting speed, then it got progressively harder as they improved. The reason for the dementia protection isn't known, but it may be that the brain built extra nerve circuits that acted as a defence against cognitive decline.

When choosing a cognitive training programme, there are three things to look for: does it focus on processing speed, is it adaptive to ability level, and what's the evidence base? Be wary of programmes that just improve on specific tasks like crosswords or Sudoku.

The Study:  
<https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/trc2.70197>