REPUTATION AND SCIENCE: EXAMINING THE EFFECTIVENESS OF DBT IN THE TREATMENT OF BORDERLINE PERSONALITY DISORDER

This paper examines the evidence base for dialectical behaviour therapy (DBT) in the treatment of patients with borderline personality disorder (BPD).

DBT has built an impressive reputation within psychology and psychiatry as an effective treatment for deliberate self harm and chronic suicidal behaviours in patients with BPD. However, when each of the randomised controlled trials that comprise this evidence base is examined carefully, the actual results are less convincing about DBT’s positive reputation.


COMMUNICATING A SCHIZOPHRENIA DIAGNOSIS TO PATIENTS AND FAMILIES

The authors of this study—from Newcastle University and the HNEH Department of Psychiatry—attempted to explore mental health clinicians’ experiences and perceptions of discussing a diagnosis of schizophrenia with their patients, with the aim of informing a communication skills training program for psychiatry trainees.

Semi-structured interviews were conducted with 16 mental health clinicians from public mental health services in NSW. Although most clinicians supported the need to give patients a named diagnosis of schizophrenia, most gave multiple reasons for not doing so in practice. The reasons given centred on concerns for the patient—including: fear of making an incorrect diagnosis, fear of the patient’s distress, and harm from stigma.

Mental health clinicians need to reflect on their own feelings, examine personal identification with their patients, and recognise the subtle interplay of hope and pessimism in their communication of a schizophrenia diagnosis.


HNEH LIBRARIES WILL BE CLOSED OVER EASTER
MOBILE TECHNOLOGY IDENTIFIES PEOPLE WITH UNKNOWN ATRIAL FIBRILLATION AT HIGH RISK OF STROKE

Atrial fibrillation (AF) causes a third of all strokes, but often goes undetected before stroke. Identification of unknown AF in the community and subsequent anti-thrombotic treatment could reduce stroke burden.

This University of Sydney study, screened 1000 people in pharmacies aged 65 years and over, using an iPhone electrocardiogram (iECG), and found unrecognised AF in 1.5% of participants. Pharmacists performed pulse palpation and iECG recordings, with cardiologist iECG over-reading. The researchers predict the technology could prevent 1228 strokes over 10 years, or 122 strokes each year. They indicate the cost-effectiveness of this strategy. READ MORE...


Not available via CIAP—contact HNEH Libraries to locate a copy

FORMAL INFECTIOUS DISEASES CONSULTS AT A TERTIARY PEDIATRIC HOSPITAL

Formal consultations by the Infectious Diseases Service, Royal Children’s Hospital Melbourne were analysed over a 14-year period. The increasing demand for pediatric infectious diseases expertise and the reasons for which consultations are sought are highlighted.


Available via CIAP

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


Kukkonen, J. et al. (2014) Treatment of non-traumatic rotator cuff tears: a randomised controlled trial with one-year clinical results. Bone & joint journal, 96(8), 75-81


Halvorsen, S. et al. (2014) Efficacy and safety of apixaban compared with warfarin according to age for stroke prevention in atrial fibrillation: observations from the ARISTOTLE trial. European heart journal, published online February 20. doi: 10.1093/eurheartj/ehu086


Cartwright, C. et al. (2014) Medical practitioners’ knowledge and self-reported practices of substitute decision making and implementation of advance care plans. Internal medicine journal, 44(3), 234-239


Clavena, A. et al. (2014) Effectiveness of nebulized beclometasone in preventing viral wheezing: an RCT. Pediatrics, 133(4), e505-512

Beckwith, H. et al. (2014) Personality disorder prevalence in psychiatric outpatients: a systematic literature review. Personality and mental health, 8(2), 91-101


NB. Articles listed in the newsletter aren’t necessarily available FREE. We’re just letting you know what’s available!

If you’ve checked HNEH Libraries’ eJournals portal (found under ‘eJournals’ in the Quick Links box on our website) and can’t find the article, contact your local HNEH Library for further assistance. (Contact details—p.4)

HNEH Libraries is able to supply many articles—but there may be charges.
THROMBOLYSIS IMPLEMENTATION IN STROKE (TIPS)

Stroke is a leading cause of death and disability internationally. One of the three effective interventions in the acute phase of stroke care is thrombolytic therapy with tissue plasminogen activator, if given within 4.5 hours of onset to appropriate cases of ischaemic stroke.

TIPS will test the effectiveness of a multi-component, multidisciplinary collaborative approach compared to usual care as a strategy for increasing thrombolysis rates for all stroke patients at multiple sites across 3 Australian states—while maintaining accepted benchmarks for low rates of intracranial haemorrhage and high rates of functional outcomes for both groups at three months.

The cluster randomised controlled trial has the potential to identify methods for optimal care which can be implemented for stroke patients during the acute phase. Study findings will include barriers and solutions to effective thrombolysis implementation and trial outcomes will be published whether significant or not.


CHANGES IN THE SODIUM CONTENT OF AUSTRALIAN FAST-FOOD PRODUCTS

According to this four-year study of six Australian fast food chains, fast foods have become lower in salt at the rate of about 2-3% per year. Even so, sodium levels in many fast-food products remain high. In many cases, there is wide variability in the sodium content of very similar products, suggesting that there is no technical reason preventing further sodium reduction.


MECHANICAL VS. MANUAL CHEST COMPRESSIONS FOR CARDIAC ARREST

This is the first update of the 2011 Cochrane review assessing the effectiveness of mechanical chest compression devices versus standard manual chest compressions with respect to neurologically intact survival in patients who suffer cardiac arrest.

Two new studies were included in this update. Six trials in total, including data from 1166 participants, were included in the review. The overall quality of included studies was poor, and significant clinical heterogeneity was observed. Only one study (N = 767) reported survival to hospital discharge with good neurological function, demonstrating reduced survival with mechanical chest compressions when compared with manual chest compressions. Data from four studies demonstrated increased return of spontaneous circulation, and data from two studies demonstrated increased survival to hospital admission with mechanical chest compressions as compared with manual chest compressions, but none of the individual estimates reached statistical significance. Marked clinical heterogeneity between studies precluded any pooled estimates of effect.

Evidence from RCTs in humans is insufficient to conclude that mechanical chest compressions during cardiopulmonary resuscitation for cardiac arrest are associated with benefit or harm. Widespread use of mechanical devices for chest compressions during cardiac events is not supported by this review. More RCTs that measure and account for the CPR process in both arms are needed to clarify the potential benefit to be derived from this intervention.


COMBINATION THERAPY VS. INTENSIFICATION OF STATIN MONOTHERAPY: AN UPDATE

The authors assessed the benefits and harms of combination of statin and other lipid-modifying medication compared to intensified statin monotherapy. This is an update of a 2009 review.

Although many studies looked at intermediate outcomes, few studies addressed the question of which approach produces better clinical outcomes. Combination of statin with ezetimibe or bile acid sequestrant lowered LDL-c better than intensification of statin monotherapy, but evidence for clinical outcomes (mortality, acute coronary events, and revascularisation procedures) was insufficient across all potency comparisons for all combination therapy regimens. Additional studies evaluating long-term clinical benefits and harms are needed to better inform clinical decision-making, patient choice and clinical practice guidelines.

**IN REMEMBRANCE OF ANZAC DAY**

HNEH Libraries (well, mainly the John Hunter branch) holds the following books that may be of interest.

Veiled lives: threading Australian nursing history into the fabric of the First World War 610.73/H2009 c.21 (Armidale)

Archie Cochran: back to the front
HM 610.92 COCH BOSC (JHH)

Psychiatry under national Socialism: remembrance and responsibility 616.85/ PSYC 2011 (Armidale)
616.890043 SCHN 2011 (JHH & Mater)

Blood on my hands: a surgeon at war 617.0232 JURI (JHH)

Scarlet poppies: the army experience of Australian nurses during World War One 940.47594 RAE (JHH)

Medics and memories: further recollection of the 2/10th Field Regiment R.A.A. 940.541294 GOOD (JHH & Maitland)

Samurais and circumcisions 940.5472 POID (JHH)

The long days of slavery: Fellows and members of the RACP who were prisoners-of-war in South East Asia 940.54752 HEAG (JHH)

Doctor's diary and memoirs: Pond's party, F Force, Thai-Burma Railway 940.5475209 MILL (JHH & Maitland)

A nurse's war 940.547573 M119n (Armidale)

**DON'T FORGET—BOOKS CAN BE SENT TO A LIBRARY CLOSER TO YOU**

**HNEH LIBRARIES WILL BE CLOSED ON ANZAC DAY**

**FRIDAY, 25TH APRIL 2014**

**NHMRC DRAFT INFORMATION PAPER: EVIDENCE ON THE EFFECTIVENESS OF HOMEOPATHY FOR TREATING HEALTH CONDITIONS**

This report summarises an assessment of the effectiveness of homeopathy in treating health conditions in humans, undertaken by the National Health and Medical Research Council. It includes an overview of published systematic reviews, evaluation of information provided by interest groups and the public, and consideration of clinical practice guidelines and government reports on homeopathy published in other countries. The NHMRC are asking for submissions by Monday, 26th May 2014 (5:00 pm).

[Click here to read more or make a submission.]

All you need is love. But a little chocolate now and then doesn't hurt.
Charles M. Schulz

**IMPORTANT OVID NOTIFICATION**

The following products will be retired on 31st December, 2014:

- Ovid Universal Search in both OvidSP and Nursing@Ovid
- SearchSolver

According to Ovid, “this was a difficult decision...to make but due to a slower rate of product adoption globally than anticipated and an increase in technology costs, we are refocusing our technology efforts in areas we think will better serve the wider customer base and your current and future needs.” Should you have any questions, contact Ovid Customer Support

**HNEH LIBRARIES EASTER OPENING HOURS**

HNEH Libraries will be closed the following days:

- Friday 18th April
- Saturday 19th April
- Sunday 20th April
- Monday 21st April

Libraries will reopen Tuesday 22nd April.

**UPTODATE ENHANCEMENTS COMING SOON**

The UpToDate user interface is being redesigned and enhanced with advanced search technology that will enable clinicians to find answers to clinical questions faster than ever. [Click here](#) for an overview of the changes [Click here](#) to watch a brief video demonstrating the changes