THE ROLE OF THE NURSE IN PATIENT EDUCATION AND FOLLOW-UP OF PEOPLE RECEIVING ORAL ANTI-CANCER TREATMENT: AN AUSTRALIAN SURVEY

The use of oral anti-cancer treatment (OCT) is increasingly common and it is accepted that for patients OCT provides a sense of control, fewer disruptions to lifestyle, reduced costs for travel and care and eliminates the discomfort of intravenous treatment. OCT use also poses safety challenges with implications for both patients and health care workers. These challenges include new toxicity profiles and adherence issues. Whilst not new, these challenges are especially relevant to nurses who are the primary providers of patient education, side effect management and follow-up. A national cross-sectional survey of Australian nurses working in cancer care was undertaken to assess the nursing role in the education and follow-up of patients receiving OCT—82 responses were received. Results indicate that workflow, organisational processes and resources have not kept pace with increasing use of OCT in cancer treatment. This exposes patients to increased risk of harm and poses new challenges for providing optimal nursing care.


BREASTSCREEN NSW HUNTER NEW ENGLAND

One in eight women in NSW will develop breast cancer in their lifetime. Clinical trials have shown that regular screening mammograms reduce deaths from breast cancer. Mammograms can detect breast cancer when it is very small, when treatment is most effective.

BreastScreen NSW Hunter New England is part of BreastScreen Australia, a national program for the early detection of breast cancer. BreastScreen NSW Hunter New England provides free, high quality screening mammograms for women aged 40 years or over. Women aged 50 to 74 years are particularly encouraged to attend.

BreastScreen NSW has two Screening and Assessment Centres in Newcastle and Tamworth. The Newcastle centre is based at the NBN Telethon Mater Institute, Calvary Mater Newcastle, Waratah. Four mobile screening units provide screening services over an area of 130 000 square kilometres. To make an appointment for a free screening mammogram—call 13 20 50. To find out more about breast screening services visit their web site.

BREASTSCREEN AUSTRALIA MONITORING REPORT 2011-2012

This annual report presents the latest national statistics on BreastScreen Australia, which aims to reduce illness and death resulting from breast cancer through organised screening.
PALLIATIVE RADIOThERAPY AT THE END OF LIFE: A CRITICAL REVIEW

This review explores recent studies of radiotherapy near the end of life, examines general prognostic models for patients with advanced cancer, describes specific clinical circumstances when radiotherapy may and may not be beneficial, and addresses open questions for future research to help clarify when palliative radiotherapy may be effective near the end of life.


DOES SCREENING REDUCE THE RISK OF DEVELOPING COLORECTAL CANCER?

With an average 43.8 new cases diagnosed per 100,000 individuals in 2018, Australia has one of the highest age-standardised colorectal cancer (CRC) incidence rates worldwide, accounting for 12.7% of total cancers and 10% of all cancer deaths nationally. Survival from CRC depends on stage at diagnosis, and clinical trials have demonstrated that screening using faecal occult blood testing increases the detection rate of early-stage disease and reduces CRC mortality. The efficacy of endoscopic polypectomy in preventing adenomas from progressing to CRC has led to a decrease in the incidence of CRC in screening trials.

SOURCE: Steffen, A. et al. (2014) Does screening reduce the risk of developing colorectal cancer? MJA, 200(9), 533-537

CERVICAL SCREENING IN AUSTRALIA 2011-2012

This report presents the latest national statistics monitoring the National Cervical Screening Program, which aims to reduce incidence, morbidity and mortality from cervical cancer in Australia, through an organised approach to cervical screening aimed at detecting and treating high-grade abnormalities before possible progression to cervical cancer.

PALLIATIVE CARE SERVICES IN AUSTRALIA 2014

This is the third in a series of AIHW annual reports providing a detailed picture of the national response to the palliative care needs of Australians.

ANY SUGGESTIONS?

The staff of HNE Health Libraries value your input. We appreciate any recommendations or suggestions and are happy to discuss them.

RECENT ARTICLES

NB. Articles in dark blue or bold text have Australian content


Strohmeier, Y. et al. (2014) Antibiotics for acute pyelonephritis in children. Cochrane database of systematic reviews, 7

Paliadelis, P. et al. (2014) The development and evaluation of online stories to enhance clinical learning experiences across health professions in rural Australia. Collegen, published online Sep 15. doi: 10.1016/j.j.colegn.2014.08.003


Barker, C. et al. (2014) Transplantation and inflammation: implications for the modification of chemokine function. Immunology, 44(3), 138-145

D’Silva, K. et al. (2014) Does this man with lower urinary tract symptoms have bladder outlet obstruction? The Rational Clinical Examination: a systematic review. JAMA, 312(5), 535-542

Moloney, F. et al. (2014) Detection of primary melanoma in individuals at extreme high risk: a prospective 5-year follow-up study. JAMA dermatology, 150(8), 823-827


Journal of clinical psychology, 70(11) 2014 – Special issue: Essential primer on clinical supervision


NOT JUST AN OLDER WOMAN’S DISEASE: BREAST CANCER IN YOUR 20S & 30S

This report from the National Breast Cancer Foundation draws attention to the unique challenges faced by the 800 young women per year diagnosed with breast cancer in Australia. Breast cancer in young women – defined in this report as women less than 40 years of age – is not a phenomenon that has received much attention to date in Australia. Mammographic screening is not offered to women under 40 in Australia, because it is not particularly effective in younger age groups. So, young women must rely on breast self-examination or clinical breast examination to find any changes.

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SPECTROSCOPY OF REPERFUSED TISSUE AFTER STROKE REVEALS
HEIGHTENED METABOLISM IN PATIENTS WITH GOOD CLINICAL OUTCOMES

The aim of acute stroke treatment is to reperfuse the penumbra. However, not all post-treatment reperfusion is associated with a good outcome. Recent arterial spin labeling studies suggest that patients with hyperperfusion after treatment have a better clinical recovery. This study aimed to determine whether there was a distinctive magnetic resonance spectroscopy metabolite profile in hyperperfused tissue after stroke reperfusion therapy.

Hyperperfusion was significantly related to better 3-month clinical outcome compared with patients without hyperperfusion. Patients with hyperperfusion showed increased glutamate, increased N-Acetylaspartate and increased lactate in reperfused tissue compared with contralateral tissue and healthy controls. Hyperperfused tissue has a characteristic metabolite signature, suggesting that it is more metabolically active and perhaps more capable of later neuroplasticity.


TABLET TECHNOLOGY DURING STROKE RECOVERY: A SURVIVOR’S PERSPECTIVE

Clinician interest in the role of tablet technology in commercially available tablet devices (i.e. iPads) following stroke is rising. Tablets have the potential to encourage engagement in therapeutic activities. This local qualitative study explored community dwelling stroke survivor acceptability of and experience of tablet use during the first three months of stroke recovery.

“IT'S BEEN VERY HELPFUL”


LOCAL RESEARCH

An increasing number of studies are investigating the association between upper limb recovery and changes in brain activation patterns following stroke. In this review, the authors explore the translational implications of this research for health professionals working in stroke recovery. They argue that in light of the most recent evidence, therapists should consider how best to take full advantage of the brain’s natural ability to reorganize, when prescribing and applying interventions to those with a stroke-affected upper limb.


SCHIZOPHRENIA & OSTEOPOROSIS

This review from the UK evidence-based ‘Mental Elf’ blog discusses recent research into the risks of low bone density, osteopaenia, osteoporosis and the incidence of hip fractures – in people with schizophrenia.


MILK INTAKE AND RISK OF MORTALITY AND FRACTURES IN WOMEN AND MEN

Swedish researchers have found that a high milk intake in women and men is not accompanied by a lower risk of osteoporotic fracture, but rather associated with a higher rate of death. The results may be explained by the high levels of lactose and galactose (types of sugar) in milk that have been shown to increase oxidative stress and chronic inflammation in animal studies. In contrast, a high intake of fermented milk products with a low lactose content (including yoghurt and cheese) was associated with reduced rates of mortality and fracture, particularly in women. The authors point out that the results from observational research should be interpreted cautiously, and further studies are needed before dietary recommendations can be made.


NEW DEVICE USES NANO-MAGNETS TO CLEANSE BAD BLOOD WHEN SEPSIS STRIKES

Sepsis claims the lives of 8 million people worldwide each year. It occurs when bacteria, fungi or viruses multiply in a patient’s blood and trigger a chain reaction that causes inflammation, blood clotting and organ damage. Proper treatment of sepsis can require knowing what bacteria or virus caused the infection. But the identification can take days, and by that time it's often too late.

Scientists at Harvard’s Wyss Institute of Biologically Inspired Engineering have come up with a device that cleans blood—without a need to diagnose the infectious agent. What's being called the 'bio-spleen' seems to work even for antibiotic-resistant bacteria. In the dialysis-like therapeutic device, blood is cycled outside the patient’s body and gets filtered through microfluidic channels. Key to its success are tiny nanometre-sized magnetic beads that are coated with a genetically engineered version of a natural immune system protein which naturally latches onto bacteria, fungi, viruses, and toxins. Then magnets pull the magnetic beads out of the blood, taking the attached pathogens and toxins along for the ride. The cleansed blood then flows back into the patient. Best of all—the device cleans the blood without the need to first pinpoint the pathogen responsible for the infection because the protein binds to more than 90 different causes of infection and sepsis, including bacteria, fungi, viruses, parasites and toxins.

Read more...

SEPSIS IN CHILDREN

Check out the latest content on sepsis in children from BMJ Best Practice – includes: prevention, diagnosis, treatment, follow up and resources.

ALSO FROM BMJ Best Practice:

Heparin-induced thrombocytopenia

NEW AUDIO DIGEST CDs (PSYCHIATRY)

Managing the opiate-dependent patient

Iatrogenic consequences of opiate dependence for chronic pain / Weaning patients off opiates

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DID YOU KNOW?  MIMS IS AVAILABLE VIA CIAP FOR IPHONE USERS

To find out more about the MIMS app, visit the CIAP mobile site and select ‘Apps’.

Other iApps available via CIAP include: BMJ Best Practice, Micromedex drug interactions/IV compatibility/reference, Mosby’s Nursing Consult, Lab Tests Online-AU, LactMed, Cochrane Library for iPad, NEJM This Week, ISBAR and ISBAR HD.

WORKPLACE AGGRESSION IN CLINICAL MEDICAL PRACTICE

In clinical medical practice, aggression prevalence rates of up to 75% for non-physical forms and 33% for physical forms have been reported. Workplace aggression was found to be most prevalent among younger, and primarily hospital-based non-specialists, and specialists in training. Additionally, it was found to be associated with clinicians who have a greater external control orientation, work a greater number of, and more unpredictable hours, feel they have a poor support network of other doctors like them, and consider most of their patients to have complex health and social problems and unrealistic expectations of how the clinician can help them. The likely impact of workplace aggression on clinician wellbeing may extend to adverse consequences for care quality, safety and access.


PREVENTING THE DEVELOPMENT OF DEPRESSION AT WORK

Depression is a major public health problem among working-age adults. A systematic review and meta-analysis was conducted to identify randomized controlled trials of workplace interventions aimed at universal prevention of depression. There is good quality evidence that universally delivered workplace mental health interventions (particularly CBT-based programs) can reduce the level of depression symptoms among workers.


THE WORKPLACE: WHERE MENTAL ILLNESS STIGMA THRIVES

Interesting opinion piece from Sam Ryan of Right Now: Human Rights in Australia—a volunteer, not-for-profit media organisation led by young people focused on human rights issues in Australia.

Read more about them

Sam writes that the workplace is a breeding ground for mental illness stigma: where increasing pressure creates and exacerbates stress — and increasing uncertainty encourages a culture of silence.

BOOK LIST—MENTAL HEALTH ISSUES IN THE WORKPLACE

Mental illness in the workplace: psychological disability management / Henry Harder

Overcoming your workplace stress: a CBT-based self-help guide / Martin Bamber

Managing workplace behaviour: a best practice guide / Joydeep Hor (2012)

Workplace violence in mental and general healthcare settings / Michael Privitera (ed.)

Tackling depression at work: a practical guide for employees and managers / Kerrie Eyers & Gordon Parker

Mental health first aid in the workplace: an e-learning course / JobAccess/MHCA (CD-Rom)

The mindful workplace: developing resilient individuals and resonant organizations with MBRS / Michael Chaskalson

Preventing and managing workplace bullying and harassment: a risk management approach / Moira Jenkins (2013)

Preventing workplace bullying: an evidence-based guide for managers and employees / Carlo Caponecchia

Audio Digest: Psychiatry, 44(2) 2012 – Job loss and workplace issues for the patient and psychiatrist