

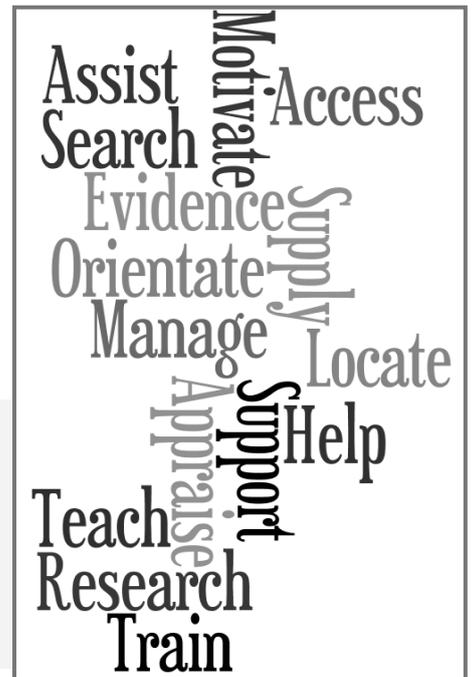


HNE HEALTH LIBRARIES

linking evidence with practice

Library Lore

The newsletter of [HNE Health Libraries](#)
Vol 14(7) July 2018



STEVE MEARS
DISTRICT MANAGER,
HNE HEALTH LIBRARIES

ADDRESSING UNWARRANTED CLINICAL VARIATION: A RAPID REVIEW OF CURRENT EVIDENCE

Unwarranted clinical variation (UCV) can be described as variation that can only be explained by differences in health system performance. There is a lack of clarity regarding how to define and identify UCV and, once identified, to determine whether it is sufficiently problematic to warrant action. As such, the implementation of systemic approaches to reducing UCV is challenging. A review of approaches to understand, identify, and address UCV was undertaken to determine how conceptual and theoretical frameworks currently attempt to define UCV, the approaches used to identify UCV, and the evidence of their effectiveness.

SOURCE: Reema Harrison, Elizabeth Manias, **Stephen Mears**, David Heslop, Reece Hinchcliff & Liz Hay (2018) Addressing unwarranted clinical variation: a rapid review of current evidence. *Journal of evaluation in clinical practice*, published online May 15. doi: 10.1111/jep.12930
Available via CIAP

"Librarian co-authors correlated with higher quality reported search strategies in general internal medicine systematic reviews."

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SOURCE: Rethlefsen, M. et al. (2015) [Librarian co-authors correlated with higher quality reported search strategies in general internal medicine systematic reviews](#). *Journal of clinical epidemiology*, 68(6), 617-626

PATIENTS' EXPERIENCES & PREFERENCES FOR OPT-IN MODELS & HEALTH PROFESSIONAL INVOLVEMENT IN BIOBANKING CONSENT

Many biobanks rely upon patients' willingness to donate bio-specimens and healthcare professionals to initiate opt-in consent processes. This local study included 113 outpatients. 92% of participants found opt-out, patient-initiated consent acceptable; however, high acceptability was reported for all models except for opt-in, patient-initiated consent. University or technical qualifications was associated with increased odds of being offered bio-banking. The majority did not know what occurred to samples after surgery or pathology review and ability to answer these questions was associated with discussion of participation. Of the few outpatients who discussed bio-banking with their doctor (29%), all consented.

LOCAL RESEARCH

SOURCE: Elizabeth Fradgley, Shu Er Chong, Martine Cox, Craig Gedye & Christine Paul (2018) Patients' experiences and preferences for opt-in models and health professional involvement in bio-banking consent: a cross-sectional survey of Australian cancer outpatients. *Asia-Pacific journal of clinical oncology*, published online Mar 23. doi: 10.1111/ajco.12866

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MOBILITY SCORES AS A PREDICTOR OF LENGTH OF STAY IN GENERAL SURGERY



Post-operative length of stay (LOS) is an increasingly important clinical indicator in general surgery. Despite this, no

tool has been validated to predict LOS or readiness for discharge in general surgical patients. The de Morton Mobility Index (DEMMI) is a functional mobility assessment tool that has been validated in rehabilitation patient populations. In this prospective cohort study, we aimed to identify if trends in DEMMI scores were associated with discharge within 1 week and overall LOS in general surgical patients.

A total of 161 patients who underwent elective gastrointestinal resections were included. Functional recovery (measured by achieving 80% of baseline DEMMI score by post-operative day 1) was significantly associated with discharge within 1 week. Presence of a stoma was associated with longer LOS.

HUNTER SURGICAL CLINICAL RESEARCH UNIT, DIVISION OF SURGERY, JHH

The DEMMI score is a fast, easy and useful tool to, on post-operative day 1, predict discharge within 1 week. The utility of this is to act as an anticipatory trigger for more proactive and efficient discharge planning in the early post-operative period, and there is potential to use the DEMMI as a comparator in clinical trials to assess functional recovery.

SOURCE: Georgia Carroll, Jacob Hampton, Rosemary Carroll & Stephen Smith (2018) Mobility scores as a predictor of length of stay in general surgery: a prospective cohort study. *ANZ journal of surgery*, published online May 22. doi.org/10.1111/ans.14555

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



IDENTIFYING & TREATING CODEINE DEPENDENCE: A SYSTEMATIC REVIEW

Codeine dependence is a significant public health problem, motivating the recent rescheduling of codeine in Australia (1 February 2018). To provide information for informing clinical responses, the authors undertook a systematic review of what is known about identifying and treating codeine dependence.

SOURCE: Nielsen, S. et al. (2018) [Identifying and treating codeine dependence: a systematic review](#). *MJA*, 208(10), 451-461

"The very existence of libraries affords the best evidence that we may yet have hope for the future of man."

T.S. Eliot

APP SPOTLIGHT - COCHRANE LIBRARY

The *Cochrane Library for iPad* provides access to high quality evidence-based systematic reviews of articles and clinical trials.



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This App is only available on the App Store for iOS devices.

For more information, visit the CIAP [Mobile Help page](#).

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.

Leelakanok, N. & D'Cunha, R. (2018) Association between polypharmacy and dementia - a systematic review and meta-analysis. *Aging and mental health*, published online May 10. doi: 10.1080/13607863.2018.1468411

Fernando, I. (2018) [Case formulation using pattern-based formulation methodology: clinical case 3](#). *Australasian psychiatry*, 26(3), 318-322 LOCAL RESEARCH

Choi, H. (2018) Family systemic approaches for borderline personality disorder in acute adult mental health care settings. *Australian & New Zealand journal of family therapy*, 39(2), 155-173

Arunogiri, S. et al. (2018) [A systematic review of risk factors for methamphetamine-associated psychosis](#). *Australian & New Zealand journal of psychiatry*, 52(6), 514-529

Mucheru, D. et al. (2018) [Cardiovascular disease lifestyle risk factors in people with psychosis: a cross-sectional study](#). *BMC public health*, 18: 742 LOCAL RESEARCH

van Leeuwen, M. et al. (2018) [Reoperation after breast-conserving surgery for cancer in Australia: statewide cohort study of linked hospital data](#). *BMJ open*, 8: e020858

Paradise, M. et al. (2018) The relationship of cerebral microbleeds to cognition and incident dementia in non-demented older individuals. [Brain imaging and behavior](#), published online May 25. doi: 10.1007/s11682-018-9883-3 LOCAL RESEARCH

Gamble, J. et al. (2018) Ketamine-based anesthesia improves electroconvulsive therapy outcomes: a randomized-controlled study. *Canadian journal of anaesthesia*, 65(6), 636-646

Roberts, M. et al. (2018) Early interventions for the prevention of posttraumatic stress symptoms in survivors of critical illness: a qualitative systematic review. *Critical care medicine*, 46(8), 1328-1333 *Available via CIAP*

von Meijenfeldt, G. et al. (2018) Accuracy of routine endoscopy diagnosing colonic ischaemia after abdominal aortic aneurysm repair: a meta-analysis. *European journal of vascular and endovascular surgery*, 56(1), 22-30

Alix Hall, Jamie Bryant, Rob Sanson-Fisher, Elizabeth Fradgley, Anthony Proietto & Ian Roos (2018) [Consumer input into health care: time for a new active and comprehensive model of consumer involvement](#). *Health expectations*, published online Mar 7. doi: 10.1111/hex.12665 LOCAL RESEARCH

Niknejad, B. et al. (2018) Association between psychological interventions and chronic pain outcomes in older adults: a systematic review and meta-analysis. *JAMA internal medicine*, 178(6), 830-839 *Available via CIAP*

Gabor Major, Rod Ling, Andrew Searles, Fiona Niddrie, Elizabeth Holliday, Ayano Kelly, John Attia & Nikolai Bogduk (2018) [The costs of confronting osteoporosis: cost study of an Australian Fracture Liaison Service](#). *JBMR Plus*, published online Mar 12. doi: 10.1002/jbm4.10046 LOCAL RESEARCH

Lintzeris, N. et al. (2018) [Transferring patients from methadone to buprenorphine: the feasibility and evaluation of practice guidelines](#). *Journal of addiction medicine*, 12(3), 234-240 LOCAL RESEARCH

van Meijel, E. et al. (2018) [The association between acute pain and posttraumatic stress symptoms in children and adolescents 3 months after accidental injury](#). *Journal of clinical psychology in medical settings*, published online May 5. doi: 10.1007/s10880-018-9567-6

Huang, J.W. et al. (2018) [The effectiveness of telemedicine on body mass index: a systematic review and meta-analysis](#). *Journal of telemedicine and telecare*, published online May 28. doi: 10.1177/1357633X18775564

Cleland, J. et al. (2018) [Medical education research: aligning design and research goals](#). *MJA*, 208(11), 473-475

Ashley Kable, Brian Kelly & Jon Adams (2018) [Effects of adverse events in health care on acute care nurses in an Australian context: a qualitative study](#). *Nursing & health sciences*, 20(2), 238-246 *Available via CIAP* LOCAL RESEARCH

Arnold, F. et al. (2018) Macrolide therapy is associated with lower mortality in community-acquired bacteraemic pneumonia. *Respiratory medicine*, 140, 115-121 *Available via CIAP (60 day embargo)*

PRESCRIBING WELLNESS: COMPREHENSIVE PAIN MANAGEMENT OUTSIDE SPECIALIST SERVICES

Opioids have important roles in the time-limited treatment of acute and cancer pain, end-of-life pain or dyspnoea, and in opioid dependency. Maintaining focus on biomedical treatments, including drugs, has limited success in chronic pain. Active self-management and healthy lifestyle choices are fundamental to addressing multisystem complexity and harnessing neuroplasticity in chronic pain. Addressing psychosocial maladaptations and physical deconditioning requires a variety of approaches, frequently involving multiple care providers. In practice, most pain care is delivered outside specialist centres by GPs and other non-pain specialists. Although they are well placed to provide multimodal care, they often lack training and confidence in delivering this care.

LOCAL RESEARCH

SOURCE: Simon Holliday, Chris Hayes, Lester Jones, Jill Gordon, Newman Harris, and Michael Nicholas (2018) [Prescribing wellness: comprehensive pain management outside specialist services](#). *Australian prescriber*, 41(3), 86-91



AUSTRALIAN STANDARDS OF CARE & TREATMENT GUIDELINES FOR TRANSGENDER & GENDER DIVERSE CHILDREN & ADOLESCENTS

The *Australian standards of care and treatment guidelines* aim to maximise quality care provision to transgender and gender diverse (TGD) children and adolescents across Australia, while recognising the unique circumstances of providing such care to this population. These are the first guidelines to be developed for TGD children and adolescents in Australia. These guidelines also move away from treatment recommendations based on chronological age, with recommended timing of medical transition and surgical interventions dependent on the adolescent's capacity and competence to make informed decisions, duration of time on puberty suppression, coexisting mental health and medical issues, and existing family support.

SOURCE: Telfer, M. et al. (2018) Australian standards of care and treatment guidelines for transgender and gender diverse children and adolescents. *MJA*, published online Jun 18. doi: 10.5694/mja17.01044 **Available via CIAP**

CHANGES OVER TIME IN HIP FRACTURE RISK

Patients with neck of femur fractures over 50 who presented to local (Newcastle and Lake Macquarie) referral centres were retrospectively identified using the ICD-9 and ICD-10 coding system. There were 233 and 308 eligible patients in 1998 and 2015. For females, the mean age for hip fracture of 83.2 years in 1998 was not significantly different from the mean age of 84.5 years in 2015. For males, the mean age for hip fracture was significantly older at 84.6 years in 2015 compared to 80.4 years in 1998. For females, the decrease in the rate of hip fracture from 1998 to 2015 was 13% and was weakly statistically significant. For males, there was a statistically significant decrease in the rate of hip fractures from 1998 to 2015 by 33%.

DEPT OF ENDOCRINOLOGY, JHCH

SOURCE: Roger Smith, Buddhini Perera & Daniela Chan (2018) Changes over time in hip fracture risk: greater improvements in men compared to women. *Clinical endocrinology*, published online Jun 9. doi: 10.1111/cen.13763 **Available via CIAP**



GAMING DISORDER

In the recently updated [International Classification of Diseases \(ICD-11\)](#), the World Health Organization (WHO) recognised a new kind of mental health condition. It's a familiar ailment, though some of us may be slow to call it a medical condition. It's called gaming disorder, and it's characterized by "a pattern of persistent or recurrent gaming behaviour." WHO said classifying "gaming disorder" as a separate addiction will help governments, families and health care workers be more vigilant and prepared to identify the risks. The agency and other experts were quick to note that cases of the condition are still very rare, with no more than up to 3 per cent of all gamers believed to be affected.

Read more...

DEBATE: King, D. et al. (2018) Internet gaming disorder should qualify as a mental disorder. *Australian & New Zealand journal of psychiatry*, 52(7), 615-617 **Available via CIAP**

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WHEAT INTOLERANCE & CHRONIC GASTROINTESTINAL SYMPTOMS IN AN AUSTRALIAN POPULATION-BASED STUDY



A total of 3542 people randomly selected from the Australian population returned a mail survey which contained questions on wheat avoidance, GI symptoms, demographic, medical, and lifestyle factors. The prevalence of self-reported wheat sensitivity in this cohort was 14.9%. The prevalence of CD was 1.2%. Doctor diagnosed CD was significantly associated with a diagnosis of FD and IBS. Those with self-reported wheat sensitivity were more likely to report

multiple abdominal symptoms (of the 18 assessed) than those without. In a multivariate analysis, self-reported wheat sensitivity was independently associated with IBS and FD.

LOCAL RESEARCH

SOURCE: Michael Potter, Marjorie Walker, Michael Jones, Natasha Koloski, Simon Keely & Nicholas Talley (2018) Wheat intolerance and chronic gastrointestinal symptoms in an Australian population-based study: association between wheat sensitivity, celiac disease and functional gastrointestinal disorders. *American journal of gastroenterology*, 113(7), 1036-1044 **Contact HNE Health Libraries to access this article**



ASPIRIN MAY BE A FOLLOW-ON OPTION TO PREVENT BLOOD CLOTS STARTING FIVE DAYS AFTER HIP OR KNEE SURGERY

In a recent Canadian trial, switching to low-dose aspirin was just as effective at preventing blood clots after joint replacement surgery as continuing the anti-clotting drug rivaroxaban. 6/1000 people taking aspirin experienced a blood clot, compared with 7/1000 taking rivaroxaban. 3.5/1000 patients experienced major bleeding with either drug. This trial included over 3,000 adults who received rivaroxaban for the first five days after surgery and then either continued with the drug as is current practice or switched to aspirin. It's unclear if these results would apply to groups with a higher risk of thrombosis.

Read more...

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

YOUNG CHILDREN WITH TYPE 1 DIABETES CAN ACHIEVE GLYCEMIC TARGETS WITHOUT HYPOGLYCEMIA

The John Hunter Children's Hospital (JHCH) intensive diabetes management program has resulted in 83% of young children in 2016 achieving target glycemia without an increase in severe hypoglycemia or diabetes ketoacidosis. Overweight remains a challenge in this population warranting action to reduce weight and protect these children from future obesity-related health risks.

DEPT OF PAEDIATRIC ENDOCRINOLOGY & DIABETES, JHCH

SOURCE: Helen Phelan, Bruce King, Donald Anderson, Patricia Crock, Prudence Lopez & Carmel Smart (2018) Young children with type 1 diabetes can achieve glycemic targets without hypoglycemia: results of a novel intensive diabetes management program. *Pediatric diabetes*, 19(4), 769-775 **Available via CIAP**

ADOLESCENT & YOUNG ADULT SUBSTANCE USE IN AUSTRALIAN INDIGENOUS COMMUNITIES



Identifying preventative approaches to substance use in Indigenous communities is the foundation for developing evidence-based responses. This study reports the findings of a systematic review of the published literature evaluating the impact of substance use programs on Australian Indigenous youth.

SOURCE: Geia, L. et al. (2018) [Adolescent and young adult substance use in Australian Indigenous communities: a systematic review of demand control program outcomes](#). *Australian and New Zealand journal of public health*, 42(3), 254-261

10 WAYS THAT LIBRARY & INFORMATION SERVICES POWER THE HEALTH SECTOR

NO 5—OUTSTANDING VALUE

An independent assessment of the return on investment in health libraries carried out in 2013 found that for every \$1 invested, there were \$9 worth of benefits. This was a conservative estimate. It took into account the time saved by clinicians in searching for answers, but it did not take into account the improved quality of the results supplied by trained information specialists. It looked at how much it would cost users to have to buy for themselves the information that they access from the library at no charge, but it did not assess the savings achieved by library staff negotiating advantageous prices with information suppliers.

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

Find out how HNE Health Libraries can help save you money and time. [We offer the following services](#): research support, alerting services, borrowing, document supply, literature searching, recording, web publishing and more...



THERAPEUTIC GUIDELINES APP NOW AVAILABLE

The Therapeutic Guidelines Mobile App (eTG Complete) is now available for download through CIAP. Comprising over 2,500 clinical topics and drug recommendations, the eTG Complete app provides busy clinicians with instant access to evidence-based recommendations on-the-go. Find the full download instructions on CIAP's [Mobile Help](#) page.

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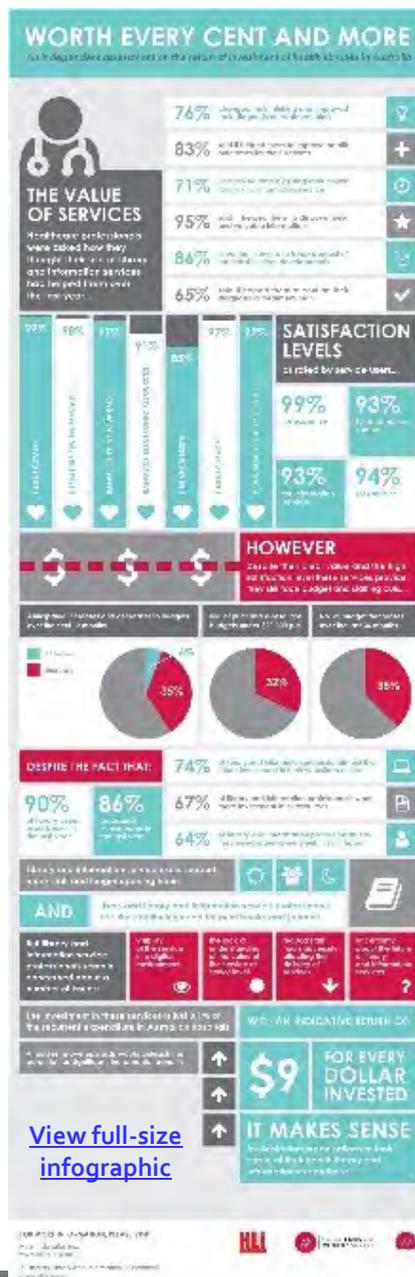
They have undergone a complete update and redesign based on user feedback and extensive consultation with NSW Health clinicians. The guides have been designed to provide a more tailored experience of the CIAP website, and include useful

links to external content such as 'Guidelines and policies', 'Clinical networks', 'Colleges and education'.

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 (e.g. 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.

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