

Library Lore

The newsletter of <u>HNE Health Libraries</u> Vol 14(5) May 2018

CLINICAL PHARMACY
IN A REGIONAL
AUSTRALIAN ICU
More than a quarter of

population is at greater risk of medication-related incidents due to a number of factors, including a higher number of drugs prescribed,

lower physiological reserve

and greater illness severity.

Overseas studies have shown

incidents

are medication-

The critically ill

reported

hospitals

related.



(L-R): LISA HOWLE (HNELHD-TAMWORTH), CARL KIRKPATRICK (CENTRE FOR MEDICINES USE & SAFETY, MONASH UNIVERSITY) and CHRISTOPHER TRETHEWY (CCLHD-GOSFORD)

that the inclusion of on-ward clinical pharmacy support may attenuate these drug-related problems (DRPs); however, local evidence in regional Australian intensive care units (ICUs) is lacking.

A single-centre, cohort-controlled observational study was conducted in a regional ICU over a 16-week period to identify the frequency of DRPs and their risk to patients and the reporting of adverse drug reactions (ADRs) and incidents through the integration of a clinical pharmacist. There were 348 DRPs requiring intervention in

the prospective period with a median of two DRPs per patient. 'Change of therapy' was the most common recommendation (75%) and its acceptance by clinicians was 86%.

The addition of a clinical pharmacist to the ICU facilitated the detection and resolution of DRPs in this patient group and increased both the likelihood that intended pharmaceutical care reached the patient and

Instances where medications were ordered but not administered were reduced by 62%. Requests for after-hours pharmacy services were reduced and reporting of ADRs and incidents was marginally increased in the prospective group.

that drug reactions and incidents were reported. These results provide local evidence for the inclusion of clinical pharmacists to the multidisciplinary ICU team in a regional Australian hospital.

SOURCE: Lisa Howle, Carl Kirkpatrick & Christopher Trethewy (2018) Clinical pharmacy in a regional Australian intensive care unit. Journal of pharmacy practice and research, 48(1), 36-43

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HNE HEALTH LIBRARIES: YOUR SOURCE OF QUALITY INFORMATION, RESEARCH & CLINICAL SUPPORT

Having the right information at the right time can enhance staff effectiveness, optimise patient care and improve patient outcomes.

Leading hospitals have already learned the value of including hospital librarians as part of the health care team from diagnosis to recovery.

Are you taking full advantage of this valuable staff resource?

Contact HNE Health Libraries





NB. Articles in dark blue bold text have Australian content



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

CHROMOSOME MICROARRAY ANALYSIS: A SOOTHING GUIDE

Few cytogenetics laboratories in Australia provide an old-fashioned routinely chromosomal 'karyotype' Automated DNA-based microarray analysis is the standard first-line investigation of genetic material in humans, allowing rapid, precise quantification of chromosomes. This short discussion not only provides some guidelines for paediatricians to use in their interpretation of the smaller microarray abnormalities they come **HUNTER** across, but also indicates some **GENETICS** pitfalls to avoid.

SOURCE: Anne Ronan (2018)

Chromosome microarray analysis: a soothing guide.

Journal of paediatrics and child health, published online Mar 24. doi:10.1111/jpc.13869



REPORT: INVESTING TO SAVE

UNIT

This report from Mental Health Australia and KPMG presents the economic case for continued mental

health reform. It highlights opportunities for governments and employers to generate more significant returns on their investment in mental health, focusing on a small number of targeted, practical interventions where the evidence base on 'what works' is strong.

Read more...

REPORT: THE PREVALENCE OF ACQUIRED BRAIN INJURY AMONG VICTIMS & PERPETRATORS OF FAMILY VIOLENCE

This is the first evidence-based study of acquired brain injury and family violence in Australia. Completed by Brain Injury Australia in 2017, this research project identifies a strong association between brain injury and family violence, and significant gaps in service responses, ranging from lack of screening for brain injury, through to inadequate opportunities for effective rehabilitation, recovery and support.

Read more...

brain injury australia

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

If you've searched <u>eJournals and eBooks</u> on the <u>HNE Health Libraries' website</u> 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.

Skelton, E. et al. (2018) Integrating smoking cessation care into routine service delivery in a medically supervised injecting facility: an acceptability study. <u>Addictive behaviors</u>, 84, 193-200 LOCAL RESEARCH Available via ClinicalKey

Fancourt, D. & Perkins, R. (2018) Effect of singing interventions on symptoms of postnatal depression: three-arm randomised controlled trial. British journal of psychiatry, 212(2), 119-121

Available via CIAP

Seeman, M. & González-Rodríguez, A. (2018) Use of psychotropic medication in women with psychotic disorders at menopause and beyond. <u>Current opinion in psychiatry</u>, 31(3), 183-192

Available via CIAP

Gelman, C. & Rhames, K. (2018) In their own words: the experience and needs of children in younger-onset Alzheimer's disease and other dementias families. <u>Dementia</u>, 17(3), 337-358

Sandberg, E. et al. (2018) Reintervention risk and quality of life outcomes after uterine-sparing interventions for fibroids: a systematic review and meta-analysis. <u>Fertility and sterility</u>, 109(4), 698-707.e1 *Available via ClinicalKey*

Bootsma, B. et al. (2018) Towards optimal intraoperative conditions in esophageal surgery: a review of literature for the prevention of esophageal anastomotic leakage. <u>International journal of surgery</u>, 54(A), 113-123

Overdijkink, S. et al. (2018) <u>The usability and effectiveness of mobile health technology-based lifestyle and medical intervention apps supporting health care during pregnancy: systematic review.</u> <u>JMIR mhealth and uhealth</u>, 6(4): e109

Brown, L. et al. (2018) Heart rate variability alterations in late life depression: a meta-analysis. <u>Journal of affective disorders</u>, 235, 456-466

Available via ClinicalKey

Stolz, T. et al. (2018) A mobile app for social anxiety disorder: a three-arm randomized controlled trial comparing mobile and PC-based guided self-help interventions. <u>Journal of consulting and clinical psychology</u>, 86(6), 493-504

Irving, M. et al. (2018) Using teledentistry in clinical practice as an enabler to improve access to clinical care: a qualitative systematic review. <u>Journal of telemedicine and telehealth</u>, 24(3), 129-146

SEE ALSO: Estai, M. et al. (2018) A systematic review of the research evidence for the benefits of teledentistry. <u>Journal of telemedicine and telehealth</u>, 24(3), 147-156

Zdenkowski, N. et al. (2018) Single-arm longitudinal study to evaluate a decision aid for women offered neoadjuvant systemic therapy for operable breast cancer. <u>Journal of the National Comprehensive Cancer Network</u>, 16(4), 378-385

Howick, J. et al. (2018) Effects of empathic and positive communication in healthcare consultations: a systematic review and meta-analysis. Journal of the Royal Society of Medicine, published online April 19. doi: 10.1177/0141076818769477

Briand, C. et al. (2018) Use of a mobile device in mental health rehabilitation: a clinical and comprehensive analysis of 11 cases. Neuropsychological rehabilitation, 28(5), 832-863

Taylor, R. et al. (2018) Methyl-donor and cofactor nutrient intakes in the first 2-3 years and global DNA methylation at age 4: a prospective cohort study. Nutrients, 10(3), 273

LOCAL RESEARCH

Falster, K. et al. (2018) <u>Maternal age and offspring developmental vulnerability at age five: a population-based cohort study of Australian children</u>. <u>PLoS Med</u>, 15(4): e1002558

Vermeulen, J. et al. (2018) <u>Clozapine and long-term mortality risk in patients with schizophrenia: a systematic review and meta-analysis of studies lasting 1.1–12.5 years</u>. <u>Schizophrenia bulletin</u>, published online April 25. doi: 10.1093/schbul/sby052

Susan Thomas, Patrick Cashman, Fakhrul Islam, Loretta Baker, Katrina Clark, Julie Leask, Robb Butler & David Durrheim (2018) Tailoring immunisation service delivery in a disadvantaged community in Australia; views of health providers and parents. <u>Vaccine</u>, 36(19), 2596-2603 LOCAL RESEARCH Available via ClinicalKey

MEDICAL IMAGING OUTPATIENTS' EXPERIENCES WITH RECEIVING INFORMATION **REQUIRED FOR INFORMED CONSENT & PREPARATION**

Medical imaging outpatients often experience inadequate information provision and report high levels of anxiety. However, no studies have assessed patients' receipt of preparatory information in this setting. Computed tomography and magnetic resonance imaging outpatients at John Hunter Hospital (n=280) selfcompleted a touchscreen computer survey assessing their perceived receipt of 33 guideline-recommended preparatory information items. Eight percent of participants reported receiving all information items. Items most frequently endorsed as "not received" were: how to manage anxiety after (74%) and during the scan (69%). Items most commonly endorsed as "received" were: reason for referral (85%) and how to find the imaging department (74%).

SOURCE: Lisa Hyde, Lisa Mackenzie, Allison Boyes, Michael Symonds, Sandy Brown & Rob Sanson-Fisher (2018) Medical imaging outpatients' experiences with receiving information required for informed consent and preparation: a crosssectional study. Journal of patient experience, published online April 18. doi: 10.1177/2374373518765794

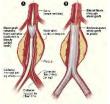
PROPHYLACTIC MESH REINFORCEMENT VERSUS SUTURED CLOSURE TO PREVENT INCISIONAL HERNIAS AFTER OPEN ABDOMINAL AORTIC ANEURYSM REPAIR VIA MIDLINE LAPAROTOMY

Incisional hernia is a frequent late complication after open abdominal aortic aneurysm (AAA) repair. We aimed to determine whether prophylactic mesh reinforcement of the abdominal wall at open AAA repair via midline laparotomy reduces the rate of incisional hernia compared to standard sutured closure. Four RCTs with a total of 388 patients were included in the meta-analysis. Prophylactic mesh reinforcement of the abdominal wall after open AAA repair via midline laparotomy significantly reduces the risk of incisional

hernia. However, no significant difference in re-operation for incisional hernia was found. Mesh reinforcement did not cause more intra-operative or post-operative complications than sutured closure. The risk of bias in studies was low and the quality of evidence was rated as moderate.

SOURCE: Indrakusuma, R. et al. (2018) Prophylactic mesh reinforcement versus sutured closure to prevent incisional hernias after open abdominal aortic aneurysm repair via midline laparotomy: a systematic review and meta-analysis. European journal of vascular and endovascular surgery, published online April 20. doi: 10.1016/j.ejvs.2018.03.021

Available via ClinicalKev



COST-EFFECTIVENESS STUDIES OF PREVENTION & TREATMENT FOR FATING DISORDERS

This recent systematic review of the costeffectiveness of both preventive and treatment interventions for eating disorders (13 studies) found they were mainly cost-saving or more effective and more costly compared to comparators. However, some results did not reach statistical significance. In the two studies that achieved 100% CHEERS checklist, one study reported that a cognitive dissonance intervention might be cost-effective for prevention of anorexia nervosa and bulimia nervosa with a 90% participation rate and the second study supported lisdexamfetamine to be cost-effective in the treatment of binge-eating disorder. Insufficient evidence for long-term cost-effectiveness was

SOURCE: Khanh-Dao Le, L. et al. (2018) A systematic review of cost-effectiveness studies of prevention



and treatment for eating disorders. Australian & New Zealand journal of psychiatry, 52(4), 328-338

THE EFFECTIVENESS OF A HEALTHY LIFESTYLE INTERVENTION, FOR **CHRONIC LOW BACK PAIN:** RANDOMISED CONTROLLED TRIAL

One hundred and sixty eligible patients with chronic low back pain and BMI ≥27kg/m2 and <40kg/m2 were randomly allocated to receive advice, education and referral to a 6-month telephone-based healthy lifestyle coaching service, or usual care. The authors of this local study found no difference between groups for pain intensity over 6 months

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any **OUTPATIENT SERVICES, JHH** secondary

outcome. In the intervention group 41% of participants reported an adverse event compared with 56% in the control group.

SOURCE: Amanda Williams, John Wiggers, Kate O'Brien, Luke Wolfenden, Sze Lin Yoong, Rebecca Hodder, Hopin Lee, Emma Robson, James McAuley, Robin Haskins, Steven Kamper, Chris Rissel & Christopher Williams (2018) The effectiveness of a healthy lifestyle intervention, for chronic low back pain: a randomised controlled trial. Pain, 159(6), 1137-1146 Available via CIAP

CANNABIS-BASED MEDICINES FOR CHRONIC NEUROPATHIC PAIN IN ADULTS

This recent Cochrane review included 16 randomised, double-blind controlled trials of cannabis-based medicines (herbal, plant-derived, synthetic) compared to placebo or conventional drugs for conditions with chronic neuropathic pain in adults (n=1750). The quality of the evidence was rated (according to GRADE) as very low to moderate. The authors conclude that the potential benefits of cannabis-based medicine in chronic neuropathic pain might be outweighed by their potential harms. The quality of evidence for pain relief outcomes reflects the exclusion of participants with a history of substance abuse and other significant comorbidities from the studies, together with their small sample sizes.

SOURCE: Mücke, M. et al. (2018) Cannabis-based medicines for chronic neuropathic pain in adults. Cochrane database of systematic reviews, Issue 3



PHARMACOVIGILANCE & EXPEDITED DRUG APPROVALS

Pharmacovigilance is the detection and assessment of adverse events related to any drug used in clinical practice. In Australia adverse events can be reported to the Therapeutic Goods Administration (TGA). Reports are encouraged, even if the drug is old or the prescriber is only suspicious of an adverse event.



Australian information about adverse events can be found online in the Database of Department of Health
respectic Goods Administration and in the publication

Medicines Safety Update. The TGA is currently exploring expedited approval pathways to enable some drugs to reach the market quickly. As there will be limited clinical data about these drugs, postmarketing pharmacovigilance will LOCAL be of increased importance.

RESEARCH

SOURCE: Matthew Linger & Jennifer Martin (2018) Pharmacovigilance and expedited drug approvals. Australian prescriber, 41(2), 50-53

ECT IN THE CONTINUATION & MAINTENANCE TREATMENT OF DEPRESSION: SYSTEMATIC **REVIEW & META-ANALYSES**

There are only a few randomized trials of electroconvulsive therapy continuation and maintenance electroconvulsive therapy. preliminary and limited evidence suggests the modest efficacy of continuation electroconvulsive therapy and maintenance electroconvulsive therapy with concomitant pharmacotherapy in preventing relapse and recurrence of depressive episodes for 1 year after the remission of index episode with the acute course of electroconvulsive therapy.

SOURCE: Elias, A. et al. (2018) Electroconvulsive therapy in the continuation & maintenance treatment of depression: systematic review & meta-analyses. Australian & New Zealand journal of psychiatry, 52(5), 415-424

INDIGENOUS NARRATIVES OF CULTURALLY SAFE **HEALTHCARE**

COMMUNICATION This systematic review aimed to explore Indigenous narrative accounts of healthcare access



SOURCE: Jennings, W. et al. (2018) The power of talk and power in talk: a systematic review of Indigenous narratives of culturally safe healthcare communication. Australian journal of primary health, 24, 109-115

EFFECT OF TOTAL HIP ARTHROPLASTY ON **SPORTS & WORK PARTICIPATION**

Total hip arthroplasty (THA) is a successful procedure to treat end-stage hip osteoarthritis. A great majority of patients return to sports and work after THA within 28 and 17 weeks, respectively. For the increasingly younger THA population, this is valuable information that can be used in the preoperative shared decision-making process.

SOURCE: Hoorntje, A. et al. (2018) The effect of total hip arthroplasty on sports and work participation: a systematic review and meta-analysis. Sports medicine, published online Apr 24. doi: 10.1007/540279-018-0924-2









10 WAYS THAT LIBRARY & INFORMATION SERVICES POWER THE HEALTH SECTOR

NO 3—VARIED USAGE

Health library and information services are used in many different ways: to keep abreast of clinical developments, progress research, underpin health service redesign and support ongoing professional development. Health professionals use library and information services to support innovation, and to ensure due diligence.

SOURCE: ALIA report

AHRQ (US) NATIONAL GUIDELINE CLEARINGHOUSE IS COMING TO AN END. BUT ALL IS NOT LOST—CONTACT THE LIBRARY

Clinical practice guidelines (CPGs) are recommendations for clinicians about the care of patients with specific conditions. They should be based

upon the best available research evidence and practice experience.

One site that aims to meet the accepted standards for reliable CPGs (as set by the Institute



of Medicine, 2011), is the (US) <u>National Guideline</u> <u>Clearinghouse</u> (NGC). It provides all users with free online access to updated and new evidence-based guidelines and includes standardised information on the methodologies used in the development of guidelines on their site. Unfortunately, it's funding is coming to an end soon (July 2018).

If you need help to find CPGs, or want assistance in writing one—go to the <u>Clinical Practice Guidelines</u> page on the Libraries' website. You'll find 'Criteria for trustworthy clinical practice guidelines', a long list of online databases to explore – particularly useful for Australian guidelines – plus links to relevant articles and books. Or just <u>contact a HNEH Library</u>.

WHAT CAN YOUR HNE HEALTH LIBRARY DO FOR YOU?

Health Library and Information services are used in many, varied ways—these are just a few:

- Provide quality information to improve patient care and health outcomes
- Keep you informed of the latest developments and best practice in your field
- Support your PD and research activities
- Assist you to use online books, journals, apps and other resources
- Provide training in literature searching and reference management
- Obtain books and articles from other sources
- Record & provide access to your presentations

Contact <u>your local branch of HNE Health</u> <u>Libraries</u> to see what we can do for you.



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Belmont District Hospital

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LIBRARY AND INFORMATION WEEK CELEBRATIONS

HNE Health Libraries' staff member, Leonie Barbour celebrated Library and Information Week at the John Hunter Hospital branch by creating a fantastic display. I think her friend is really impressed (and so are we)!



