

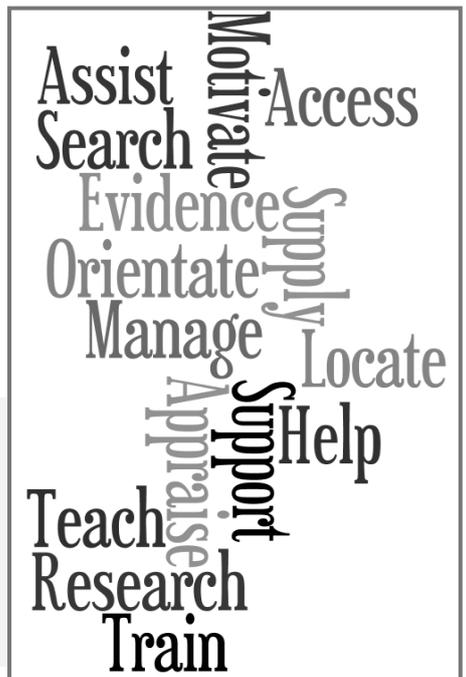


HNE HEALTH LIBRARIES

linking evidence with practice

Library Lore

The newsletter of [HNE Health Libraries](#)
Vol 14(1) February 2018



DO MENTAL HEALTH CONSUMERS WANT TO IMPROVE THEIR LONG-TERM DISEASE RISK BEHAVIOURS? A SURVEY OF OVER 2000 PSYCHIATRIC INPATIENTS

Policies and clinical guidelines acknowledge the role mental health services have in addressing the physical health of individuals with a mental illness; however, little research has explored interest in reducing health risk behaviours or the acceptability of receiving support to reduce such risks among psychiatric inpatients. This study estimated the prevalence of four long-term disease risk behaviours (tobacco smoking, hazardous alcohol consumption, inadequate fruit and/or vegetable consumption, and inadequate physical activity); patient interest in reducing these risks; and acceptability of being provided care to do so during a psychiatric inpatient stay.

POPULATION HEALTH, and CENTRE FOR TRANSLATIONAL NEUROSCIENCE & MENTAL HEALTH - HNELHD

A cross-sectional survey was undertaken with 2075 inpatients from four inpatient psychiatric facilities in one health district in Australia (October 2012–April 2014). The majority of respondents (88.4%) had more than one risk behaviour, and most were seriously considering improving their risk behaviours (47.6% to 65.3%). The majority (80.4%) agreed that it would be acceptable to be provided support and advice to change such behaviours during their psychiatric inpatient stay. Some diagnoses were associated with smoking and hazardous alcohol consumption, interest in reducing alcohol consumption and increasing fruit and/or vegetable consumption, and acceptability of receiving advice and support. The findings reinforce the need and opportunity for psychiatric inpatient facilities to address the long-term disease risk behaviours of their patients.

SOURCE: Kate Bartlem, Jacqueline Bailey, Alexandra Metse, Ashley Asara, Paula Wye, Richard Clancy, John Wiggers & Jenny Bowman (2017) [Do mental health consumers want to improve their long-term disease risk behaviours? A survey of over 2000 psychiatric inpatients](#). International journal of mental health nursing, published online Dec 2. doi: 10.1111/inm.12411

WHAT IS A SYSTEMATIC REVIEW?

According to the **Cochrane Handbook**: a systematic review attempts to collate all empirical evidence that fits pre-specified eligibility criteria in order to answer a specific research question. It uses explicit, systematic methods that are selected with a view to minimizing bias, thus providing more reliable findings from which conclusions can be drawn and decisions made.

Key characteristics of a systematic review:

- a clearly stated set of objectives with pre-defined eligibility criteria for studies
- an explicit, reproducible methodology
- a systematic search that attempts to identify all studies that meet the eligibility criteria
- an assessment of the validity of the findings of the included studies, for example through the assessment of risk of bias
- a systematic presentation, and synthesis, of the characteristics and findings of the included studies

SOURCE: <http://community.cochrane.org/handbook-sri/chapter-1-introduction/11-cochrane/12-systematic-reviews/122-what-systematic-review>

Librarians can support you to complete a systematic review. Feel free to visit a HNE Health Library branch to discuss your project and learn more about the ways in which we can assist you.



PREHOSPITAL ANALGESIC CHOICE IN INJURED PATIENTS DOES NOT IMPACT ON RATES OF VOMITING: EXPERIENCE FROM A NSW PRIMARY RETRIEVAL SERVICE

This retrospective review aimed to explore the analgesic regimes used on trauma patients retrieved by the Hunter Primary Retrieval Service (HNELHD) and the incidence of vomiting in ED after prehospital analgesic use. Of the 379 patients attended by the service in 2015, 196 of them were selected for this review. Morphine was the most commonly used analgesic, followed by fentanyl and

ketamine. Fourteen patients vomited either prehospital or within the ED. Patients in both the emesis and the non-emesis group were comparable in demographics. None of the three studied analgesics were observed to be significantly associated with higher risk of vomiting than the others in this review, although a higher dose of fentanyl was given to the non-emesis group. Opioids still prevailed over ketamine as the preferred initial analgesic, with ketamine most commonly used as an adjunct.

EMERGENCY DEPT, JHH

SOURCE: Michael Zhang, Timothy Cowan, John-Paul Smiles, Mary Morgan, Jessica Armstrong, Chinky Goswami & Claire Sewell (2017) Prehospital analgesic choice in injured patients does not impact on rates of vomiting: experience from a New South Wales primary retrieval service. *Emergency medicine Australasia*, published online Dec 4. doi: 10.1111/1742-6723.12909

Available via CIAP





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



IMPROVING PALLIATIVE CARE FOR OLDER AUSTRALIANS

The notion that the problems associated with modern death and dying can be solved simply by allowing more Australians to die at home is an oversimplification. Moreover, the myth that most people want to die at home, but don't, has also unhelpfully reinforced the popular fear that grim, distressing, painful and undignified "natural death" in hospital should be avoided at all costs. These myths undermine the broader benefits that good palliative care can provide for patients.

[Read the report...](#)

WEB REPORT: MENTAL HEALTH SERVICES IN AUSTRALIA

[Mental health services in Australia](#) provides a picture of the national response of the health and welfare service system to the mental health care needs of Australians.

\$8.5 billion was spent on mental health in 2014
-15

4 million people were estimated to have experienced a common mental disorder in 2015



ACCESS TO MEDICINAL CANNABIS PRODUCTS

The Commonwealth Department of Health, in conjunction with state and territory governments, has helped coordinate the development of [new clinical guidance documents](#) for prescribers of medicinal cannabis products for treating chemotherapy-induced nausea and vomiting, epilepsy, multiple sclerosis, chronic non-cancer pain and palliative care, as well as an overview document. The documents have been endorsed by the Australian Advisory Council on the Medicinal Use of Cannabis. There is also a specific consumer brochure. These guidance documents will be updated iteratively when new evidence emerges.

RECENT ARTICLES

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

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

If you've searched **eJournals** (under 'Quick Links') 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.

Petrakis, I. et al. (2018) Mecamylamine treatment for alcohol dependence: a randomized controlled trial. [Addiction](#), 113(1), 6-14 **Available via CIAP**

Dahlberg, L. et al. (2018) Long-term predictors of loneliness in old age: results of a 20-year national study. [Aging & mental health](#), 22(2), 190-196

Singh, S. & Nautiyal, A. (2017) Aortic dissection and aortic aneurysms associated with fluoroquinolones: a systematic review and meta-analysis. [American journal of medicine](#), 130(12), 1449-1457 **Available via CIAP**

Columbo, J. et al. (2018) A meta-analysis of the impact of aspirin, clopidogrel, and dual antiplatelet therapy on bleeding complications in noncardiac surgery. [Annals of surgery](#), 267(1), 1-10 **Available via CIAP**

Cheng, K. (2017) 'My husband is possessed by a jinn': a case study in transcultural mental health. [Australasian psychiatry](#), 25(5), 471-473 Available via CIAP

Armstrong, G. et al. (2017) [Suicidal behaviour in Indigenous compared to non-Indigenous males in urban and regional Australia: prevalence data suggest disparities increase across age groups. Australian & New Zealand journal of psychiatry](#), 51(12), 1240-1248

Batelaan, N. et al. (2017) [Risk of relapse after antidepressant discontinuation in anxiety disorders, obsessive-compulsive disorder, and post-traumatic stress disorder: meta-analysis of relapse prevention trials. *BMJ*](#), 358:j3927

Nevitt, S. et al. (2017) [Antiepileptic drug monotherapy for epilepsy: a network meta-analysis of individual participant data. Cochrane database of systematic reviews](#), Issue 12.

Gallagher, C. et al. (2017) [Integrated care in atrial fibrillation: a systematic review and meta-analysis. *Heart*](#), 103(24), 1947-1953

Veronese, N. et al. (2018) Aspirin and incident depressive symptoms: a longitudinal cohort study over 8 years. [International journal of geriatric psychiatry](#), 33(2), e193-e198 **Available via CIAP**

Epton, T. et al. (2017) Unique effects of setting goals on behavior change: systematic review and meta-analysis. [Journal of consulting and clinical psychology](#), 85(12), 1182-1198

Nehlin, C. et al. (2017) Alcohol habits and health care use in patients with psychiatric disorders. [Journal of dual diagnosis](#), 13(4), 247-253

Dingemans, S. et al. (2018) Fixation methods for calcaneus fractures: a systematic review of biomechanical studies using cadaver specimens. [The journal of foot and ankle surgery](#), 57(1), 116-122 **Available via ClinicalKey**

Billy, C. et al. (2018) Corticosteroid or nonsteroidal antiinflammatory drugs for the treatment of acute gout: a systematic review of randomized controlled trials. [Journal of rheumatology](#), 45(1), 128-136

Shields, L. et al. (2017) Comprehensive geriatric assessment for prevention of delirium after hip fracture: systematic review of randomized controlled trials. [Journal of the American Geriatrics Society](#), 65(7), 1559-1565 **Available via CIAP**

Feig, D. et al. (2017) Continuous glucose monitoring in pregnant women with type 1 diabetes (CONCEPTT): a multicentre international randomised controlled trial. [Lancet](#), 390(10110), 2347-2359 **Available via CIAP**

Menezes, R. et al. (2018) Gastrointestinal causes of sudden unexpected death: a review. [Medicine, science, and the law](#), 58(1), 5-15

Hutting, N. et al. (2018) Considerations to improve the safety of cervical spine manual therapy. [Musculoskeletal science and practice](#), 33, 41-45 **Available via ClinicalKey**

Singh, S. & Gorey, K. (2018) Relative effectiveness of mindfulness and cognitive behavioral interventions for anxiety disorders: meta-analytic review. [Social work in mental health](#), 16(2), 238-251

Hong, C. et al. (2018) A systematic review of dental disease management in cancer patients. [Supportive care in cancer](#), 26(1), 155-174 **Available via CIAP (but one year embargo)**

EXPLORING WOMEN'S EXPERIENCES WITH A DECISION AID FOR NAST FOR OPERABLE BREAST CANCER

Some women with operable breast cancer have a choice between receiving upfront surgery followed by chemotherapy or neoadjuvant systemic therapy (NAST) prior to receiving surgery. While survival outcomes are equivalent for both options, the decision about treatment sequence can be difficult due to its complexity and perceived urgency. A decision aid has been developed to help patients decide on whether to receive NAST. Patients perceived the decision aid as useful to becoming more informed and involved in making a decision as to whether they receive NAST. They described the information provided in the decision aid as reliable, relevant, sufficient in terms of amount, and tailored to their needs. The decision aid seemed to confirm but not change women's decisions on NAST.



ANNE HERRMANN, HEALTH BEHAVIOUR RESEARCH COLLABORATIVE, UON and NICHOLAS ZDENKOWSKI, MEDICAL ONCOLOGIST/RESEARCH FELLOW, CMN

SOURCE: Anne Herrmann, Frances Boyle, Phyllis Butow, Alix Hall & Nicholas Zdenkowski (2018) [Exploring women's experiences with a decision aid for neoadjuvant systemic therapy for operable breast cancer](#). *Health science reports*, 1(1), e13

SEE ALSO: Anne Herrmann, Alix Hall & Nicholas Zdenkowski (2018) [Women's experiences with deciding on neoadjuvant systemic therapy for operable breast cancer: a qualitative study](#). *Asia Pacific journal of oncology nursing*, 5(1), 68-76

SEE ALSO: Anne Herrmann, Rob Sanson-Fisher, Alix Hall, Laura Wall, Nicholas Zdenkowski & Amy Waller (2018) A discrete choice experiment to assess cancer patients' preferences for when and how to make treatment decisions. *Supportive care in cancer*, 26(4), 1215-1220 [Contact HNE Health Libraries to access this article](#)

DECISION AIDS

A recently updated Cochrane review found that patient decision aids (PtDAs) – including booklets, videos and web-based tools – consistently improved patient knowledge of options, outcomes and risks, compared with control interventions. Patients were also clearer about what mattered most to them after using a decision aid. [Read more...](#)

SOURCE: Stacey, D. et al. (2017) [Decision aids for people facing health treatment or screening decisions](#). *Cochrane database of systematic reviews*, Issue 4

A summary of the review appears in this *JAMA Clinical Evidence Synopsis*: Stacey, D. et al. (2017) Patient decision aids to engage adults in treatment or screening decisions. *JAMA*, 318(7), 657-658 [Available via CIAP](#)



COMPARATIVE EFFECTIVENESS OF IMPLEMENTATION STRATEGIES FOR BP CONTROL IN HYPERTENSIVE PATIENTS

The prevalence of hypertension is high and is increasing worldwide, whereas the proportion of controlled hypertension is low. This study compared randomized controlled trials lasting at least 6 months which assessed the effectiveness of 8 implementation strategies for blood pressure (BP) control in adults with hypertension. A total of 121 comparisons from 100 articles with 55,920 hypertensive patients were included. Multilevel, multicomponent strategies were most effective for systolic BP reduction, including team-based care with medication titration by a non-physician, team-based care with medication titration by a physician, and multilevel strategies without team-based care. Patient-level strategies resulted in systolic BP changes of -3.9 mm Hg for health coaching and -2.7 mm Hg for home BP monitoring. Similar trends were seen for diastolic BP reduction.

SOURCE: Mills, K. et al. (2018) Comparative effectiveness of implementation strategies for blood pressure control in hypertensive patients: a systematic review and meta-analysis. *Annals of internal medicine*, 168(2), 110-120 [Available via CIAP](#)

INCREASED SUBSTANCE USE & POORER MENTAL HEALTH IN ADOLESCENTS WITH PROBLEMATIC MUSCULOSKELETAL PAIN

Adolescents with musculoskeletal pain are thought to be at greater risk of modifiable health risk behaviours, but little is known about these behaviours in adolescents with problematic pain. Data on self-reported pain, substance use, and poor mental health were collected from 1831 year 9 students. 46% of the participants experienced problematic pain. Adolescents with problematic pain report higher smoking, alcohol use, and use of illicit drugs and poorer mental health than adolescents without problematic pain.

HNE POPULATION HEALTH The experience of problematic pain could be an important consideration for substance use and chronic disease prevention.

SOURCE: Nicola McLaren, Steven Kamper, Rebecca Hodder, John Wiggers, Luke Wolfenden, Jennifer Bowman, Elizabeth Campbell, Julia Dray & Christopher Williams (2017) [Increased substance use and poorer mental health in adolescents with problematic musculoskeletal pain](#). *Journal of orthopaedic & sports physical therapy*, 47(10), 705-711

CLINICAL RESEARCH IN AN ACADEMIC PSYCHIATRY DEPARTMENT

This paper gives guidance for developing collaborative clinical research within an academic psychiatry department. The results reveal that general principles include, but are not limited to, intellectual curiosity, mentorship, collaboration and protected time. We conclude that a particular strength of a new research department at a medical school may be close collaborative research within clinical settings.

SOURCE: Keightley, P. et al. (2017) Clinical research in an academic psychiatry department: some general principles and case studies. *Australasian psychiatry*, 25(6), 596-599 [Available via CIAP](#)



CONJOINT APPOINTMENTS TO THE UNIVERSITY OF NEWCASTLE

Each year over 1,000 conjoint staff play a key role in supporting the education

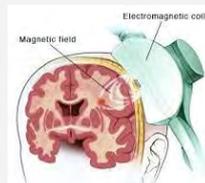
of University of Newcastle students. HNE Health clinical staff have valuable skills, knowledge and experience which can benefit teaching and research by ensuring academic activities remain current and by fostering mutually beneficial engagement opportunities. In return, staff receive support to advance their research skills, and develop multi-disciplinary collaborative relationships with other researchers.

The purpose of this honorary appointment is to ensure the University is able to maximise the academic and professional talent in the broader community so as to enrich the student experience and advance the University's Research, and Teaching and Learning objectives. [Find out more about Conjoint appointments to the School of Medicine and Public Health](#). Or contact Mary Mullan via email: mary.mullan@newcastle.edu.au or Tel: 02 4921 6246.

RECENT RESEARCH: Mary-Claire Hanlon, Joanna (Jane) Ludbrook, Karen Jovanovic, Peter Greer & Jarad Martin (2018) Fostering a culture of research within a clinical radiation oncology department. *Journal of medical imaging and radiation oncology*, 62(1), 102-108 [Available via CIAP](#)

TRANSCRANIAL MAGNETIC STIMULATION (TMS) SAFETY: A PRACTICAL GUIDE FOR PSYCHIATRISTS

Repetitive transcranial magnetic stimulation (rTMS) is increasingly being utilised as a treatment option for depression, and with this comes a need for a practical review of safety issues intended for clinicians. This article provides an overview of the current literature regarding safety issues with rTMS for depression, and provides recommendations for clinical practice.



SOURCE: Taylor, R. et al. (2018) [Transcranial magnetic stimulation \(TMS\) safety: a practical guide for psychiatrists](#). *Australasian psychiatry*, published online Jan 17. doi: 10.1177/1039856217748249 [Available via CIAP](#)

TAMWORTH HOSPITAL LIBRARY CELEBRATED LIBRARY LOVERS' DAY 2018

Staff and students were asked to write a love letter to the Library and these were displayed on a noticeboard. There were so many lovely responses a book voucher was awarded to each of the two winners of the loveliest letter.

Library Lovers' Day 2018 bookmarks were hidden in books in the cardiology section of the Library. Everyone had to find one of the bookmarks and write their name on the back. One bookmark was drawn from the treasure chest to win a book voucher. For morning tea there were cupcakes, chocolate hearts, strawberries, sandwiches and other goodies.



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 project 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



Audio-Digest
Foundation

46(24) 2017 [Neurotoxic and neuroprotective effects of](#)

[antipsychotics](#) – neurotoxicity of psychosis and first-generation antipsychotics / neuroprotective effect of atypical antipsychotics. [Emotional factors and chronic pain](#) – relationship between pain and depression / role of antidepressants / personality and coping ability / addiction and avoidance behaviors

46(23) 2017 [Legal and ethical implications of physician-assisted suicide: a guide for psychiatrists](#) evolution of physician-assisted suicide laws / landmark cases / main principles / implications for psychiatrists / ethical questions

46(22) 2017 [Treatment of primary sexual dysfunction](#) overview of sexual dysfunction / neurobiology / screening and evaluation / management. [Treatment of cannabis use disorder](#) – recent trends in cannabis use / behavioral treatment / medical treatment



UPDATED TRAINING RESOURCES

We've updated some of the [tutorials and guides available on the HNE Health Libraries' website](#). Training and Liaison

Librarian, Carolyn Van Leeuwen, has recorded two new presentations.

Library services and resources: This brief video will familiarise you with services and resources available on the HNE Health Libraries website. Learn to access CIAP, utilise library databases and more...



Using EndNote Basic: Start organising your references using EndNote Basic. This free tool will allow you to organise, format and share references with colleagues and collaborators.

HOW A LIBRARY HANDLES A RARE AND DEADLY BOOK OF WALLPAPER SAMPLES

Shadows from the Walls of Death, printed in 1874 and measuring about 22 by 30 inches, is a noteworthy book for two reasons: its rarity, and the fact that, if you touch it, it might kill you. It contains just under a hundred wallpaper samples, each of which is saturated with potentially dangerous levels of arsenic.



[Read more...](#)

SUPPORTED EMPLOYMENT HELPS PEOPLE WITH SEVERE MENTAL ILLNESS TO OBTAIN WORK

Adults with schizophrenia and other psychoses receiving supported employment were more than twice as likely to obtain a job in the competitive labour market as those receiving pre-job training, sheltered employment or psychiatric care only. Supported employment seemed most effective when augmented with other interventions such as social or cognitive skills training. This Cochrane review combined international data from 48 randomised controlled trials involving 8,743 unemployed adults with severe mental illness.

[Read more...](#)

SOURCE: Suijkerbuijk, Y. et al. (2017) [Interventions for obtaining and maintaining employment in adults with severe mental illness, a network meta-analysis](#). *Cochrane database of systematic reviews*, Issue 9

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

CESSNOCK—Level 1, Administration
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