CANNABINOIDS FOR MEDICAL USE

A systematic review of randomized clinical trials of cannabinoids for the following indications: nausea and vomiting due to chemotherapy, appetite stimulation in HIV/AIDS, chronic pain, spas ticity due to multiple sclerosis or paraplegia, depression, anxiety disorder, sleep disorder, psychosis, glaucoma, or Tourette syndrome.

A total of 79 trials (6462 participants) were included; but only 4 were judged at low risk of bias. Most trials showed improvement in symptoms associated with cannabinoids but the associations did not reach statistical significance in all trials. There was moderate-quality evidence to support the use of cannabinoids for the treatment of chronic pain and spasticity. There was low-quality evidence suggesting that cannabinoids were associated with improvements in nausea and vomiting due to chemotherapy, weight gain in HIV infection, sleep disorders, and Tourette syndrome.

Cannabinoids were associated with an increased risk of short-term adverse effects (AEs), including serious AEs. Common AEs included dizziness, dry mouth, nausea, fatigue, somnolence, euphoria, vomiting, disorientation, drowsiness, confusion, loss of balance, and hallucination.


PATIENT EXPECTATIONS OF THE BENEFITS & HARMs OF INTERVENTIONS - UNREALISTIC

People are offered a wide range of interventions as part of their care: medicine, surgery, diagnostic or screening tests. The chances of benefiting from an intervention or being harmed by it are likely to be important when a person is deciding whether or not to have the intervention.

For diagnostic and screening tests, a person needs to consider the reliability of the results, and the implications for them of that result. Patients may also need to consider if and how the results of a diagnostic test might change their treatment, and whether their outcome would be likely to improve. Other questions are also important in a person's decision about their care, such as how unpleasant or inconvenient the intervention is. However, if a person's expectations are unrealistic, they may come to a different decision from the one they would have made if they had had a better appreciation of these factors. A systematic review by Australian authors found that for many treatments and diagnostic or screening tests, the majority of people overestimated the likely benefits and underestimated the likely harms.


One way to deal with this problem is to ensure that people receive clear, unbiased, evidence-based information at the point of decision-making. A Cochrane review found that use of patient decision aids led to significant improvements in people's understanding of their options and more informed decisions.

SOURCE: Stacey, D. et al. (2014) Decision aids for people facing health treatment or screening decisions. Cochrane database of systematic reviews, issue 1

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**RECENT ARTICLES**

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


Denham, J. et al. (2015) *Radiation dose escalation or longer androgen suppression for locally advanced prostate cancer? Data from the TROG 03.04 RADAR trial*. *Radiotherapy and oncology*, published online June 10. doi:10.1016/j.radonc.2015.05.016


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HNE Health Libraries will be able to supply most articles—but there may be charges.
REIKI FOR DEPRESSION & ANXIETY

This review summarises the evidence from randomised controlled trials that test whether Reiki is beneficial for people with anxiety or depression. Reiki is a 2500 year old non-drug treatment, described as a vibrational or subtle energy therapy and is most commonly facilitated by light touch on or above the body.


DID YOU KNOW?

Emily Rosa is the youngest person to have a research paper published in a peer-reviewed medical journal. At age nine, Rosa conceived and executed (in collaboration with her parents) a scientific study debunking therapeutic touch (aka reiki).

SEE ALSO: Commentary on the above experiment

IMPROVING THE QUALITY OF CARE DELIVERED TO PEOPLE IMMINENTLY DYING IN HOSPITAL BY IMPLEMENTING A CARE BUNDLE

Most Australians die predictably in acute hospital settings. Despite this, hospitals remain ill-equipped to care for dying patients with hospital deaths not uncommonly perceived as distressing by both patients and their families. A care bundle for the dying was developed. The aim of this report is to determine the feasibility of implementing this quality improvement strategy.

Over 6 months, 90 deaths occurred with the bundle in place. Significant increases in regular symptom monitoring and monitoring of family distress were observed in 74.3% of cases. There was compliance with prescribing guideline for pain in 59.2%, charts and breathlessness in 53.1%. This preliminary work suggests that it is possible to integrate evidence-based care processes into the care of the dying by adopting a care paradigm more typically reserved for critical care.


PROTECTING AUSTRALIA’S CHILDREN

Increasingly, domestic violence is being treated as a child protection issue, and children affected by domestic violence are recognised as experiencing a form of child abuse. Domestic violence protection order legislation – as a key legal response to domestic violence – may offer an important legal option for the protection of children affected by domestic violence. The authors consider research that establishes domestic violence as a form of child abuse, and review the provisions of State and Territory domestic violence protection order legislation to assess whether they demonstrate an adequate focus on the protection of children.

Contact HNE Libraries to access the article

INTERNATIONAL WORKING GROUP ON THE DIABETIC FOOT

The International Working Group on the Diabetic Foot (IWGDF) was founded in 1996, with the aim to create awareness of the disease and to improve the management and prevention of the diabetic foot. It is a non-profit, independent foundation.

Read their published systematic reviews:

- Prevention of foot ulcers – including footwear and offloading interventions
- Peripheral artery disease (PAD) diagnosis, prognosis and therapy
- Management of infection and wound healing


ENGAGING FAMILIES IN EARLY INTERVENTION FOR CHILD CONDUCT CONCERNS

This paper describes the approach to family engagement in a school-based early intervention program for children with emerging conduct problems, called Got It!, and presents some of the findings from an external evaluation of the program conducted by the authors for NSW Ministry of Health.

Results indicate that offering the specialised group intervention in the school, in the context of universal interventions and screening, supported engagement with families of children with identified conduct problems. Many parents said they would not otherwise have sought assistance. A partnership approach between schools and specialist child and adolescent mental health services is a central feature of program delivery. Factors that contribute to an effective partnership are discussed.


SHOULD PSYCHEDELIC DRUGS BE LEGALLY RECLASSIFIED TO BENEFIT PATIENTS?

Legal restrictions imposed on the medical use of psychedelic drugs, such as LSD and psilocybin (the compound found in ‘magic’ mushrooms), are making clinical trials almost impossible and authorities should downgrade their classification to enable comprehensive, evidence-based assessment of their therapeutic potential, writes psychiatrist, James Rucker, in The BMJ.

The author states that psychedelic drugs were extensively researched in clinical psychiatry before their prohibition in 1967 - with results suggesting beneficial change in many psychiatric disorders. Current restrictions create practical, financial and bureaucratic obstacles to large clinical trials. Clinical research using psychedelics costs 5-10 times that of research into drugs that are less restricted, such as heroin.


EXERCISE PROGRAMS FOR PEOPLE WITH DEMENTIA (Updated review)

There is promising evidence that exercise programs may improve the ability to perform activities of daily living (ADLs) in people with dementia, but the review revealed no evidence of benefit from exercise on cognition, neuropsychiatric symptoms, or depression.

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NEWER CONTRACEPTIVES & RISK OF VTE

This recent comprehensive study addresses important questions about the risk of serious blood clots (known as venous thromboembolism or VTE) in women taking newer oral contraceptives (containing the progesterone hormones, drospirenone, desogestrel, gestodene, and cyproterone). The authors claim to clarify inconsistencies and limitations in earlier studies and provide important guidance for the safe prescribing of oral contraceptives. They conclude that the risk is 1.5-1.8 times higher than the risk associated with older oral contraceptives (containing levonorgestrel and norethisterone).


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THE RISE & IMPACT OF DIGITAL AMNESIA

This study of 6,000 Europeans by Kaspersky Lab suggests a link between data available at the click of a button and a failure to commit that data to memory. The authors term this phenomenon ‘Digital amnesia’ – the experience of forgetting information that you trust a digital device to store and remember for you.

Across Europe, up to 60% of adult consumers could phone the house they lived in aged 10, but not their children (53%), or the office (51%) without first looking up the number. Around a third couldn’t call their partners.

The study also found that one in three European consumers is happy to forget, or risk forgetting information they can easily find – or find again - online. When faced with a question, 36% would turn to the internet before trying to remember and 24% would forget an online fact as soon as they had used it. Contrary to general assumptions, Digital Amnesia is not the preserve of younger digital natives – the study found that it was equally prevalent in older age groups.

ARE HEALTH APPS BENEFICIAL FOR HEALTHY PEOPLE?

Widely available on smartphones, health apps aim to encourage people to adopt healthy behaviours ranging from weight loss to physical activity, and to help patients to manage conditions such as diabetes and high blood pressure. But many apps have not been tested and may not be useful or effective, possibly even encouraging unnecessary anxiety. Two authors discuss the benefits and drawbacks of health apps in the BMJ.

See also - a personal commentary by a healthy user of health apps, who describes her daily experience of using the fitness app “FitBit One”, a pedometer that measures the number of steps taken and monitors sleep patterns.

FRENCH HOSPITAL TO OPEN WINE BAR
TO CHEER TERMINALLY ILL

A hospital in the French city of Clermont-Ferrand is to open a wine bar where terminally ill patients will be able to enjoy a “medically-supervised” glass or two with their families. “Why should we refuse the charms of the soil to those at the end of their lives? Nothing justifies such a prohibition,” the Clermont-Ferrand University Hospital Center said in a statement. The bar will be the first in France to offer such a facility for patients and their families. Staff will be specially trained before it opens in the hospital’s palliative care centre in September.

NEW E-BOOK PURCHASE—JONES’ CLINICAL PAEDIATRIC SURGERY

Jones’ clinical paediatric surgery / John Hutson, Michael O’Brien, Spencer Beasley, Warwick Teague & Sebastian King (2014) 7th ed. Jones’ clinical paediatric surgery employs a systematic approach to childhood diseases that need surgical treatment. This fully revised seventh edition provides practical advice on the surgical options available for young patients - including more case vignettes (in a similar format to what might appear in an OSCE viva), colour photographs, expanded coverage on the use of imaging, and updated approaches to management including laparoscopic operations. The authors are largely Australian – from the Royal Children’s Hospital in Victoria.

Jones’ clinical paediatric surgery is now available online via the library catalogue. You need to be a library member to access this title – just log in with Ezproxy. If you aren’t a library member or need help to access this title, please contact your local branch of HNEH Libraries.

‘GOOGLE EARTH’ OF NEUROSCIENCE

Most brain banks function as repositories and distributors, various brain parts are doled out to researchers with specific questions about a region or a disease. All sense of connectivity—of how the brain’s regions work together as an entire organ—can easily get lost in the shuffle.

Connectivity is the guiding principle behind The Brain Observatory—a new kind of brain bank. A painstaking digitization process is used, providing a totally unprecedented view of the brain, down to its individual nuclei and axons. The project aims to make entire brains accessible to anyone who may be interested.

NB: ‘The Brain Observatory’ seems likely a work in progress (the links in this article no longer work) – but you can have a peek at what it will look like here. Or read the study that started it all:


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Telephone: (02) 4033 5075
E-mail: HNELHD-MaterLib@hnehealth.nsw.gov.au