CLOZAPINE & INCIDENCE OF MYOCARDITIS & SUDDEN DEATH: LONG TERM AUSTRALIAN EXPERIENCE

Clozapine is the cornerstone of therapy for refractory schizophrenia; however, the potential for cardiotoxicity is an important limitation in its use. In the current analysis we sought to evaluate the long term cardiac outcomes of clozapine therapy.

All-cause mortality, incidence of sudden death and time to myocarditis were assessed in a cohort of patients maintained on clozapine between January 2009 and December 2015. All patients had regular electrocardiograms, complete blood count, clozapine levels and echocardiography as part of a formal protocol. A total of 503 patients with treatment-resistant schizophrenia were maintained on clozapine during the study period of which 93 patients (18%) discontinued therapy with 29 (6%) deaths. The incidence of sudden death and myocarditis were 2% (n = 10) and 3% (n = 14) respectively. Amongst patients with sudden death, 7 out of 10 (70%) were documented to have used illicit drugs prior to death, with a tendency to weight gain also noted. The mean time to myocarditis post clozapine commencement was 15 ± 7 days. The reduction in left ventricular ejection fraction in those with myocarditis was 11 ± 2%.

Myocarditis and sudden cardiac death are uncommon but clinically important complications in a cohort of patients followed while maintained on clozapine undergoing regular cardiac assessment. Further studies are required to document the role of preventive measures for left ventricular dysfunction and sudden cardiac death in this population.


USE OF RECOMMENDED SEARCH STRATEGIES IN SYSTEMATIC REVIEWS & THE IMPACT OF LIBRARIAN INVOLVEMENT

1560 authors of English-language systematic reviews indexed in the Database of Abstracts of Reviews of Effects (DARE) from Jan 2012–Jan 2014, completed a survey. The survey asked about their use of search methods recommended by the Institute of Medicine, Cochrane Collaboration, and the Agency for Healthcare Research and Quality, and whether a librarian was involved in the systematic review.

Use of recommended search methods ranged widely from 98% for use of keywords to 9% for registration in PROSPERO. 52% of studies involved a librarian, but only 64% acknowledged their assistance.

Librarian involvement was significantly associated with the use of 65% of recommended search methods (e.g. including multiple languages or using controlled vocabulary) – which would improve the quality of the review, contributing to the replicability and robustness of meta-analytic findings.

The author states "It is important to note that librarian involvement uniquely contributed to search strategies after controlling for potential confounders.”

Broken promises and missing steps in mental health care


The new RANZCP guidelines for the treatment of schizophrenia and related disorders highlights what works. The authors of this paper examine why patients so often fail to benefit from this knowledge and why clinical practice falls so far short of the recommended standard.


The stark contrasts in Australia’s approaches to mental and physical health are a form of “health care apartheid” and a “fundamental human rights issue”, say leading psychiatrists. In an editorial in the MJA, Professor Patrick McGorry and Matthew Hamilton, of Orygen, National Centre of Excellence in Youth Mental Health, wrote that a recent update to the Survey of High Impact Psychosis was a mosaic of hundreds of stories of inequity and neglect. “This is the face of health care apartheid, and every Australian family is at risk of this discriminatory public policy.”


HNE Health Libraries can...
- Offer beginner to advanced sessions to access information resources
- Provide remote, individual or group based database training
- Participate on research and quality teams
- Support Journal Clubs
- Assist with ‘Finding the Evidence’ tutorials and workshops

RECENT ARTICLES

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

If you’ve searched eJournals and ebooks on the HNE Health Libraries’ website and can’t find the article, contact your local HNE Health Library for further assistance. (Contact details are on page 4.)

HNE Health Libraries will be able to supply most articles—but there may be charges.

Motow, S. et al. (2017) Comparison of intravenous ketorolac at three single-dose regimens for treating acute pain in the emergency department: randomized controlled trial. Annals of emergency medicine, 70(2), 177-184


Reeves, S. et al. (2017) Interprofessional collaboration to improve professional practice and healthcare outcomes. Cochrane database of systematic reviews, Issue 6

Shinkins, B. et al. (2017) What carinoembryonic antigen level should trigger further investigation during colorectal cancer follow-up? A systematic review and secondary analysis of a randomised controlled trial. Health technology assessment, 21(22), 1-60

Mitchell, R. et al. (2017) The survival and characteristics of older people with and without dementia who are hospitalised following intentional self-harm. International journal of geriatric psychiatry, 32(8), 892-900

Young, L. et al. (2017) Glucose self-monitoring in non-insulin-treated patients with type 2 diabetes in primary care settings: a randomized trial. JAMA internal medicine, 177(7), 920-929


Murphy, V. et al. (2017) Influence of maternal body mass index and macropregnacy on asthma exacerbations in pregnancy. The journal of allergy and clinical immunology: in practice, 5(4), 981-987.e1


Leykin, Y. et al. (2017) The effect of depression on the decision to join a clinical trial. Journal of consulting and clinical psychology, 85(2), 751-756

Brunoni, A. et al. (2017) Trial of electrical direct-current therapy versus escitalopram for depression. NEJM, 376 (26), 2523-2533


Peterson, C. et al. (2017) Suicideality, self-harm, and body dissatisfaction in transgender adolescents and emerging adults with gender dysphoria. Suicide and life-threatening behavior, 47(4), 475-482

FUNCTIONAL STATUS AND QUALITY OF LIFE IN DIALYSIS PATIENTS

Reduced quality of life and survival are more common among patients with kidney disease and is associated with dialysis treatment. Poor sleep confers significant physical and psychological burden on patients with kidney disease and is associated with reduced quality of life and survival. The role and scope of nursing practice has evolved in response to the dynamic needs of individuals, communities, and healthcare services. Health services are now focused on maintaining people in their communities, and keeping them out of hospital where possible. Community based nurse-led clinics are ideally placed to work towards this goal. This systematic review found that nurse-led clinics have shown positive impact on patient outcomes, patient satisfaction, access to care, and mixed results on cost-effectiveness.


Available via ClinicalKey

IN THE NEWS

USE OF GRANULOCYTE-COLONY STIMULATING FACTOR TO PREVENT RECURRENT CLOzapine-INDUCED NEUTROPENIA ON DRUG RECHALLENGE

Clozapine is the most effective medication for treatment-refractory schizophrenia; however, its use is contraindicated in people who have had previous clozapine-induced neutropenia. This Australian review investigated whether co-prescription of granulocyte-colony stimulating factor would prevent recurrent neutropenia and allow continuation or rechallenge of clozapine. Preliminary data suggest granulocyte-colony stimulating factor is safe and effective in facilitating rechallenge with clozapine. Clinical recommendations for use are discussed.


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Available via ClinicalKey

THE ROLE OF NETs IN POST-INJURY INFLAMMATION

Recent discoveries have revealed the potential role of neutrophil extracellular traps (NETs) in the pathogenesis of a wide range of non-infectious diseases, including post-injury sterile inflammation. In such conditions, both spontaneous NET formation and impaired NETosis are documented. In this chapter, we review the evidence for the role of NETs in post-injury inflammation, the key molecular and cellular participants in pathological NET formation, the clinical relevance of NETs in post-injury complications and the therapeutic potential of NET inhibition/clearance.

Just in case you’re wondering, because you haven't seen her around for a while...

JULIE HAS RETIRED

Julie Farrell – the Librarian from the Mater Library – has retired. She didn't want to make a fuss. But we thought you’d like to know.


Well done Julie, we miss you!

HNE HEALTH LIBRARIES CAN ASSIST YOU IN YOUR RESEARCH & PRACTICE

For those undertaking an innovation scholarship project, developing a guideline, undertaking a systematic review or meta-analysis, or for higher degree students, Librarians can support you or your team in the following ways:

- Develop and refine review topics
- Identify existing systematic reviews on a topic
- Recommend appropriate databases
- Review existing search strategies
- Develop search strategies for each database
- Execute searches across multiple databases
- Document search strategies
- De-duplicate and provide citations in Endnote
- Assist with locating full-text articles
- Provide a narrative of the search methodology
- Update searches as required

Feel free to visit a HNE Health Library branch to discuss your projects and learn more about the ways in which we can assist you in your research and practice. Or take a look at this quick overview...

NEW AUDIO DIGEST PSYCHIATRY CDs

Update on collaborative care 46(12) 2017

Challenges and opportunities in collaborative care

Relationship between psychiatric and medical illness / When to consider medical diagnoses / Opportunities for integrating psychiatric and medical care

Integrating primary care and psychiatry: the role of technology

Technologic tools / Telepsychiatry / Home-based care / Asynchronous telepsychiatry / Using technology to integrate with primary care

Overview of paraphilic disorders 46(12) 2017

Definition of paraphilia and paraphilic disorders / evaluation / treatment / recommendations / questions and answers

Update on antipsychotic drugs and ECT 46(13) 2017

Changes in the Diagnostic and Statistical Manual of Mental Disorders (5th edition) / New antipsychotic medications / Financial considerations / Electroconvulsive therapy

THE AUSTRALIAN SNAKEBITE PROJECT, 2005-2015

This study by local authors describes the epidemiology, treatment and adverse events after snakebite in Australia. 1548 patients with suspected snakebites were enrolled, including 835 envenomed patients, for 718 of which the snake type was definitively established. The most frequently brown snakes (43%), tiger snakes (17%) and red-bellied black snakes (16%). Clinical effects included venom-induced consumption coagulopathy, myotoxicity, and acute kidney injury; severe complications included cardiac arrest and major haemorrhage. There were 23 deaths, attributed to brown (27), tiger (four) and unknown (two) snakes; ten followed out-of-hospital cardiac arrests and six followed intracranial haemorrhages.

Snake envenomation is uncommon in Australia, but is often severe. Snake venom detection kits were unreliable for determining snake type. The median anti-venom dose has declined without harming patients. Improved early diagnostic strategies are needed to reduce the frequency of long delays before anti-venom administration.


INTERVENTIONS TO PREVENT AGE-RELATED COGNITIVE DECLINE

This review assessed evidence for interventions aimed at preventing or delaying the onset of age-related cognitive decline, mild cognitive impairment (MCI), or clinical Alzheimer’s-type dementia (CDAT). The authors found mostly low-strength evidence that a wide variety of interventions had little to no benefit for preventing or delaying age-related cognitive decline, MCI, or CDAT. There was moderate-strength evidence that cognitive training improved performance in the trained cognitive domains, but not in domains not trained. Evidence of an effect on CDAT incidence was weak.

SOURCE: Kane, R. et al. (2017) Interventions to prevent age-related cognitive decline, mild cognitive impairment, and clinical Alzheimer’s-type dementia. AHRO comparative effectiveness reviews, 189, 1-693