JOIN THE DOTS

Library & information week
19-25 May 2014

TODAY IS INFORMATION & RESEARCH DAY

HNE Health Librarians can enhance your next research project. We can:

- Help you ask the right questions
- Assist in selecting the right sources of evidence
- Help in devising effective search strategies and techniques
- Teach you how to effectively use a range of databases and other evidence-based resources
- Assist you identify and critically appraise evidence
- Be a member of your research group
- Locate the full text of obscure articles
- Provide training in EndNote reference management software (see page 4)

JOIN THE DOTS?

HNEH Libraries can help you ‘join the dots’ by connecting you to local research and local knowledge. See our ‘Education’ page (which is constantly updated) for presentations such as:

8 May 2014 – Amyloid cardiomyopathy by Dr Waheed Ahmad, Advanced Trainee, Cardiology, JHH
8 May 2014 – BFHI by Megan Thorn, Registered Nurse & Lactation Consultant, Maitland Hospital
30 April 2014 - Antibiotic guidelines by Dr John Ferguson, Physician, Infectious Diseases, JHH
10 April 2014 - Treatment futility by Dr Jon Gani, General and abdominal surgeon, VMO, HNEH and Dr Peter Saul, Senior Intensivist, JHH
27 March 2014 - Head case by Dr Sarah Jones, Registrar, Emergency, Maitland Hospital

HNE HEALTH LIBRARIANS: YOUR COMPETITIVE EDGE

Having the right information at the right time can enhance staff effectiveness, optimise patient care and improve patient outcomes. Leading hospitals have already learned the value of including hospital librarians as part of the health care team from diagnosis to recovery.

Are you maximising this valuable staff resource?

Contact HNEH Libraries:
HNELHD-Libraries@hnehealth.nsw.gov.au

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#grandrounds

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RECENT ARTICLES


Kleiman, E. et al. (2014) Social support and positive events as suicide resiliency factors: examination of synergistic buffering effects. *Archives of suicide research*, 18(2), 144-155


Theodoratou, E. et al. (2014) Vitamin D and multiple health outcomes: umbrella review of systematic reviews and meta-analyses of observational studies and randomised trials. *BMJ*, 348:g2035. doi: 10.1136/bmj.g2035


Friedman, B. et al. (2014) Randomized trial of IV valproate vs. metoclopramide vs. ketorolac for acute migraine. *Neurology*, 82(11), 976-983


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’ e‐journals 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)

HNE Health Libraries will be able to supply most articles—but there may be charges.
INTerventions TO IMPROVE SAFE AND EFFECTivE MEDICines USE BY CONSUMERS

This overview presents evidence from 75 reviews that have synthesised trials and other studies evaluating the effects of interventions to improve consumers’ medicines use. Decision makers faced with implementing interventions to improve consumers’ medicines use can use this overview to inform decisions about which interventions may be most promising to improve particular outcomes. The intervention taxonomy may also assist people to consider the strategies available in relation to specific purposes, for example, gaining skills or being involved in decision making. Researchers and funders can use this overview to identify where more research is needed and assess its priority. The limitations of the available literature due to the lack of evidence for important outcomes and important populations, such as people with multimorbidity, should be considered in practice and policy decisions.


Neutrophil Oxidative Burst Capacity for peri-operative immune monitoring in trauma patients

Post injury immune dysfunction can result in serious complications. Measurement of serum immune biomarkers may guide the optimal timing of surgery in borderline patients and therefore prevent complications.

100 consecutive orthopaedic trauma patients were enrolled over a 16 month period. 78% were male, with a mean age of 42 years. Neutrophil oxidative burst capacity was significantly elevated at 7 hours and 24 hours post-operatively. Patients who developed infective complications (pneumonia and sepsis) had higher levels of oxidative burst capacity pre-operatively and at 24 hours post-op. When analysed by operation type, no statistical difference was seen between major and minor operations. No correlation was found between length of stay, length of ICU stay, ISS or age and neutrophil oxidative burst capacity at any time point. These results are promising for the development of tools for prediction of post-operative complications and guidance for optimal timing for surgical intervention.


Aspirin in patients undergoing non-cardiac surgery

There is substantial variability in the perioperative administration of aspirin in patients undergoing non-cardiac surgery, both among patients who are already on an aspirin regimen and among those who are not.

10,010 patients who were preparing to undergo non-cardiac surgery and were at risk for vascular complications were randomly assigned to receive aspirin or placebo, and clonidine or placebo. The results of the aspirin trial are reported here. The patients were stratified according to whether they had not been taking aspirin before the study (initiation stratum, with 5628 patients) or they were already on an aspirin regimen (continuation stratum, with 4382 patients). Patients started taking aspirin (at a dose of 200 mg) or placebo just before surgery and continued it daily (at a dose of 100 mg) for 30 days in the initiation stratum and for 7 days in the continuation stratum, after which patients resumed their regular aspirin regimen. The primary outcome was a composite of death or nonfatal myocardial infarction at 30 days.

The primary outcome occurred in 351 of 4998 patients in the aspirin group and in 355 of 5012 patients in the placebo group. Major bleeding was more common in the aspirin group than in the placebo group. The primary and secondary outcome results were similar in the two aspirin strata.

Administration of aspirin before surgery and throughout the early postsurgical period had no significant effect on the rate of a composite of death or nonfatal myocardial infarction but increased the risk of major bleeding.


Comparing Algorithms for Deriving psychosis diagnoses from longitudinal administrative clinical records

Registers derived from administrative datasets are valuable tools in psychosis research, but diagnostic accuracy can be problematic. The authors compared the relative performance of four methods for assigning a single diagnosis from longitudinal administrative clinical records when compared with reference diagnoses.

The choice of algorithm for extracting a psychosis diagnosis from administrative datasets may have a substantial impact on the accuracy of the diagnoses derived. An ‘Any diagnosis’ algorithm provides a sensitive measure for the presence of any psychosis, while ‘Last diagnosis’ is more accurate for specific diagnosis of schizophrenia and a hierarchical diagnosis is more accurate for affective psychosis.

SOURCE: Sara, G. et al. (2014). Comparing algorithms for deriving psychosis diagnoses from longitudinal administrative clinical records. Social psychiatry and psychiatric epidemiology, published online May 1, doi: 10.1007/s00127-014-0881-5 Not available via CIAP or on subscription—contact HNEH Libraries to locate a copy

The role of reading on the health & well-being of people with neurologicaL conditions: a systematic review

Little research has been conducted that investigates the benefits of reading for people with neurological conditions despite its age old use to improve well-being. The aim of this study was to identify and review the evidence of the effect of ‘lone’ reading, reading aloud and shared reading groups on the health and well-being of people with neurological conditions in clinical and long-term care settings.

The effect of ‘lone’ reading, reading aloud and shared reading groups on the health and well-being of people with neurological conditions is currently an under-researched area. Although this review reports encouraging results of positive effects – from both quantitative and qualitative studies – the results should be viewed with caution due to the lack of randomisation, the small numbers of participants involved, and the limited and heterogeneous evidence base.

EndNote is reference management software, and allows you to organise references into your own personal database. References can be exported directly into EndNote from electronic resources such as those provided through CIAP. You can create bibliographies and insert references directly from your EndNote library into documents you are writing in a referencing style of your choice.

Are you writing up research or do you have copies of articles and reference lists stored in numerous places? Come along and see how EndNote can help you.

**Due to huge demand—Thursday’s session in the Mater Library Training Room is NOW FULL. Further sessions will be scheduled at a later date. There is still room in the Tuesday session at JHH, which will be recorded and made available via the Library website. Expressions of interest for extra sessions to: HNELHD-Libraries@hnehealth.nsw.gov.au**

ENDNOTE GUIDES ONLINE

Can’t wait for another session to be scheduled—need to know more about EndNote Web (Basic) right now? Visit ‘Tutorials and guides’ on the Library website and open the section on ‘EndNote’. There are links to useful online guides, recordings and information covering the most requested features.

NEW TAMWORTH LIBRARY OPENING HOURS

Tamworth Library has extended their opening hours on a trial basis.

New hours are:
- Monday–Wednesday: 8.30am – 7pm
- Thursday & Friday: 8.30am – 5pm
- Saturday: 10am – 3pm

HNEHEALTHLIBRARIES.COM.AU
IS YOUR GATEWAY TO QUALITY HEALTH INFORMATION & RESOURCES

In case you missed this presentation.

Training and Liaison Librarian Carolyn Van Leeuwarden, provides an overview of features and functions of the redesigned library website.

Remote access to ‘tutorials and guides’ is available to registered library members. To join the library simply complete a membership application.

WIRELESS INTERNET ACCESS

Wireless access is now available at the JHH branch to users with a HNE device. To connect—simply open Internet Explorer—it’s that simple! Coming soon to other library locations.