

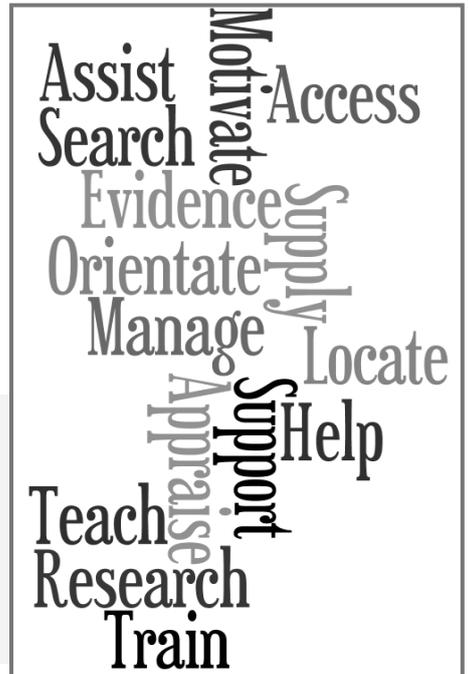


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linking evidence with practice

Library Lore

The newsletter of [HNE Health Libraries](#)
Vol 14(3) April 2018



PRESCRIPTION OF OPIOIDS TO POST-OPERATIVE ORTHOPAEDIC PATIENTS AT TIME OF DISCHARGE FROM HOSPITAL

Excessive opioid prescribing can lead to adverse consequences including stockpiling, misuse, dependency, diversion and mortality. A total of 132 consecutive patients who underwent elective orthopaedic surgery were prospectively audited. Daily oral morphine equivalent (DME) of opioids prescribed was compared with opioids consumed and amount left unused 7–10 days after discharge. For analysis, patients were split into three groups: total knee replacement (TKR), hand surgery (Hands), and miscellaneous (Misc). The mean dose of opioid prescribed per patient was 108.5 mg DME. In the total cohort, 26% of patients were discharged with more DME than their last 24 h as an inpatient and had at least 50% of their tablets left unused at follow-up.

Changes to prescribing habits and workplace culture are required to minimise unnecessary opioid prescribing but will be challenging to implement. A multi-layered approach of electronic prescribing, opioid stewardship and targeted educational awareness programmes is recommended.

DEPT OF ANAESTHESIA, JHH

SOURCE: Edward Ho, Matthew Doherty, Robert Thomas, John Attia, Christopher Oldmeadow & Matthew Clapham (2018) Prescription of opioids to post-operative orthopaedic patients at time of discharge from hospital: a prospective observational study. *Scandinavian journal of pain*, published online Feb 23. doi: 10.1515/sjpain-2017-0149
Contact HNE Health Libraries to access this article



TRIP—FIND EVIDENCE FAST

TRIP is a clinical search engine designed to allow users to quickly and easily find and use high-quality research evidence to support their practice. As well as research evidence there are images, videos, patient information leaflets, educational courses and news. [Find out more...](#)

Librarians can support you to make the best use of TRIP. Please visit any [HNE Health Library branch](#) to discuss your project and learn more about the ways in which we can assist you.



GUIDED BY THE RESEARCH DESIGN

Choosing the right statistical test or model can be baffling for researchers, and if it is not conducted correctly, the results from statistical analyses can be misleading. This article covers some common medical research designs, ranging from simple to more complicated, and provides an outline of which statistical test to apply in each instance.

SOURCE: Beath, A. & Jones, M. et al. (2018) Guided by the research design: choosing the right statistical test. *MJA*, 208(4), 163-165
Available via CIAP

RAISED ANXIETY LEVELS AMONG OUTPATIENTS PREPARING TO UNDERGO A MEDICAL IMAGING PROCEDURE: PREVALENCE & CORRELATES

This prospective cross-sectional study was undertaken in the outpatient medical imaging department at a major Australian public hospital. Adult outpatients undergoing a medical imaging procedure (CT, x-ray, MRI, ultrasound, angiography, or fluoroscopy) completed a pre-procedural survey (n=488). Half of the participants experienced raised anxiety, and of these, 48% reported feeling most anxious or worried about the possible results. Female gender, imaging modality, medical condition, first time having the procedure, and lower patient-perceived health status were statistically significantly associated with raised anxiety levels. Providing increased psychological preparation, particularly to patients with circulatory conditions or neoplasms or those that do not know their medical condition, may help reduce pre-procedural anxiety among these subgroups.

SOURCE: Forshaw, K. et al. (2018) Raised anxiety levels among outpatients preparing to undergo a medical imaging procedure: prevalence and correlates. *Journal of the American College of Radiology*, 15(4), 630-638
Available via ClinicalKey

CAN'T REMEMBER HOW TO ACCESS FULL-TEXT ARTICLES VIA CLINICALKEY?
Go to page 4 for a quick refresher.



USE TRIP & ENDNOTE ONLINE TO MANAGE YOUR REFERENCES

TRIP allows you to export selected documents using a variety of methods (email, CSV and RIS). RIS is the standard format for referencing software (eg. Endnote).

Alongside each result in Trip is a tick box. Select articles of interest and then press the 'Export' link - a drop-down will appear.

Select the 'Export at .RIS' option and press 'Go', the file is then downloaded and you can import into Endnote. [Read the full post \(with larger images\)](#)

Contact HNE Health Libraries for help to access and make the best use of Endnote online. Or [have a look at the Endnote training guide on the Library website.](#)



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

INTENTIONAL SELF-HARM & ASSAULT HOSPITALISATIONS & TREATMENT COST OF CHILDREN IN AUSTRALIA

A retrospective analysis of hospitalised injuries of children aged ≤16 years in Australia (July 2002-June 2012) found 18,223 self-harm and 13,877 assault hospitalisations, with a treatment cost of \$64 million and \$60.6 million, respectively. Poisoning was the most common method of self-harm. Other maltreatment syndromes were common for children ≤5 years of age. Assault by bodily force was common for children aged 6-16 years.

SOURCE: Mitchell, R. et al. (2018) [Intentional self-harm and assault hospitalisations and treatment cost of children in Australia over a 10-year period. Australian and New Zealand journal of public health](#), published online Mar 12. doi: 10.1111/1473-6405.12782

AIHW REPORT: ALCOHOL & OTHER DRUG TREATMENT SERVICES IN AUSTRALIA

In 2016–17, 836 publicly-funded alcohol and other drug treatment services provided just over 200,000 treatment episodes to an estimated 127,000 clients. The top four drugs that led clients to seek treatment were alcohol, amphetamines, cannabis and heroin. Two-thirds of all clients receiving treatment in 2016–17 were male and the median age of clients remains at 33 years. [Read more...](#)

Two-thirds (66%) of all clients receiving AOD treatment in 2016–17 were male

Over half of all AOD clients were aged 20–39 (55%), 33% were aged 40 and over

FAIRNESS IN PRECISION MEDICINE

The image of "precision medicine" is a dream of what medical care could become—driven by data analysis and tailored to individual patients. [This recent report](#) attempts to examine the potential for biased and discriminatory outcomes in this emerging field.

SEE ALSO: [What is Precision Medicine?](#)

A general audience white paper that introduces and outlines the emerging field of precision medicine.

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.

Wilson, C. & Saklofske, D. (2018) The relationship between trait emotional intelligence, resiliency, and mental health in older adults: the mediating role of savouring. [Aging & mental health](#), 22(5), 646-654

Skovlund, C. et al. (2018) Association of hormonal contraception with suicide attempts and suicides. [American journal of psychiatry](#), 175(4), 336-342 **Available via CIAP**

April, M. et al. (2018) Aromatherapy versus oral ondansetron for antiemetic therapy among adult emergency department patients: a randomized controlled trial. [Annals of emergency medicine](#), published online Feb 17. doi: 10.1016/j.annemergmed.2018.01.016 **Available via CIAP**

Kingsbury, S. et al. (2018) Hydroxychloroquine effectiveness in reducing symptoms of hand osteoarthritis: a randomized trial. [Annals of internal medicine](#), 168(6), 385-395 **Available via CIAP**

Lindgren, B-M. et al. (2018) A systematic literature review of experiences of professional care and support among people who self-harm. [Archives of suicide research](#), 22(2), 173-192

Schlichthorst, M. et al. (2018) Using a television documentary to prevent suicide in men and boys. Australasian psychiatry, 26(2), 160-165 **Available via CIAP**

Molenaar, N. et al. (2018) Guidelines on treatment of perinatal depression with antidepressants: an international review. Australian & New Zealand journal of psychiatry, 52(4), 320-327

Bailey, J. et al. (2018) Supporting change in chronic disease risk behaviours for people with a mental illness: a qualitative study of the experiences of family carers. BMC public health, 18: 416 **LOCAL RESEARCH**

Bruins Slot, K. & Berge E. (2018) [Factor Xa inhibitors versus vitamin K antagonists for preventing cerebral or systemic embolism in patients with atrial fibrillation. Cochrane database of systematic reviews](#), Issue 3

Trivedi, D. et al. (2018) [Managing behavioural and psychological symptoms in community dwelling older people with dementia: 1. A systematic review of the effectiveness of interventions. Dementia](#), published online Mar 20. doi: 10.1177/1471301218762851 SEE ALSO: Braun, A. et al. (2018) [Managing behavioural and psychological symptoms in community dwelling older people with dementia: 2. A systematic review of qualitative studies. Dementia](#), published online Mar 20. doi: 10.1177/1471301218762856

McAuley, D. et al. (2018) [Simvastatin to reduce pulmonary dysfunction in patients with acute respiratory distress syndrome: the HARP-2 RCT. Efficacy and mechanism evaluation](#), 5(1)

Metse, A. et al. (2018) Patient receipt of smoking cessation care in four Australian acute psychiatric facilities. International journal of mental health nursing, published online Mar 23. doi: 10.1111/inm.12459 **LOCAL RESEARCH**

Krebs, E. et al. (2018) Effect of opioid vs nonopioid medications on pain-related function in patients with chronic back pain or hip or knee osteoarthritis pain: the SPACE randomized clinical trial. [JAMA](#), 319(9), 872-882 **Available via CIAP**

Salim, R. et al. (2018) Comparison of single- and double-balloon catheters for labor induction: a systematic review and meta-analysis of randomized controlled trials. [Journal of perinatology](#), 38(3), 217-225

Almeida, M. et al. (2018) Primary care management of non-specific low back pain: key messages from recent clinical guidelines. MJA, 208(6), 272-275 **Available via CIAP**

Anderson, D. et al. (2018) Aspirin or rivaroxaban for VTE prophylaxis after hip or knee arthroplasty. [NEJM](#), 378(8), 699-707 **Available via CIAP**

Hollemaans, R. et al. (2018) Pancreatic exocrine insufficiency following acute pancreatitis: systematic review and study level meta-analysis. [Pancreatology](#), 18(3), 253-262 **Available via ClinicalKey**

Major, R. et al. (2018) [Cardiovascular disease risk factors in chronic kidney disease: A systematic review and metaanalysis. PLoS one](#), 13(3): e0192895

Powers, W. et al. (2018) [2018 Guidelines for the Early Management of Patients With Acute Ischemic Stroke: a guideline for healthcare professionals from the American Heart Association/American Stroke Association. Stroke](#), 49(3), e46-e110

PREVALENCE OF APPROPRIATE COLORECTAL CANCER SCREENING & PREFERENCES FOR RECEIVING SCREENING ADVICE AMONG PEOPLE ATTENDING OUTPATIENT CLINICS

A cross-sectional survey of 197 participants (aged 50–74) attending local outpatient clinics at average risk of colorectal cancer was completed. A total of 59% reported either faecal occult blood test (FOBT) in the past two years or colonoscopy in the past five years. Of those reporting colonoscopy in the past five years, 21% were potentially over-screened. Males were more likely than females to be under-screened. Of those under-screened (41%), fewer than half were willing to receive screening advice.

LOCAL RESEARCH

SOURCE: Natalie Dodd, Elise Mansfield, Mariko Carey & Christopher Oldmeadow (2018) [Prevalence of appropriate colorectal cancer screening and preferences for receiving screening advice among people attending outpatient clinics](#). *Australian & New Zealand journal of public health*, published online Mar 12. doi: 10.1111/1753-6405.12776

HYDROCORTISONE PLUS FLUDROCORTISONE FOR ADULTS WITH SEPTIC SHOCK

Septic shock is characterized by dysregulation of the host response to infection, with circulatory, cellular, and metabolic abnormalities. The authors hypothesised that therapy with hydrocortisone plus fludrocortisone or with drotrecogin alfa (activated), which can modulate the host response, would improve the clinical outcomes of patients with septic shock. In this trial involving 1241 patients with septic shock, 90-day all-cause mortality was lower among those who received hydrocortisone plus fludrocortisone than among those who received placebo.

SOURCE: Annane, D. et al. (2018) Hydrocortisone plus fludrocortisone for adults with septic shock. *NEJM*, 378(9), 809-818
Available via CIAP

EDITORIAL: Suffredini, A. (2018) A role for hydrocortisone therapy in septic shock? *NEJM*, 378(9), 860-861

Available via CIAP

BUT: In a recent Australian study... a continuous infusion of hydrocortisone, in patients (n=3658) with septic shock undergoing mechanical ventilation, did not result in lower 90-day mortality than placebo.

SOURCE: Venkatesh, B. et al. (2018) Adjunctive glucocorticoid therapy in patients with septic shock. *NEJM*, 378(9), 797-808
Available via CIAP

COMPARATIVE EFFICACY & ACCEPTABILITY OF 21 ANTIDEPRESSANT DRUGS FOR THE ACUTE TREATMENT OF ADULTS WITH MAJOR DEPRESSIVE DISORDER

The authors ranked 21 antidepressants for the acute treatment of adults with unipolar major depressive disorder – in terms of efficacy and tolerability – via a systematic review and meta-analysis of 522 trials comprising 116,477 participants. They found that all antidepressants were more efficacious than placebo in adults with major depressive disorder. Smaller differences between active drugs were found when placebo-controlled trials were included in the analysis, whereas there was more variability in efficacy and acceptability in head-to-head trials. 9% of trials were rated as high risk of bias, 73% as moderate, and 96 as low. The certainty of evidence was moderate to very low.



SOURCE: Cipriani, A. et al. (2018) [Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: a systematic review and network meta-analysis](#). *Lancet*, 391(10128), 1357-1366



AGING WITH DOWN SYNDROME

People with Down syndrome (DS) enjoy a longer life expectancy now than they ever

have before and are therefore at greater risk of developing conditions associated with aging, including dementia. Virtually, all subject aged 35 to 40 show key neuropathologic changes characteristic of Alzheimer's disease, but only a part of them show clinical signs of dementia, usually around the age of 50 years. Early signs of dementia in people with DS may be different from those experienced by the general population. Failure to recognize this can delay diagnosis and subsequent interventions.

SOURCE: Cipriani, G. et al. (2018) Aging With Down Syndrome: the dual diagnosis: Alzheimer's Disease and Down Syndrome. *American journal of Alzheimer's Disease & other dementias*, 33(4), 253-262
Contact HNE Health Libraries to access this article

COST-EFFECTIVENESS OF CBT FOR DEPRESSED YOUTH DECLINING ANTIDEPRESSANTS

Adolescents with depression identified in primary care settings often have limited treatment options beyond antidepressant (AD) therapy. The authors assessed the cost-effectiveness of a brief cognitive behavioral therapy (CBT) program among depressed adolescents (n=212) who declined or quickly stopped using ADs. Using a randomised design, the group receiving CBT had 26.8 more depression-free days and 0.067 more estimated quality-adjusted life-years on average compared with treatment as usual (TAU) over 12 months. CBT becomes dominant over TAU over time, as revealed by a statistically significant cost offset at the end of the 2-year follow-up.

SOURCE: Dickerson, J. et al. (2018) Cost-effectiveness of cognitive behavioral therapy for depressed youth declining antidepressants. *Pediatrics*, 141(2): e20171969
Available via CIAP



CONSENSUS STATEMENT: DIAGNOSIS, TREATMENT & PREVENTION OF ANKLE SPRAINS: UPDATE OF AN EVIDENCE-BASED CLINICAL GUIDELINE

This guideline aims to advance current understandings regarding the diagnosis, prevention and therapeutic interventions for ankle sprains by updating the existing guideline and incorporating new research. A secondary objective was to provide an update related to the cost-effectiveness of diagnostic procedures, therapeutic interventions and prevention strategies.

SOURCE: Vuurberg, G. et al. (2018) [Diagnosis, treatment and prevention of ankle sprains: update of an evidence-based clinical guideline](#). *British journal of sports medicine*, published online Mar 7. doi: 10.1136/bjsports-2017-098106



DIETARY INTERVENTION FOR PEOPLE WITH MENTAL ILLNESS

People with serious mental illness (SMI) have a 25–30 year lower life expectancy than the general population due largely to cardiovascular disease (CVD). The Mediterranean diet can reduce CVD risk and repeat events by 30–70%. The authors conducted a pilot feasibility study (HELFIMED) with people who have SMI residing within a Community Rehabilitation Centre in SA, aimed at improving participants' diets according to Mediterranean diet principles.

The framework thematic analysis revealed evidence of improvements in participants' knowledge of and intake of the key elements of a Mediterranean-style diet (fruit and vegetables, olive oil, fish, legumes), reduction in poor nutrition habits (soft drinks, energy drinks, take away meals) and development of independent living skills—culinary skills such as food preparation and cooking based on simple recipes, food shopping and budgeting, healthy meal planning and social interaction. These changes were supported by dietary biomarkers, and were associated with reduced CVD risk factors.

SOURCE: Bogomolova, S. et al. (2018) Dietary intervention for people with mental illness in South Australia. *Health promotion international*, 33(1), 71–83
Contact HNE Health Libraries to access this article

COST OF SELF-REPORTED PENICILLIN ALLERGY

Many patients who self-report a penicillin (PCN) allergy are not truly allergic to PCN and may receive an antibiotic regimen that is suboptimal for their condition. This systematic review shows that most studies involving PCN allergy focus on inpatient drug therapy optimization and show that inpatient costs are higher on average in the presence of a PCN allergy label. Future cost-effectiveness studies of penicillin allergy testing should evaluate relationships between PCN allergy testing/delabeling and long-term clinical and economic outcomes

SOURCE: Mattingly, T. et al. (2018) [The cost of self-reported penicillin allergy: a systematic review](#). *Journal of allergy and clinical immunology: in practice*, published online Jan 17. doi: 10.1016/j.jaip.2017.12.033

10 WAYS THAT LIBRARY & INFORMATION SERVICES POWER THE HEALTH SECTOR

NO 2—EVIDENCE BASED PRACTICE:

Health and medical research is moving fast and clinicians have to run to keep up. Health library and information services provide the most relevant books, journals, research databases and point of care resources for students starting out in their careers, and for professionals who need to remain in touch with the very latest developments in their fields, to ensure their practice is evidence based.

SOURCE: [ALIA report](#)



UPDATED CIAP SPECIALTY GUIDES

The CIAP Specialty Guides have undergone a complete update and redesign based on user feedback and extensive consultation with NSW Health clinicians.



The guides have been designed to provide users a more tailored experience of the CIAP website, and also include a number of useful links to external content and patient information websites.

[Choose your specialty](#) and see the relevant resources, inclusive of journals, books and recommended websites.

TAMWORTH HOSPITAL LIBRARY EASTER EGG HUNT

Tamworth Hospital Library's Easter egg hunt drew lots of staff and students again this year. While egg-ploring for eggs everyone had to answer a few simple written questions about the latest books held by the Library. All those who answered the questions went into the draw for an egg-cellent prize.



The winner drawn by Dr Steve May was Dr Mpho Radebe (one of the Library's most frequent and happiest users.)

REMINISCENCE THERAPY FOR DEMENTIA

The effects of reminiscence interventions are inconsistent, often small in size and can differ considerably across settings and modalities. Reminiscence therapy (RT) has some positive effects on people with dementia in the domains of quality of life, cognition, communication and mood.

SOURCE: Woods, B. et al. (2018) [Reminiscence therapy for dementia](#). *Cochrane database of systematic reviews*, Issue 3.

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 many ways including:

- Develop and refine review topics
- Identify existing systematic reviews on a topic
- Review existing search strategies
- Develop search strategies for each database
- Document search strategies
- De-duplicate and provide citations in Endnote
- Assist with locating full-text articles
- Provide a narrative of the search methodology

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...](#)

ACCESSING CLINICALKEY

DID YOU KNOW – you can access ClinicalKey even when you are not connected to HNELHD's network?

- To begin, go to the [HNEH Libraries webpage](#).
- Select 'ClinicalKey' or 'ClinicalKey for Nursing' from the list of 'Quick Links' on the RHS of screen.
- Click on 'Register' (top RHS of screen) and then enter your details as requested.
- Enter an institutional email address to ensure access
- The system will send a confirmation notice to the email address you entered – so click the link provided in the email.
- Once registered, the name you entered will appear in the top RHS of screen. If you click the drop-down arrow next to it, you'll get a few options – including 'Remote access.'
- Click 'Remote access' – enter your institutional (work) email address and await another confirmation email. Click the link in the email and your remote access is enabled.

NB. Remote Access is not compatible with a Yahoo, Gmail, or other personal email account.



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