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Library Lore

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REMOVABLE VENA CAVA FILTERS INSERTED AFTER MAJOR TRAUMA DO NOT PREVENT LUNG CLOTS

recent Australian randomised controlled trial (the 'da Vinci' trial) – investigated whether early placement of an inferior vena cava filter reduces the risk of pulmonary embolism or death in severely injured patients who have a contraindication to prophylactic anticoagulation. Participants (n=240 adults) were randomised to either have a filter inserted within 72 hours



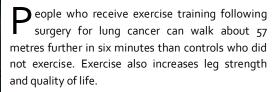
AUSTRALIAN RESEARCH

of admission, or to no filter (control). Anti-clotting drugs were started as soon as it became safe to do so, and the filter removed once these drugs were in use or by 90 days

into the study, unless there was a strong reason not to. All participants had intermittent pneumatic compression of their uninjured legs to help reduce the risk of clots. Anyone with pre-specified signs or symptoms of a possible lung clot had further investigation. This robust trial found that early prophylactic placement of removable vena cava filters after major trauma did not result in a lower incidence of symptomatic pulmonary embolism or death at 90 days than no placement of a filter.

SOURCE: Ho, K. et al. (2019) <u>A multicenter trial of vena cava filters in severely injured patients</u>. <u>NEJM,</u> 381: 328-337 READ REVIEW: <u>Vena cava filters do not reduce pulmonary embolism risk</u>

EXERCISE TRAINING IMPROVES PHYSICAL CAPACITY AFTER LUNG CANCER SURGERY



This Cochrane update reviewed eight trials

exploring the effect of combined aerobic and resistance exercise after lung cancer surgery. Despite being of small size (450 participants in total), the trials demonstrated consistent and meaningful improvements in exercise capacity.

SOURCE: Cavalheri, V. et al. (2019) <u>Exercise training undertaken by people within 12 months of lung resection for non-small cell lung cancer</u>. <u>Cochrane database of systematic reviews</u>, Issue 6

READ REVIEW: Exercise training after lung cancer surgery improves physical capacity

VISIT <u>Mater Medical Grand Rounds</u> on the Library website to access related resources. Scroll to 29 October 2019 – 'Chest physiotherapy'. (Access restricted to HNE/Mater staff)

USE OF TRIP and UP-TO-DATE IMPROVES PATIENT CARE

A <u>recent study</u> found statistically significant associations between the use of electronic knowledge resources, and improved clinician behaviours and patient effects.

Electronic knowledge resources include: TRIP, Up-To-Date, BMJ clinical evidence, ACCESSSS Smart Search... You can access a variety of these resources via the Library website.

Ask HNEH Libraries staff to show you how to use these resources effectively.

ADD HNEH LIBRARIES TO YOUR 2020 IN-SERVICE SCHEDULE

The staff of HNE Health Libraries have a wealth of experience and knowledge in areas such as accessing information resources, literature searching using the databases provided via CIAP, and the additional resources available via HNE Health Libraries.

Library staff can also assist with Reference Management for those undertaking research projects or just wanting to keep track of articles they have read.

Including a training session tailored to your groups needs in your schedule for next year is as simple as following this link or giving HNE Health Libraries a call.



EFFICACY and SAFETY OF ANTI-INFLAMMATORY AGENTS FOR THE TREATMENT OF MAJOR DEPRESSIVE DISORDER

hirty randomised controlled trials (n=1610 participants) were reviewed to assess the

efficacy and safety of anti-inflammatory agents for patients with major depressive disorders (MDD). Higher response and remission rates were seen in the group receiving anti-inflammatory agents than in those receiving placebo. Subgroup analysis showed a

greater reduction in symptom severity in both the monotherapy and adjunctive treatment groups. Subgroup analysis of nonsteroidal anti-inflammatory drugs, omega-3 fatty acids, statins and minocyclines, respectively, disclosed significant

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antidepressant effects for MDD. For women-only trials, no difference in changes of depression severity was found between groups. Changes of quality of life showed no difference between the groups. Gastrointestinal events were the only significant differences between groups in the treatment periods. Results of this systematic review suggest that anti-inflammatory agents play an antidepressant role in patients with MDD and are reasonably safe.

SOURCE: Bai, S. et al. (2019) Efficacy and safety of anti-inflammatory agents for the treatment of major depressive disorder: a systematic review and meta-analysis of randomised controlled trials. <u>Journal of neurology, neurosurgery, and psychiatry</u>, published online Oct 28. doi: 10.1136/jnnp-2019 -320912

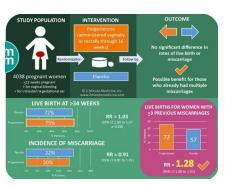
SEE ALSO: Konsman, J. (2019) <u>Inflammation and depression: a nervous plea for psychiatry to not become immune to interpretation</u>. <u>Pharmaceuticals</u>, 12(1)

RENAMING LOW-RISK CANCERS: HELPING PATIENTS "PARALYSED BY ANXIETY"

What's in a name? A lot, if that name happens to be "cancer", say Australian researchers at the forefront of a push to rename some low risk cancers in a bid to reduce over-diagnosis and over-treatment.

READ another perspective in the BMJ (2019; 364:k4699): Should we rename low risk cancers? Laura Esserman argues that patients are unnecessarily alarmed by calling low risk tumours cancer, but Murali Varma argues that alternative names can also be confusing and better education is the answer.

Available via CIAP



PROGESTERONE TRIAL VISUAL ABSTRACT - 2 MINUTE MEDICINE

ROUTINE USE OF PROGESTERONE DOES NOT PREVENT MISCARRIAGE



Bleeding in early pregnancy is strongly associated with pregnancy loss. essential for the Progesterone This maintenance of pregnancy. multicentre, randomised, double-blind, placebo-controlled trial conducted in the UK, aimed to evaluate progesterone, compared with placebo, in women with vaginal bleeding in early pregnancy. The study included data from 4038 women, who were randomly assigned to receive progesterone (vaginal suppositories twice a day) or placebo. It found the incidence of live births after at least 34 weeks of gestation was 75% in the progesterone group and 72% in the placebo group.

SOURCE: Coomarasamy, A. et al. (2019) A randomized trial of progesterone in women with bleeding in early pregnancy. NEJM, 380 (19), 1815-1824

DO YOU HAVE A CURRENT LIBRARY MEMBERSHIP?



You need a current HNE Health Libraries'
USERNAME / PASSWORD
to access the article on
inflammatory agents and MDD.

Username = Membership No.

But I can't remember them!

If you're not yet a library member?

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<u>local HNE Health Library</u>

LOCAL RESEARCH

Bree Stephensen, Louise Clarke, Brendan McManus, Sara Clark, Rosemary Carroll, Phil Holz and Stephen Smith (2019) The LAPLAP study: a randomized placebocontrolled clinical trial assessing postoperative functional recovery using intraperitoneal local anaesthetic in laparoscopic colorectal surgery. Colorectal disease, 21(10), 1183-1191

Available via CIAP

Edward Murray, Geoffrey Isbister, Sam McCrabb, Sean Halpin & Billie Bonevski (2020) An examination of factors associated with tobacco smoking amongst patients presenting with deliberate self-poisoning. Journal of affective disorders, 260, 544-549

Michelle Giles, Laura Graham, Jean Ball, Wendy Watts, Jennie King, Kamana Bantawa, Michelle Paul, Alison Harris, Anthony O'Brien and Vicki Parker (2019) Variations in indwelling urinary catheter use in four Australian acute care hospitals. Journal of clinical nursing, 28 (23-24), 4572-4581 Available via CIAP

Hema Rajappa, Michelle Wilson, Ruth White, Megan Blanchard, Hilarie Tardif & Chris Hayes (2019) Prioritizing a sequence of short-duration groups as the standardized pathway for chronic non-cancer pain at an Australian tertiary multidisciplinary pain service: preliminary outcomes. Pain reports, 4(5), e780

GUIDE TO HEALTH PRIVACY



Image WAQAR AHMAD

Health service providers routinely handle sensitive health information about their patients and customers. This guide

has been written to help health services providers — from doctors and private sector hospitals, through to allied health professionals, pharmacists, childcare centres and gyms — understand their obligations under the Privacy Act 1988, and embed good privacy in their practice.

PHRP EXCELLENCE AWARDS



The annual Public Health Research & Practice (PHRP) Excellence Awards, established by the Sax Institute, celebrate the high calibre of research taking place in public health research, both in Australia and internationally. Papers are judged for their potential impact on public health policy and practice, usefulness to policy makers, researchers and public health practitioners, rigour of methodology and quality of analysis and presentation. Read the winning papers from 2018 and 2019.

MY HEALTH RECORD: MENTAL HEALTH TOOLKIT

The Australian Digital Health Agency has released this toolkit with the aim of ensuring that healthcare providers are

Toolkit

equipped to assist their patients with clear and specific information to make an informed decision



Mental Health

about the

benefits of using My Health Record. The toolkit describes how to manage patient information securely, sensitively and privately.

Find out more about the toolkit

CARDIAC REHABILITATION FOR HEART FAILURE CAN IMPROVE QUALITY OF LIFE and FITNESS

This NIHR (UK) study summarised the outcome data from trials assessing exercise programmes for over 4,000 people with heart failure. At an individual level, the review looked for any improvements in physical symptoms and the psychological impacts of living with such a long-term condition. The evidence did not demonstrate any substantial gains in terms of mortality and hospital admission for people with heart failure, but did find tangible improvements relating to physical fitness and quality of life. This was irrespective of factors such as age and ethnicity.

SOURCE: Taylor, R. et al. (2019) <u>Exercise-based cardiac rehabilitation for chronic heart failure:</u> the <u>EXTRAMATCH II individual participant data meta-analysis</u>. <u>Health technology assessment</u>, 23(25).

SEE ALSO: Long, L. et al. (2019) <u>Exercise-based</u> cardiac rehabilitation for adults with heart failure. Cochrane database of systematic reviews, Issue 1

RECENT COCHRANE REVIEW SUPPORTS THESE RESULTS

PTX - PHYSIO THERAPY EXERCISES



A great resource for easily creating exercise programs for

patients with injuries or disability. With a few simple clicks, a comprehensive exercise booklet is made and can be exported in a range of formats for easy distribution or edits.

SELF-ESTEEM and SOCIAL RELATIONSHIPS LINKED?

The findings of this recent meta-analysis of available longitudinal data (n=47,676 participants) suggest that the link between people's social relationships and their level of self-esteem is truly reciprocal in all developmental stages across the life span, reflecting a positive feedback loop between the constructs.

SOURCE: Harris, M. & Orth, U. (2019) <u>The link between self-esteem and social relationships: a meta-analysis of longitudinal studies</u>. <u>Journal of personality and social psychology</u>, published online Sep 26. doi: 10.1037/pspp0000265

NEW AUSTRALIAN RESEARCH

Kumagaya, D. & Halliday, G. (2019) Acute electroconvulsive therapy in the elderly with schizophrenia and schizoaffective disorder: a literature review. <u>Australasian psychiatry</u>, 27(5), 472-476 *Available via CIAP*

Low, L-F. et al. (2019) <u>Communicating a diagnosis of dementia</u>: a systematic mixed studies review of attitudes and practices of health practitioners.

<u>Dementia</u>, 18(7-8), 2856-2905

ARE OLDER and SERIOUSLY ILL INPATIENTS PLANNING AHEAD FOR FUTURE MEDICAL CARE?

This study by local authors aimed to determine in a sample of older and seriously ill inpatients, the proportion

LOCAL RESEARCH who had engaged in advance care planning (ACP) activities

including: appointed a medical substitute -decision-maker, recorded end-of-life wishes in an advance directive or care plan; and talked about their end-of-life wishes with their support persons and/or doctors. Of the 186 inpatients in the study, 16 had engaged in four ACP activities; 50 had not engaged in any. 94 had appointed a medical substitutedecision-maker, 50 had recorded wishes in an advance directive or care plan, 90 had talked about their end-of-life wishes with support persons and 48 had talked with their doctor. Patients who wanted to, but had not, engaged in the four ACP activities were unaware they could record wishes or appoint decision-makers, or indicated providers had not initiated conversations.

Read the full article in BMC geriatrics...

BY THE SAME AUTHORS: Amy Waller, Rob Sanson-Fisher, Balakrishnan Nair & Tiffany Evans (2019) Preferences for end-of-life care

and decision making among older and seriously ill

inpatients: a cross

CONTACT HNE HEALTH LIBRARIES TO ACCESS FULL-TEXT ARTICLES

-sectional study. <u>Journal of pain and symptom management</u>, published online Sep 17. doi: 10.1016/j.jpainsymman.2019.09.003

DIAGNOSIS OF DELIRIUM IN HOSPITALS IMPROVED BY THE 4 A'S TEST

elirium is common in older people who have been hospitalised, but it can go undiagnosed, and can easily be mistaken for dementia. To help combat this, a short test was developed which assesses the 4 A's: Alertness (or Arousal),



Attention, Abbreviated Mental Test , and Acute change. The test was designed to be more rapid to complete than its counterparts. A normal score on the 4 A's test effectively rules out delirium while an abnormal score is reasonably useful for detecting the condition. People detected by the test would still need a full assessment to confirm the diagnosis. This NIHR-funded study (UK) found that for high-risk patients and those with sudden-onset confusion, the test is a practical tool for initial assessment in time-pressured environments. It has been widely adopted in NHS hospitals.

SOURCE: MacLullich, A. et al. (2019) The 4 'A's test for detecting delirium in acute medical patients: a diagnostic accuracy study. Health technology assessment, 23(40)

READ NIHR review: Delirium assessment in hospitals can be improved by the 4 A's test

CLINICAL SIGNIFICANCE VS STATISTICAL SIGNIFICANCE



In healthcare research an intervention may be statistically significant based on quantitative analysis; however, it may also be relatively insignificant to the health or quality of life of patients affected by a particular condition or disease being treated by the intervention (clinical significance). This commentary explores the concepts of patient reported outcome measures (PROMs), their statistical and clinical significance, and how this can be used to make evidence informed decisions for patient centred care.

SOURCE: Fleischmann, M. & Vaughan, B. (2019) Commentary: Statistical significance & clinical significance - a call to consider patient reported outcome measures, effect size, confidence interval & minimal clinically important difference. <u>Journal of</u> <u>bodywork & movement therapies</u>, 23(4), 690-694

Contact Library to access full-text article

SEE ALSO:

Australian Commission on Safety and Quality in Health care: Patient reported outcome measures

Agency for Clinical Innovation (NSW Health): Patient Reported Measures: outcomes that matter to patients

<u>COSMIN</u> guideline for systematic reviews of PROMs: <u>Evaluate PROMs</u>

WHAT HAPPENS AFTER AMAZON'S DOMINATION IS COMPLETE? ITS BOOKSTORE OFFERS CLUES

"The Sanford Guide to Antimicrobial Therapy" is a medical handbook that recommends the right amount of the right drug for treating ailments from bacterial pneumonia to infected wounds. Lives depend on it. It is not the sort of book a doctor should puzzle over, wondering, "Is that a '1' or a '7' in the recommended dosage?" But that is exactly the possibility that has haunted the guide's publisher, Antimicrobial Therapy, for the past two years as it confronted a flood of counterfeits many of which were poorly printed and hard to read — in Amazon's vast bookstore.



- Total health spending was \$185.4 billion, equating to \$7,485 per person
- Health spending increased by 1.2%, which was lower than the decade average of 3.9%
- The majority of health spending went on hospitals (40%) and primary health care (34%)



HNE HEALTH LIBRARIES CAN...

- Help you ask the right questions
- Assist you in selecting the right sources of evidence
- Teach you how to effectively use a range of databases and other evidence-based resources
- Assist you to identify and critically appraise evidence

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RECENT <u>HNE HEALTH</u>
PUBLICATIONS

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