

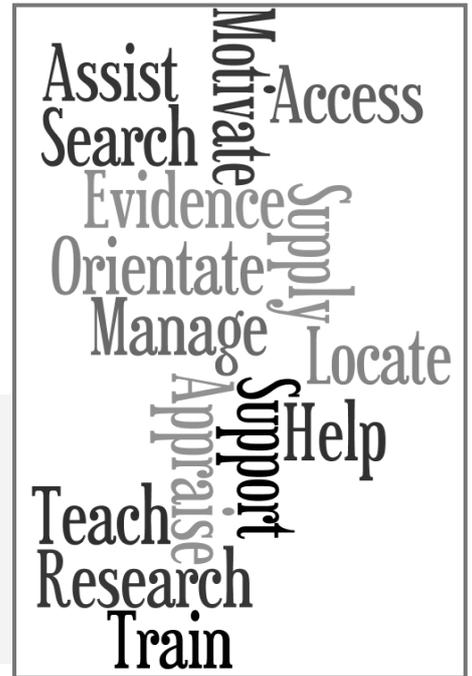


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linking evidence with practice

Library Lore

The newsletter of [HNE Health Libraries](#)
Vol 14(9) September 2018



POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME DURING PREGNANCY

Postural Orthostatic Tachycardia Syndrome (POTS) is most commonly seen in women of child bearing age, however little is known about its effects in pregnancy. A systematic review was conducted, however the overall quality of evidence available was poor using the NHMRC Evidence Grading Matrix, due to small sample sizes and mostly observational studies. Nevertheless, the results indicate that symptom course is variable during pregnancy and the post-partum period. Continuing pre-conception medication may help symptoms, with no significant risks reported. Obstetric complications, not POTS, should dictate mode of delivery. POTS did not appear to affect the rate of adverse events. These results are important in determining appropriate management and care in this population.



ANGELA SMITH
LIAISON LIBRARIAN /
RESEARCH SUPPORT
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SOURCE: Kate Morgan, Catherine Chojenta, Meredith Tavener, Angela Smith & Deb Loxton (2018) Postural Orthostatic Tachycardia Syndrome during pregnancy: a systematic review of the literature. [Autonomic neuroscience: basic & clinical](#), published online May 9. doi: 10.1016/j.autneu.2018.05.003 Available via [ClinicalKey](#)

HNE HEALTH LIBRARIANS CAN IMPROVE YOUR REVIEW

HNE Health Librarians have contributed to many recent reviews (literature, rapid, systematic...) on important health issues. We can improve your review by being part of your research team. Are you taking full advantage of this valuable staff resource? [Find out more on our website](#) or [contact HNE Health Libraries](#).

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

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

SUICIDE RISK STRATIFICATION IS NOT ACCURATE ENOUGH TO BE CLINICALLY USEFUL IN ASSESSMENT

In clinical populations, suicidal behaviours are future events that should be the focus of prevention. Risk assessments are done to classify individuals as high risk or low risk for future suicidal behaviours. However, the inaccuracy of suicide prediction has been known for 60 years... The most common single factor used to classify high risk for suicide is suicidal ideation. Despite substantial effort over decades to identify risk factors and develop predictive instruments, risk stratification is too inaccurate to be clinically useful and might even be harmful. An alternative approach comprising a needs assessment, identification of modifiable risk factors, and use of effective interventions should be employed to guide management. Future research could be directed away from risk stratification and toward a better understanding of needs, specific modifiable risk factors, and effective intervention.

LOCAL RESEARCH

SOURCE: Gregory Carter & Matthew Spittal (2018) Suicide risk assessment: risk stratification is not accurate enough to be clinically useful and alternative approaches are needed. *Crisis*, 39(4), 229-234 Contact [HNE Health Libraries](#) to access this article

SUPPORTED DECISION-MAKING FROM THE PERSPECTIVES OF MENTAL HEALTH SERVICE USERS, FAMILY MEMBERS SUPPORTING THEM & MENTAL HEALTH PRACTITIONERS

This recent study explored the barriers and facilitators to supported decision-making from an Australian perspective. Ninety narrative interviews about experiences of supported decision-making were conducted and analysed. Participants were mental health service users who reported diagnoses of schizophrenia, psychosis, bipolar disorder and severe depression; family members supporting them and mental health practitioners, including psychiatrists. Supported decision-making was considered in terms of interpersonal experiences and legal supported decision-making mechanisms.

Negative interpersonal experiences in the mental health care system undermined involvement in decision-making for people with psychiatric diagnoses and family carers. Mental health practitioners noted their own disempowerment in service systems as barriers to good supported decision-making practices. All groups noted the influence of prevailing attitudes towards mental health service users and the associated stigma and discrimination that exist in services and the broader community. They believed that legal supported decision-making mechanisms facilitate the participation of mental health service user and their family supporters in supported decision-making.

SOURCE: Kokanović, R. et al. (2018) [Supported decision-making from the perspectives of mental health service users, family members supporting them and mental health practitioners](#). *Australian and New Zealand journal of psychiatry*, 52(9), 826-833 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

HOW TO IMPROVE PATIENT CARE & SAVE PUBLIC MONEY AT THE SAME TIME

GRATTAN Institute According to a recent report from the Grattan Institute, Australia could save \$1.5 billion a year on health spending by improving the safety of patient care in hospitals. One in nine patients who go into hospital in Australia suffers a complication. Those complications cost public hospitals more than \$4 billion a year. If all hospitals in Australia lifted their safety performance to match the best 10% of hospitals, an extra 250,000 patients would go home complication-free each year, freeing up beds and resources so another 300,000 patients could be treated. 'One size fits all' accreditation should be replaced with a system based on measurable safety outcomes, tailored to each hospital's situation. [Read more...](#)

SOURCE: Duckett, S. et al. (2018) Safer care saves money: how to improve patient care and save public money at the same time. Grattan Institute.

PEOPLE WITH OSTEOARTHRITIS CAN BENEFIT FROM EXERCISE BUT MAY HARBOUR MYTHS ABOUT SAFETY

Programmes that show people with osteoarthritis how to exercise safely may slightly improve pain scores, self-belief and social function, but participants also report the myth that discomfort while exercising indicates on-going harm. The review combines moderate- to low-quality evidence from 21 randomised controlled trials (2,372 people) evaluating the effects of exercise on physical and mental health of men and women aged over 45 with hip and/or knee osteoarthritis—with qualitative evidence from patient interviews.



SOURCE: Hurley, M. et al. (2018) [Exercise interventions and patient beliefs for people with hip, knee or hip and knee osteoarthritis: a mixed methods review](#). *Cochrane database of systematic reviews*, Issue 4

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.

Kiluk, B. et al. (2018) Randomized clinical trial of computerized and clinician-delivered CBT in comparison with standard outpatient treatment for substance use disorders: primary within-treatment and follow-up outcomes. [American journal of psychiatry](#), 175(9), 853-863 *Available via CIAP*

Siskind, D. et al. (2018) Augmentation strategies for clozapine refractory schizophrenia: a systematic review & meta-analysis. [Australian and New Zealand journal of psychiatry](#), 52(8), 751-767 *Available via CIAP*

Watson, R. et al. (2018) [What is a 'timely' diagnosis? Exploring the preferences of Australian health service consumers regarding when a diagnosis of dementia should be disclosed](#). [BMC health services research](#), 18:612 *LOCAL RESEARCH*

Strøm, C. et al. (2018) [Hospitalisation in short-stay units for adults with internal medicine diseases and conditions](#). *Cochrane database of systematic reviews*, Issue 8

Westaway, K. et al. (2018) The extent of antipsychotic use in Australian residential aged care facilities and interventions shown to be effective in reducing antipsychotic use: a literature review. [Dementia](#), published online Aug 28. doi: 10.1177/1471301218795792

Jans, C. et al. (2018) Patient perceptions of living with head and neck lymphoedema and the impacts to swallowing, voice and speech function. [European journal of cancer care](#), published online Jul 25. doi: 10.1111/ecc.12894 *Available via CIAP LOCAL RESEARCH*

Carter, S. et al. (2018) Effect of 1 month of zopiclone on obstructive sleep apnoea severity and symptoms: a randomised controlled trial. [European respiratory journal](#), 52(1): 1800149

Pickard, R. et al. (2018) [Continuous low-dose antibiotic prophylaxis to prevent urinary tract infection in adults who perform clean intermittent self-catheterisation: the AnTIC RCT](#). [Health technology assessment](#), 22(24), 1-102

Mulders, M. et al. (2018) Association between radiological and patient-reported outcome in adults with a displaced distal radius fracture: a systematic review and meta-analysis. [The journal of hand surgery](#), 43(8), 710-719.e5 *Available via ClinicalKey*

Kox, L. et al. (2018) Health effects of wrist-loading sports during youth: a systematic literature review. [Journal of physical activity & health](#), 15(9), 708-720

Head, S. et al. (2018) Stroke rates following surgical versus percutaneous coronary revascularization. [Journal of the American College of cardiology](#), 72(4), 386-398 *Available via ClinicalKey*

Beiswenger, A. et al. (2018) A systematic review of the efficacy of aspirin monotherapy versus other antiplatelet therapy regimens in peripheral arterial disease. [Journal of vascular surgery](#), 67(6), 1922-1932 *Available via ClinicalKey*

Sperry, J. et al. (2018) Prehospital plasma during air medical transport in trauma patients at risk for hemorrhagic shock. [NEJM](#), 379(4), 315-326 *Available via CIAP*

Castor, N. & El Massioui, F. (2018) Resilience after a neurological pathology: what impact on the cognitive abilities of patients with brain damage? [Neuropsychological rehabilitation](#), published online Aug 23. doi: 10.1080/09602011.2018.1512873

Uminski, K. et al. (2018) [Effect of post-discharge virtual wards on improving outcomes in heart failure and non-heart failure populations: a systematic review and meta-analysis](#). [PLoS One](#), 13(4): e0196114

DeCou, C. & Lynch, S. (2018) Sexual orientation, gender, and attempted suicide among adolescent psychiatric inpatients. [Psychological services](#), 15(3), 363-369

Khan, S. et al. (2018) Efficacy and safety of mechanical versus manual compression in cardiac arrest. A Bayesian network meta-analysis. [Resuscitation](#), 130, 182-188 *Available via ClinicalKey*

McCloskey, R. & Reno, R. (2018) Complementary health approaches for postpartum depression: a systematic review. [Social work in mental health](#), published online Aug 23. doi: 10.1080/15332985.2018.1509412

GAME-CHANGING THERAPY FOR SEVERE ASTHMA

THE latest therapy in the treatment of severe asthma has been described as a "game-changer" by local expert Peter Gibson. Professor Gibson is a respiratory physician at John Hunter Hospital, as well as co-Director of the Centre for Healthy Lungs at the University of Newcastle, and Hunter Medical Research Institute. Professor Gibson wrote that severe asthma represents "only a small part of asthma, perhaps between 1% and 3%.... But its impact is great, causing a significant quality of life and economic burden to people with the disease and to our community.... Over 60% of the asthma health care spend is on severe asthma, and per patient costs are more than for type 2 diabetes, chronic obstructive pulmonary disease or stroke..."

SOURCE: [Severe asthma in Australia](#). *MJA*, 209 (Issue 2, supplement)

SEE ALSO: [MJA podcast Episode 60 \(2018\): Severe asthma, with Prof Peter Gibson](#)



[Read more...](#)

PRINCIPLES & PRACTICE OF PSYCHIATRIC REHABILITATION

People with severe mental disorders experience difficulty in functioning in several domains of life that are not related to the illness and the symptoms. Medical management for severe mental disorders leads to improvement in symptoms and distress that may not always correlate with functional improvement. Comprehensive rehabilitative care is necessary to reengage the person in life activities. Rehabilitation interventions need to be person-centred with supports from the environment and removal of barriers to progress recovery. Rehabilitative care should be enhanced by integrated recovery-orientated practices that sustain hope, and promote self-agency. This paper discusses the definition of psychiatric rehabilitation and a model of the processes involved.

LOCAL RESEARCH

SOURCE: Srinivasan Tirupati (2018) [The principles and practice of psychiatric rehabilitation](#). *Indian journal of mental health and neurosciences*, 1(1), 8-12

NURSING CARE CONSIDERATIONS FOR DIALYSIS PATIENTS WITH A SLEEP DISORDER

Sleep disorders are common in patients with kidney disease. Many renal disease-related factors such as anaemia, fluid and uraemic toxin accumulation are found to cause poor sleep quality. Inadequate sleep and reduced sleep time increases risk of hypertension and proteinuria, and exaggerates kidney failure. The consequences of sleep disorders such as fatigue and depression have a profound impact on the patient's quality of life and survival, yet sleep is not routinely assessed in current renal practice. The purpose of this paper is to explain the definition and clinical symptoms of different types of sleep disorders that are commonly reported by patients with kidney disease. The potential causes of each sleep disorder and the risk factors associated with kidney failure are also a focus of this paper. We have reviewed commonly used screening tools and summarised some useful strategies that can be initiated by a nurse when caring for a patient with kidney disease and a co-existing sleep disorder

NEPHROLOGY DEPT and DEPT OF RESPIRATORY & SLEEP MEDICINE, JHH

SOURCE: Ginger Chu, Kayla Szymanski, Melinda Tomlins, Nick Yates & Vanessa McDonald (2018) Nursing care considerations for dialysis patients with a sleep disorder. *Renal Society of Australasia journal*, 14(2), 52-58

[Contact HNE Health Libraries to access this article](#)

SEE ALSO: Ginger Chu, Kelly Adams, Gemma Fogarty & Liz Holliday (2018) Does good hygiene compliance reduce catheter-related blood stream infection?: A single centre experience. *Renal Society of Australasia journal*, 14(2), 65-69

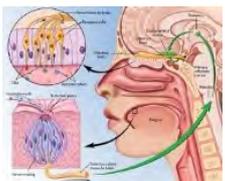
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COMPARISON OF EARLY INTERVENTION SERVICES VS TREATMENT AS USUAL FOR EARLY-PHASE PSYCHOSIS

The value of early intervention in psychosis and allocation of public resources has long been debated because outcomes in people with schizophrenia spectrum disorders have remained suboptimal. This review of 10 randomized trials (n=2176) found that in first-episode psychosis or early-phase schizophrenia spectrum disorders, early intervention services (EIS) are superior to treatment as usual across all meta-analyzable outcomes. Superiority of EIS regarding all outcomes was evident at 6, 9 to 12 months of treatment.

SOURCE: Correll, C. et al. (2018) Comparison of early intervention services vs treatment as usual for early-phase psychosis: a systematic review, meta-analysis, and meta-regression. *JAMA psychiatry*, 75(6), 555-565

[Available via CIAP](#)



OLFACTORY TESTING IN FRONTOTEMPORAL DEMENTIA

Frontotemporal dementia (FTD) is a heterogeneous disorder featuring language impairment, personality changes, and executive defects, often due to the frontotemporal lobar degeneration (FTLD). Both FTD and FTLD are often associated with olfactory impairment, an early biomarker for neurodegeneration, which can be evaluated with different techniques, among which low-cost olfactory tests are widely used. A review of the literature found a general decrease in olfactory identification ability was common and, taken together with a preserved odour discrimination, reveals a higher order impairment, possibly linked to cognitive decrease or language impairments, and not to a specific deficit of the olfactory system.

SOURCE: Tonacci, A. & Billeci, L. (2018) Olfactory testing in frontotemporal dementia: a literature review. *American journal of Alzheimer's Disease and other dementias*, 33(6), 342-352

[Contact HNE Health Libraries to access this article](#)

ASSOCIATION OF EARLY INTRODUCTION OF SOLIDS WITH INFANT SLEEP

The Enquiring About Tolerance study was a UK population-based randomized clinical trial of 1303 exclusively breastfed 3-month-old infants. WHO recommends exclusive breastfeeding for 6 months. However, 75% of British mothers introduce solids before 5 months and 26% report infant waking at night as influencing this decision. The study found that the early introduction of solids into the infant's diet was associated with longer sleep duration, less frequent waking at night, and a reduction in reported very serious sleep problems. Differences between the 2 study groups peaked at age 6 months.



SOURCE: Perkin, M. et al. (2018) [Association of early introduction of solids with infant sleep: a secondary analysis of a randomized clinical trial](#). *JAMA pediatrics*, 172(8): e180739

[Available via CIAP](#)

CLINICAL & COST-EFFECTIVENESS OF LAMOTRIGINE IN BPD

This was a multicentre, double-blind, placebo-controlled randomized trial in the UK. A total of 195 participants were followed up at 52 weeks, at which point 36% of those in the lamotrigine group and 42% of those in the placebo group were taking study medication. The mean ZAN-BPD score was 11.3 among those in the lamotrigine group and 11.5 among those in the placebo group. Levels of adherence in this pragmatic trial were low, but greater adherence was not associated with better mental health. No statistically significant differences in secondary outcomes were seen at any time. Costs of direct care were similar in the two groups. The results suggest that treating people with borderline personality disorder with lamotrigine is not a clinically effective or cost-effective use of resources.

SOURCE: Crawford, M. et al. (2018)

The clinical effectiveness and cost-effectiveness of lamotrigine in borderline personality disorder: a randomized placebo-controlled trial. *American journal of psychiatry*, 175(8), 756-764

[Available via CIAP](#)



WHAT CAN WE LEARN WHEN A CLINICAL TRIAL IS STOPPED?

An early halt to a trial of deep brain stimulation for depression reveals little about the treatment but more about the changing nature of clinical trials.

[Read more...](#)

SOURCE: Mayberg, H. et al. (2005) [Deep brain stimulation for treatment-resistant depression](#). *Neuron*, 45(5), 651-660

SOURCE: Holtzheimer, P. et al. (2017) Subcallosal cingulate deep brain stimulation for treatment-resistant depression: a multisite, randomised, sham-controlled trial. *Lancet psychiatry*, 4(11), 839-849

[Contact HNE Health Libraries to access this article](#)

READ MORE: <https://www.theatlantic.com/science/archive/2018/04/zapping-peoples-brains-didnt-cure-their-depression-until-it-did/558032/>

READ MORE: <http://theconversation.com/could-an-experimental-brain-surgery-make-you-happier-88060>

IN THE NEWS



10 WAYS THAT LIBRARY & INFORMATION SERVICES POWER THE HEALTH SECTOR

NO 6—INFORMATION LITERACY

Health librarians are not only skilled in information literacy and critical thinking, they help others develop these skills. Anyone can Google; not everyone knows how to identify the most relevant, timely and credible sources. As information seekers, librarians are fast, efficient and thorough, and they provide training for their clients to improve the information literacy of everyone in the organisation.

HNE HEALTH LIBRARIES CAN SUPPORT YOUR PD & RESEARCH ACTIVITIES

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

- 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 to complete a literature review
- Assist you to identify and critically appraise evidence
- Provide training in reference management (eg. Endnote)

FREE personal tutorials can be provided in the library, at your workplace or remotely via Bridgit.

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. Or explore [Tutorials and Guides](#) via the HNE Health Libraries website.

SEARCHING THE LITERATURE

Don't know where to start?

Let HNE Health Libraries point you in the right direction. [This session is an introduction](#) to search methods and the resources available to HNE Health staff.

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 E-mail: Nina.Sithakarn@hnehealth.nsw.gov.au

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

MAITLAND—Level 3, Education Centre
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 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

CIAP EVIDENCE-BASED PRACTICE WORKSHOP

CIAP will be conducting a full day Evidence-Based Practice Workshop on Tuesday 13th November (8.15am-4pm) at the Hunter Medical Research Institute (HMRI) auditorium.



The workshop is open to all NSW Health Staff. There is NO cost to attend. Morning tea and lunch will be provided. Register [online](#).

NEW MOBILE TECHNOLOGY ASSISTING DOCTORS IN DIABETES MANAGEMENT



District doctors and clinicians working with people with diabetes now have access to a mobile phone application that can assist with insulin management.

Thinksulin, developed by the Agency for Clinical Innovation

(ACI), is a tool designed to assist with choosing the right dose of insulin. The application aims to enhance the capacity and/or capability of medical officers and nursing staff, who are responsible for prescribing and administering insulin to patients in hospital with diabetes. It is free to download (App store or Google Play) and doesn't require users to register an account. The App is intuitive, featuring built-in algorithms, calculators, definitions sections, checklists, charts and references. [Read more...](#)

SEE ALSO: Report in CE news...



PEDIATRIC CARE ONLINE NOW AVAILABLE VIA CIAP

PEMSoft has been discontinued by the publisher and is no longer available on CIAP. Following stakeholder engagement, CIAP has replaced PEMSoft with *Pediatric Care Online* (PCO), a paediatric decision support tool from the American Academy of Paediatrics.

Find PCO in the 'Quick Links' and 'Diseases and Conditions' panels on CIAP as well as the Paediatric Specialty Guide. Alternatively, you can download the PCO app from the [Mobile page](#) on CIAP.

There have been a number of changes to the CIAP collection from 1st July 2018 – [find out about them all](#).

GLYCAEMIC CONTROL APPS FOR DIABETES

Patients with diabetes should be warned about the potential for insulin dosing errors with glycaemic control smartphone apps, as regulators struggle to oversee the rapidly growing sector.

Although apps increasingly advise on insulin doses, there is minimal published information on safety and efficacy, despite these apps effectively providing drug treatment recommendations without health care professional oversight. Most diabetes apps are not listed with the Therapeutic Goods Administration (TGA), but even those that are have not been required to undergo third-party assessment as they are only Class I devices. As a result, the Australian public are not receiving the health and safety protection they ought to reasonably expect from the regulator. [Read more...](#)

SEE ALSO: Huang, Z. et al. (2018) Clinical relevance of smartphone apps for diabetes management: a global overview. *Diabetes/metabolism research and reviews*, 34(4): e2990 [Available via CIAP](#)