

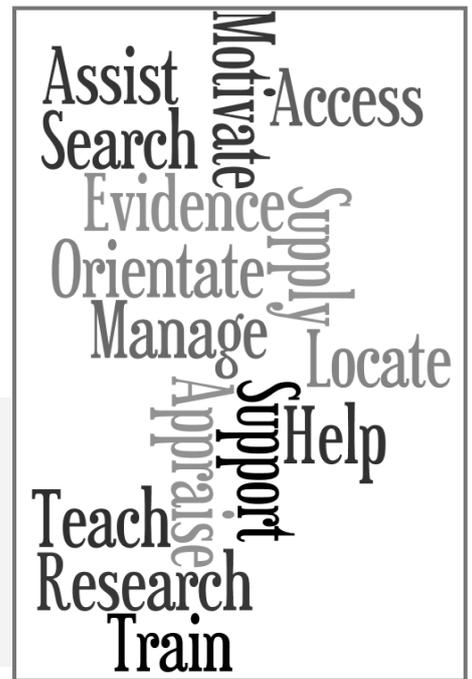


HNE HEALTH LIBRARIES

linking evidence with practice

Library Lore

The newsletter of [HNE Health Libraries](#)
Vol 14(10/11) October/November 2018



PROVIDING PHYSICAL HEALTH CARE FOR PEOPLE ACCESSING MENTAL HEALTH SERVICES: CLINICIANS' PERCEPTIONS OF THEIR ROLE

TRAINING SESSIONS IN LIBRARY SKILLS

At this time of year many of you will be looking to 2019 and starting to plan staff training and in-service sessions. Do you or your staff need to access **Evidence Based Information** or full text articles? Do you know how to locate current information in the health literature?

HNE Health Libraries can provide an **Introduction to library services**, and training sessions on **Locating and using the available resources** provided by both the Library Service and CIAP.

Training for groups or individuals can be tailored to your needs.

Topics covered can include:

- HNE Health Libraries Services and Resources
- Accessing CIAP resources
- Database searching
- Doing a literature or systematic review
- Accessing full text articles
- EndNote reference management
- Using Camtasia to record presentations

Use our [online training request form](#) or contact [Carolyn Van Leeuwarden](#) if you would like to add a session to your in-service calendar or staff inductions for 2019.

The prevalence of health risk behaviours and associated poor physical health is high in people with severe mental illness. Mental health service guidelines and policies stipulate that mental health services should address the physical health



L-R: RICHARD CLANCY, TERRY LEWIN, JENNY BOWMAN, BRIAN KELLY, ANTONY MULLEN, KAREN FLANAGAN & MICHAEL HAZELTON—HUNTER
NEW ENGLAND MENTAL HEALTH and UNIVERSITY OF NEWCASTLE

of people who access services. This study reports results from a large, interdisciplinary, cross-sectional study exploring mental health clinicians' (n = 385) views of role legitimacy in physical health service provision. All disciplines reported that mental health clinicians have a role to play in addressing the physical health of consumers. Among mental health clinicians, psychiatrists and mental health nurses received higher endorsement than allied health clinicians in relation to the provision of physical health care, with primary care providers including general practitioners also ranking highly. As community mental health services routinely appoint allied health staff to case management roles, a challenge for services and a challenge for clinicians are to ensure that physical health and the effects of medication are monitored appropriately and systematically. Online and telephone support services received relatively lower endorsement. As the availability of non-face to face services increases, there is a need to explore their utility in this population and where appropriate promote their uptake.

SOURCE: Richard Clancy, Terry Lewin, Jenny Bowman, Brian Kelly, Antony Mullen, Karen Flanagan & Michael Hazelton (2018) Providing physical health care for people accessing mental health services: Clinicians' perceptions of their role. *International journal of mental health nursing*, published online Aug 27. doi: 10.1111/inm.12529

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

ABORIGINAL & TORRES STRAIT ISLANDER ADOLESCENT & YOUTH HEALTH & WELLBEING 2018: IN BRIEF

Youth is a key transition period in a person's life. It is a time when decisions are made about relationships, education and career paths, employment and finances. Young Aboriginal and Torres Strait Islander people may face additional obstacles in making a successful transition to adulthood. This recent [In Brief report](#), from the Australian Institute of Health and Welfare, provides an overview of the data in the main report, which focuses on Indigenous people aged 10–24. It reports on a framework that covers health and wellbeing outcomes, social and economic determinants, health risk factors, and health and welfare services.



INCREASING THE USE OF RESEARCH IN POPULATION HEALTH POLICIES & PROGRAMS

Although the body of literature on factors that impede and enhance the use of research in policy-making continues to expand, there is limited evidence about strategies that are effective at fostering the use of research in population health policy and programs. This rapid review found that the level of evidence for the effectiveness of strategies to improve the use of research in policy making is low, and there remains a need for well-designed empirical studies that evaluate interventions. In the absence of strong evidence, efforts to enhance research use should be tailored to organisational needs and may incorporate capability development, improved access to targeted research summaries and syntheses, and greater interaction and collaboration with researchers.

SOURCE: Campbell, D. & Moore, G. (2018) [Increasing the use of research in population health policies and programs: a rapid review](#). *Public health research & practice*, 28(3): e2831816

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 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.

Fuller-Thomson, E. & West, K. (2018) Flourishing despite a cancer diagnosis: factors associated with complete mental health in a nationally-representative sample of cancer patients aged 50 years and older. [Aging & mental health](#), published online Aug 21. doi: 10.1080/13607863.2018.1481926

Molero, Y. et al. (2018) Medications for alcohol and opioid use disorders and risk of suicidal behavior, accidental overdoses, and crime. [American journal of psychiatry](#), 175(10), 970-978 *Available via CIAP*

Beamish, N. et al. (2018) Parents' use of mobile computing devices, caregiving and the social and emotional development of children: a systematic review of the evidence. [Australasian psychiatry](#), published online Sep 20. doi: 10.1177/1039856218789764 *Available via CIAP*

Ryan, C. et al. (2018) Community treatment orders are (somewhat) effective: their future in the context of rights-based mental health law. [Australia & New Zealand journal of psychiatry](#), published online Aug 9. doi: 10.1177/0004867418791300 *Available via CIAP*

Vitagliano, A. et al. (2018) Pituitary block with gonadotrophin-releasing hormone antagonist during intrauterine insemination cycles: a systematic review and meta-analysis of randomised controlled trials. [BJOG](#), published online Jun 3. doi: 10.1111/1471-0528.15269 *Available via CIAP*

Heitink-Polle, K. et al. (2018) Intravenous immunoglobulin vs observation in childhood immune thrombocytopenia: a randomized controlled trial. [Blood](#), 132(9), 883-891

Mir, H. et al. (2018) [Patent foramen ovale closure, antiplatelet therapy or anticoagulation in patients with patent foramen ovale and cryptogenic stroke: a systematic review and network meta-analysis incorporating complementary external evidence](#). [BMJ open](#), 8(7): e023761

Ju, A. et al. (2018) Patient beliefs and attitudes to taking statins: systematic review of qualitative studies. [British journal of general practice](#), 68(671), e408-e419

Chalfont, G. et al. (2018) [A mixed methods systematic review of multimodal non-pharmacological interventions to improve cognition for people with dementia](#). [Dementia](#), published online Sep 7. doi: 10.1177/1471301218795289

Bath, P. et al. (2018) [Triple versus guideline antiplatelet therapy to prevent recurrence after acute ischaemic stroke or transient ischaemic attack: the TARDIS RCT](#). [Health technology assessment](#), 22(48), 1-76

Santo, K. et al. (2018) [Medication reminder applications to improve adherence in coronary heart disease: a randomised clinical trial](#). [Heart](#), published online Aug 27. doi: 10.1136/heartjnl-2018-313479

English, C. et al. (2018) Breaking up sitting time after stroke (BUST-stroke). [International journal of stroke](#), published online Sep 18. doi: 10.1177/1747493018801222 *LOCAL RESEARCH Available via CIAP*

Plooy, C. et al. (2018) Psychological effects of multimedia-induced sexualisation of girls in middle childhood: a systematic literature review. [Journal of child & adolescent mental health](#), 30(2), 67-85

Ng, J. & Yeomans, N. (2018) Helicobacter pylori infection and the risk of upper gastrointestinal bleeding in low dose aspirin users: systematic review and meta-analysis. [MJA](#), 209(7), 306-311 *Available via CIAP*

Franklin, D. et al. (2018) [A randomized trial of high-flow oxygen therapy in infants with bronchiolitis](#). [NEJM](#), 378(12), 1121-1131

Becerra-Culqui, T. et al. (2018) [Prenatal tetanus, diphtheria, acellular pertussis vaccination and autism spectrum disorder](#). [Pediatrics](#), 142(3): e20180120

Tonks, S. & Stephenson, Z. (2018) Disengagement from street gangs: a systematic review of the literature. [Psychiatry, psychology and law](#), published online Sep 13. doi: 10.1080/13218719.2018.1482574

Roberts, N. et al. (2018) [Can the target set for reducing childhood overweight and obesity be met? A system dynamics modelling study in New South Wales, Australia](#). [Systems research and behavioral science](#), published online Sep. doi: 10.1002/sres.2555 *LOCAL RESEARCH*



MARGARET MACPHERSON
RURAL & REGIONAL
HEALTH SERVICES
HNELHD-TAMWORTH

INVESTIGATING THE MODEL OF COMMUNITY-BASED CASE MANAGEMENT IN THE NSW BRAIN INJURY REHABILITATION PROGRAM

All clinicians (n=72) providing case management within 14 Brain Injury Rehabilitation Program (BIRP) community rehabilitation teams in NSW completed a 3-part survey investigating their organizational context, clinical approach, and case management (CM) interventions. Participants were from 12 adult and 2 pediatric services (8 located in metropolitan areas, 6 in rural areas). All services provided a direct service model of CM. The underlying principles were uniform across services. CM interventions included the provision of individual support, family support, advocacy, and community development alongside assessment, monitoring, referral, and liaison tasks. There were little differences in practice based on age (adult vs pediatric) and location (metropolitan vs rural).

SOURCE: G. Simpson, V. Mitsch, M. Doyle, M. Forman, D. Young, V. Solomon, M. MacPherson, L. Gillett & B. Stretties (2018) Investigating the model of community-based case management in the New South Wales Brain Injury Rehabilitation Program: a prospective multicenter study. *Journal of head trauma rehabilitation*, 33(6), E38-E48
Available via CIAP

MUSCULOSKELETAL CONDITIONS MAY INCREASE THE RISK OF CHRONIC DISEASE

Chronic diseases and musculoskeletal conditions have a significant global burden and frequently co-occur. Musculoskeletal conditions may contribute to the development of chronic disease; however, this has not been systematically synthesised. This meta-analysis of 10 cohort studies (n=3,086,612) found that people with a musculoskeletal condition have a 17% increase in the rate of developing a chronic disease compared to people without. In particular, osteoarthritis appears to increase the risk of developing cardiovascular disease. Prevention and early treatment of musculoskeletal conditions and targeting associated chronic disease risk factors in people with long standing musculoskeletal conditions may play a role in preventing other chronic diseases. However, a greater understanding about why musculoskeletal conditions may increase the risk of chronic disease is needed.

SOURCE: Amanda Williams, Steven Kamper, John Wiggers, Kate O'Brien, Hopin Lee, Luke Wolfenden, Sze Lin Yoong, Emma Robson, James McAuley, Jan Hartvigsen & Christopher Williams (2018) *Musculoskeletal conditions may increase the risk of chronic disease: a systematic review & meta-analysis of cohort studies*. *BMC medicine*, 16: 167



AMANDA WILLIAMS
HNE POPULATION
HEALTH

ADDING EMOLLIENTS TO BATH UNLIKELY TO HELP CHILDREN WITH MILD ECZEMA

Using emollients to lock in moisture is the standard treatment for childhood eczema. These can be applied in a number of ways, but there is uncertainty surrounding their use as a bath additive. This NIHR(UK)-funded year-long trial included 482 children, mostly with mild eczema. It found there was little change in skin-related outcomes or quality of life between those that did or did not have emollients poured into their bath.

[Read NIHR review...](#)

SOURCE: Santer, M. et al. (2018) *Emollient bath additives for the treatment of childhood eczema (BATHE): multicentre pragmatic parallel group randomised controlled trial of clinical and cost effectiveness*. *BMJ*, 361: k1332



EFFECT OF ANTIDEPRESSANTS & PSYCHOLOGICAL THERAPIES IN IBS

Irritable bowel syndrome (IBS) is a chronic functional bowel disorder that is thought to be due to a disorder of brain-gut function. Drugs acting centrally, such as antidepressants, and psychological therapies may, therefore, be effective. The authors updated a previous systematic review and meta-analysis of randomized controlled trials. They found evidence that antidepressants are efficacious in reducing symptoms in IBS patients. Cognitive behavioural therapy, relaxation therapy, multi-component psychological therapy, hypnotherapy, and dynamic psychotherapy were all beneficial when data from two or more RCTs were pooled. But there are limitations in the quality of the evidence, and treatment effects may be overestimated as a result.

SOURCE: Ford, A. et al. (2018) Effect of antidepressants and psychological therapies in irritable bowel syndrome: an updated systematic review and meta-analysis. *American journal of gastroenterology*, published online Sep 3. doi: 10.1038/s41395-018-0222-5
Contact HNE Health Libraries to access this article

IN THE NEWS

ECT & LATER STROKE IN PATIENTS WITH AFFECTIVE DISORDERS

The long-term effects of electroconvulsive therapy (ECT) on the risk of stroke are unknown. This Danish study examined the association between ECT and risk of incident or recurrent stroke in a cohort of 174,534 patients diagnosed with affective disorder. In 162,595 patients without previous stroke, 5781 (3.6%) were treated with ECT. The total number of patients developing stroke during follow-up was 3665, of whom 165 had been treated with ECT. In patients <50 years, ECT was not associated with stroke. In patients >=50, ECT was associated with a lower risk of stroke, but this estimate was likely influenced by competing mortality risk. Of 11,939 patients with a history of stroke, 228 (1.9%) were treated with ECT. During follow-up, 2330 (19.5%) patients had a recurrence, of which 26 were patients treated with ECT. ECT was not associated with risk of a new event. ECT is not associated with an elevated risk of incident or recurrent stroke.

SOURCE: Rozing, M. et al. (2018) Electroconvulsive therapy and later stroke in patients with affective disorders. *British journal of psychiatry*, published online Aug 14. doi: 10.1192/bjp.2018.150
Available via CIAP

VISUAL & HEARING IMPAIRMENTS AFTER PRETERM BIRTH



This national register study included all live-born infants in Finland between 1991–2008. Infants who died before the age of 1 year, who had any major congenital anomaly, or had missing data were excluded. A total of 1,018,256 infants were analysed. The incidences of sensory impairments decreased with advancing gestational age at birth. The most prominent factors associated with increased risks of hearing loss and visual impairment were intracranial haemorrhage and convulsions.

SOURCE: Hirvonen, M. et al. (2018) *Visual and hearing impairments after preterm birth*. *Pediatrics*, 142(2): e20173888

SPECIALIZED PSYCHOTHERAPIES FOR ADULTS WITH BORDERLINE PERSONALITY DISORDER

Borderline personality disorder (BPD) affects up to 2% of the population and is associated with poor functioning, low quality of life and increased mortality. The aim of this systematic review was to investigate whether specialized psychotherapies (dialectical behavior therapy, mentalization-based treatment, transference-focused therapy and schema therapy) were more effective than non-specialized approaches (protocolized psychological treatment, general psychiatric management) for BPD. A total of 20 studies with 1375 participants were included. They found moderate quality evidence that specialized psychotherapies are effective in reducing overall BPD severity. However, further research should identify which patient groups profit most from the specialized therapies.

SOURCE: Oud, M. et al. (2018) *Specialized psychotherapies for adults with borderline personality disorder: a systematic review and meta-analysis*. *Australia & New Zealand journal of psychiatry*, 52(10), 949-961
Available via CIAP

10 WAYS THAT LIBRARY & INFORMATION SERVICES POWER THE HEALTH SECTOR

NO 10—DIGITAL EXPERTISE

Health librarians have sound ICT knowledge and skills, and are capable and responsible users of new and emerging technologies. Their roles as professionals in health information services are more and more intertwined with roles in information management and information systems and technologies. Working together in teams with other health information professionals, health librarians add value to design, implement, administer and evaluate quality platforms with quality content that deliver successful digital transformation in healthcare organisations.

SOURCE: ALIA Health Libraries Inc. (2013) [Worth every cent and more: an independent assessment of the return on investment of health libraries in Australia](#)



HNE HEALTH LIBRARIES CAN ASSIST YOU IN YOUR RESEARCH & PRACTICE

Librarians can support you or your team in many ways including:

- Develop and refine search topics
- Assist you in selecting the right sources of evidence
- Teach you how to effectively use a range of databases and other evidence-based resources to complete a literature review
- Assist you to identify and critically appraise evidence
- Assist with locating full-text articles
- Provide training in reference management (eg. Endnote)

[Face to face training](#) for groups or individuals can be tailored to your needs. [Find out more](#) or explore [Tutorials and Guides](#) via the HNE Health Libraries website.

UpToDate: PRACTICE CHANGING UPDATES

Practice Changing Updates focus on selected new recommendations that UpToDate reviewers anticipate may have a significant effect on usual clinical practice. They are presented chronologically, and are discussed in greater detail in the identified topic reviews. All topics are updated as new evidence becomes available and [peer review](#) is complete.

Recent updates include:

- Transcatheter mitral valve repair for secondary mitral regurgitation
- Immunotherapy for extensive-stage SCLC

Check out the [Practice Changing Updates](#) in your speciality or area of interest.



USING ENDNOTE ONLINE TO ORGANISE YOUR RESEARCH

EndNote allows you to organise references into a personal database. References can be exported directly from electronic resources (eg. via CIAP), or you can create bibliographies, and insert references from your EndNote library into documents you are writing, in a referencing style of your choice.

EndNote basic is available free online after [completion of registration](#).

[View a tutorial](#) on the Library's website.



NEWSPAPERS ARE BACK AT THE MATER LIBRARY!

With more and more content from news services disappearing behind paywalls, the Library has decided to subscribe to print copies of both the Newcastle and Sydney Morning Herald. We hope that you might enjoy visiting us and perusing the papers when you get a chance.

Feel free to bring your morning, afternoon tea or lunch with you.

You can also read the latest news at the JHH branch.

HNE Health Libraries and Health Libraries Australia are pleased to bring you:

ADVANCED SEARCH TECHNIQUES FOR SYSTEMATIC REVIEWS, HTA & GUIDELINES

The workshop will be presented by Carol Lefebvre who is experienced in literature searching to inform systematic reviews and HTAs and in conducting research into the evidence base for information retrieval. Carol is the UK based Co-convenor of the Cochrane Information Retrieval Methods Group and serves on the Cochrane Methods Executive and is lead author on the searching chapter of *The Cochrane Handbook*.

This full day session will provide opportunities to learn new techniques, discuss best approaches, share insights and assess variations in current best practice. We hope to make the session as interactive and participative as possible so you are encouraged to bring along a computer or device for searching.

WHEN: 9am – 4pm, Wednesday 28th November 2018

VENUE: Moss Room, Hunter Medical Research Institute
(located on the Rankin Park Campus of HNEH – behind JHH)

COST: \$150 ALIA Member, \$220 Non-Member (excludes GST)

Registration: https://membership.alia.org.au/events/event/hla_advanced_searching_workshop_newcastle
[Enquiries to Angela Smith](#) (Liaison Librarian/Research Support, HNE Health Libraries)

HNE HEALTH LIBRARIES

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CONTACT DETAILS

ARMIDALE—Dr Harold Royle Library
Armidale Hospital
Telephone: (02) 6776 9724
E-mail: Nina.Sithakam@hnehealth.nsw.gov.au

BELMONT—Level B (lower ground floor)
Belmont District Hospital
Telephone: (02) 4923 2192
E-mail: HNELHD-Libraries@hnehealth.nsw.gov.au

CESSNOCK—Level 1, Administration Block, Cessnock Hospital
Telephone: (02) 4991 0315
E-mail: HNELHD-Libraries@hnehealth.nsw.gov.au

JOHN HUNTER—Level 1, E Block, John Hunter Hospital
Telephone: (02) 4921 3778
E-mail: HNELHD-Libraries@hnehealth.nsw.gov.au

MAITLAND—Level 3, Education Centre
The Maitland Hospital
Telephone: (02) 4939 2405
E-mail: HNELHD-Libraries@hnehealth.nsw.gov.au

TAMWORTH—UDRH Education Centre
Tamworth Hospital
Telephone: (02) 6767 7985
E-mail: HNELHD-TamLib@hnehealth.nsw.gov.au

TAREE (MANNING)—Library
Manning Rural Referral Hospital, Taree
Telephone: (02) 6592 9352
E-mail: Sue.DeSouza@hnehealth.nsw.gov.au

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