There is a paucity of evidence to guide clinicians about appropriate management strategies for people with obesity and Chronic Obstructive Pulmonary Disease (COPD). The authors have recently published results from the first weight loss intervention in adults (>18 years) with obesity and COPD, using a low-calorie diet coupled with a partial meal replacement plan and resistance exercise training, which resulted in a 6.4% reduction in weight while maintaining skeletal muscle mass and improving health status. (See references below …) This sub-study aimed to evaluate the intervention by (a) examining changes in dietary intake and nutritional biomarkers and (b) examining predictors of weight loss. Dietary intake was evaluated using four-day food diaries, and analysis of plasma fatty acids and plasma carotenoids as biomarkers of dietary fat intake and fruit and vegetable intake, respectively.

Twenty-eight obese COPD subjects with a mean age of 67.6 years completed the 12-week weight loss intervention. Post-intervention, significant decreases in total and saturated fat intake, and corresponding decreases in total and saturated plasma fatty acids were observed. There was a trend towards higher total carotenoids post-intervention. Older age, higher pre-intervention uncontrolled eating and plasma carotenoids predicted weight loss.

SOURCE: Rebecca McLoughlin, Vanessa McDonald, Peter Gibson, Hayley Scott, Michael Hensley, Lesley MacDonald, 2017. The impact of a weight loss intervention on diet quality and eating behaviours in people with obesity and COPD. Nutrients, 9, 1147

SEE ALSO: Vanessa McDonald, Peter Gibson, Hayley Scott, Penelope Baines, Michael Hensley, Jeffrey Pretto & Lisa Wood (2017) Should we treat obesity in COPD? The effects of diet and resistance exercise training. Respiratory, 21(6), 875-882

SEE ALSO: Vanessa McDonald, Lisa Wood, Anne Holland & Peter Gibson (2017) Obesity in COPD: to treat or not to treat? Expert review of respiratory medicine, 11(2), 81-83

DEPT OF RESPIRATORY & SLEEP MEDICINE, JHH

Fostering a culture of research within a clinical radiation oncology department

By responding to the barriers of staff (such as time, expertise and ideas) with structural and personal enablers, as well as funded resources, it is possible to develop research capacity and confidence in a clinical setting. Our department’s improved research culture was reflected by increased numbers of peer-reviewed publications (of 30%), research students/supervisions (of 60%) and engagement of external speakers. We also observed double the number of first-authored peer-reviewed articles and a growth in conference presentations, posters and speaker invitations/awards. In the majority of the research performance metrics tracked, there was a steady improvement noted over the four years monitored.


Available via CIAP
Despite falling cardiovascular disease (CVD) death rates across all age groups in Australia, the rate of decline in younger age groups has slowed in recent decades. This AIHW report describes trends in CVD death rates (including coronary heart disease and cerebrovascular disease) by age group using the latest available data. It builds on previous reports where slowdowns in younger age groups were also found.

**IMPACT OF PHYSICAL INACTIVITY AS A RISK FACTOR FOR CHRONIC CONDITIONS**

This recent report from the AIHW details the impact of physical inactivity on disease burden in the Australian population. Results suggest that prevention and intervention efforts may best be focused on sustained population-level increases in physical activity, by as little as 15 minutes each day, to avoid associated disease burden.

**TRENDS IN CARDIOVASCULAR DEATHS**


Tedesco, D. et al. (2017) Drug-free interventions to reduce pain or opioid consumption after total knee arthroplasty: a systematic review and meta-analysis. *JAMA surgery*, 152(10), e172872

Hatta, K. et al. (2017) Preventive effects of suvorexant on delirium: a randomized placebo-controlled trial. *Journal of clinical psychiatry*, 78(8), e970-e979


Saag, K. et al. (2017) Romosozumab or alendronate for fracture prevention in women with osteoporosis. *NEJM*, 377(15), 1447-1457


Plotnikoff, R. et al. (2017) Integrating smartphone technology, social support and the outdoor physical environment to improve fitness among adults at risk of, or diagnosed with, Type 2 diabetes: findings from the ‘eCoFit’ RCT. *Preventive medicine*, 105, 404-411


**EMERGENCY DEPT CARE 2016–17**

Emergency department care 2016–17: Australian hospital statistics provides information on people who present at emergency departments in Australia, including who used services, why they used them, and how long they had to wait for care.

- 7.8 million ED presentations (averaging more than 21,000 per day)
- 73% of all presentations were ‘seen on time’ for their urgency (triage) category
- 25% of presentations, or almost 2 million, had a diagnosis related to injury and poisoning
- 72% of patients spent 4 hours or less in the emergency department

**RECENT ARTICLES**

NB. Articles in dark blue bold text have Australian content
HOSPITAL SMOKE-FREE POLICY: COMPLIANCE, ENFORCEMENT, & PRACTICES

Smoke-free hospital policies are becoming increasingly common to promote good health and quit attempts among patients who smoke. This local study found that smoke-free policy enforcement and compliance and the provision of smoking cessation care remains low in hospitals. Efforts to improve smoking cessation delivery by clinical staff are warranted.


TELE-ORTHOPAEDICS: A SNAPSHOT OF SERVICES IN AUSTRALIA

Health services in the US and Europe have reported that tele-orthopaedics saves significant patient travel time, reduces time off work, increases satisfaction with care and in some scenarios reduces the cost of care. Less is known about the role of tele-orthopaedics in Australia. The aim of this study was to explore Australian-based tele-orthopaedic services, and to identify the barriers and enablers associated with these services.

Tele-orthopaedics was found to be disruptive as it required the redesign of many care processes. However, all services found the redesign feasible. Staff resistance was a commonly cited barrier. Further, imaging repositories from multiple imaging providers complicated access to information. Key enablers included clinical champions, picture archiving and communication systems, and the perceived benefit to patients who would avoid the need for travel. Whilst it appears that tele-orthopaedics is not widely utilised in Australia, recognition of the barriers and enablers is important for the development of similar services.


SOLDIERING ON IN SCIENTIFIC PUBLISHING

Rejection is common in science. Based on observations, and using the Kübler-Ross model on the five stages of grief, the author has identified a set of characteristics associated with receiving a rejection letter from a scientific journal.


COMMUNITY-ACQUIRED MRSA INFECTIONS

Case series of 39,231 patients with S. aureus isolates from specimens processed by the HNELHD public pathology provider during 2008–2014. The prevalence of methicillin-resistant Staphylococcus aureus (MRSA) in the HNELHD region decreased during the study period, and was predominantly acquired in the community, particularly by young people, Indigenous Australians, and residents of aged care facilities. While the dominance of the multi-resistant strain decreased, new strategies for controlling infections in the community are needed to reduce the prevalence of non-multi-resistant strains.


INSIGHTS FROM FLUTRACKING

Flutracking is a weekly web-based survey of influenza-like illness (ILI) in Australia that has grown from 400 participants in 2006 to over 26,000 participants every week in 2016. Flutracking monitors both the transmission and severity of ILI across Australia by documenting symptoms (cough, fever, and sore throat), time off work or normal duties, influenza vaccination status, laboratory testing for influenza, and health seeking behavior. In this paper, we share insights on recruitment methods and user experience that have enabled Flutracking to become one of the largest online participatory surveillance systems in the world.

SOURCE: Craig Dalton, Sandra Carlson, Michelle Butler, Daniel Cassano, Stephen Clarke, John Feja & David Durheim (2017) *Insights from Flutracking: thirteen tips to growing a web-based participatory surveillance system,* *JMIR public health and surveillance,* 3(3): e48

NICOTINE REPLACEMENT THERAPY FOR SMOKING CESSATION IN PREGNANCY

Nicotine replacement therapy (NRT) is recommended in current Australian clinical guidelines for pregnant women who are unable to quit smoking unassisted. Clinicians report low levels of prescribing NRT during pregnancy, due to safety concerns and low levels of confidence in their ability to prescribe NRT. Animal models show that nicotine is harmful to the fetus, especially for brain and lung development; but human studies have not found any harmful effects on fetal and pregnancy outcomes.


Available via CIAP
L-R: Carolyn, Jo, Helen, Steve, Sharyn, Julia, Adele, Jeanette, Angela, Evadne, Barbara and Leonie

STEVE CELEBRATES 35 YEARS WITH HNE

HNE Health Libraries' District Manager, Steve Mears, recently celebrated 35 years of dedicated service, with a presentation from Kim Nguyen, Executive Director, Workforce & Allied Health.

The anniversary was recognised with a delicious morning tea attended by both current and retired library staff.

DYNAMED PLUS ADDED TO TRIP = TRUSTED ANSWERS

DynaMed Plus is one of the most sought after resources in EBM. So we’re delighted to announce that DynaMed Plus content has been added to Trip. DynaMed Plus is – like Trip – focused on supporting rapid question answering. So, having both Trip and DynaMed Plus should maximise your chances of obtaining trusted answers to your clinical questions.

NEW AUDIO DIGEST PSYCHIATRY

Managing the somatizing patient 46(19) 2017
Definition of somatization / case formulation / somatic symptom disorders / management

Myths and realities of medical cannabis 46(20) 2017
Effects of heavy cannabis use / Cannabis addiction / The pharmacology of cannabis / Public policy issues / Evidence for and against the medical use of cannabis / Recommendations to clinicians / Q&A

BDD / Trichotillomania 46(21) 2017
Update on body dysmorphic disorder (BDD) / Trichotillomania and skin picking disorder

THE GRUESOME HISTORY OF MAKING HUMAN SKELETONS

No plans for the holidays. Need a little project? Here are some instructions for preparing human bones for display (circa 1543).

BMJ BEST PRACTICE HAS A NEW LOOK

BMJ's Evidence-Based Medicine (EBM) Toolkit assists users to learn, practise and discuss EBM. For example, clarifying a clinical question, designing a search, and appraising, synthesising and assessing quality of evidence. You can follow the links to enhanced evidence from Cochrane Clinical Answers (essential information from Cochrane systematic reviews distilled into a short Q&A with evidence displayed in a user friendly format mixing narrative, numbers and graphics along with key data ). And there are lots of useful procedural videos and SO MANY calculators.

Find out more...

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E-mail: HNELHD-Libraries@hnehealth.nsw.gov.au

CESSNOCK—Level 1, Administration
Block, Cessnock Hospital
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E-mail: HNELHD-Libraries@hnehealth.nsw.gov.au

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MAITLAND—Level 3, Education Centre
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TAMWORTH—UDRH Education Centre
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THE MATER—Level 4, Mental Health Admin Building. The Mater Hospital, Waratah
Telephone: (02) 4033 5075
E-mail: HNELHD-MaterLibrary@hnehealth.nsw.gov.au

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