2000


Glucocorticoids have well-documented effects on the skeleton, although their mechanism of action is still poorly understood. The actions of glucocorticoids on bone cells are mediated, in part, directly via specific receptors. The presence of these receptors has been demonstrated in both rodent and human osteoblastic cells in vitro, but their presence in human bone in vivo has not been reported. In this study, we have used specific affinity purified polyclonal antibodies to the functional glucocorticoid receptor α (GRα) to investigate its expression in both developing and adult human bone using sections of neonatal rib, calvarial, and vertebral bones, tibial growth plates from adolescents, and iliac crest biopsies from adults who were to undergo liver transplantation. In the tibial growth plates, GRα was predominantly expressed in the hypertrophic chondrocytes within the cartilage. In the primary spongiosa, the receptor was highly expressed by osteoblasts at sites of bone detected in mononuclear cells and in endothelial cells of blood vessels. In the neonatal rib and vertebrae, GRα was widely distributed at sites of endochondral bone formation in resting, proliferating, mature, and hypertrophic chondrocytes. They were also highly expressed in osteoblasts at sites of bone modeling. At sites of intramembranous ossification in neonatal calvarial bone and rib periosteum, GRα was widely expressed in cells within the fibrous tissue and in osteoblasts at both the bone-forming surface and at modeling sites. In the iliac crests from adults, GRα was predominantly expressed in osteocytes. The receptors were not detected in osteoclasts. Our results show for the first time the presence of the functional GRα in human bone in situ and suggest that the actions of glucocorticoids on bone may be mediated, in part, directly via the GR at different stages of life. The absence of receptor expression in osteoclasts also suggests that the effects of glucocorticoids on bone resorption may be mediated indirectly.


Reports the author's experiences with the development of a help card for distribution to patients who commit deliberate self-harm (DSH) presenting to a general hospital. The authors propose an intervention in which casualty doctors offered DSH patients a pocket-sized card with phone numbers and hours of availability comprising the Samaritans, Relate, a local alcohol and drug abuse agency, a line for young people, Rape and Incest crisis, and the national debt line. 20 of 48 patients reported receiving such a card, and of these, 15 thought it was a good idea, and 6 of 7 who called one of the numbers found it helpful. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


The authors reported on a depressed patient (51 yrs old) with liver disease and esophageal varices who responded to intensive psychiatric intervention on a medical unit. The case illustrates the well-known efficacy of ECT in retarded depression with psychotic symptoms. The patient's rapidly deteriorating physical state comorbid with severe depression illustrates the importance of considering treatment with ECT where rapid improvement in mental state is essential. Her case emphasizes the successful use of ECT in the presence of varices, and highlights some precautions that could be taken in treating similar patients. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Objective: To establish the incidence and severity of congenital and neonatal varicella in Australia. Methodology: Demographic and clinical details were obtained by postal questionnaire regarding cases notified to the Australian Paediatric Surveillance Unit by over 930 participating clinicians in 1995-97 inclusive. Results: Seven cases of congenital varicella (1: 107 000 pregnancies/year) followed maternal infection at 8-26 weeks: five had defects, two did not. Four of the seven infants with congenital varicella
developed herpes zoster in the first 15 months of life. Forty-four infants had neonatal varicella (1:17 000 pregnancies/year). Conclusion: There is an ongoing, albeit low, incidence of congenital and neonatal varicella in Australia.


Background Survivors of acute myocardial infarction (MI) complicated by heart failure and/or resulting in left ventricular dysfunction are at heightened risk for subsequent death and major nonfatal cardiovascular events. Inhibition of the renin-angiotensin system with an angiotensin-converting enzyme inhibitor has consistently been demonstrated to result in reductions in these risks by approximately 20%.

The development of angiotensin II receptor blockers offers a new, more specific, and theoretically more complete pharmacologic mode to inhibit the adverse influence of angiotensin II. Methods Valsartan in Acute Myocardial Infarction (VALIANT) is a multicenter, double-blind, randomized, active controlled parallel group study comparing the efficacy and safety of long-term treatment with valsartan, captopril, and their combination in high-risk patients after MI. The trial is designed with 3 arms, giving equal statistical consideration to survival comparisons of captopril versus the angiotensin II receptor blocker valsartan, as well as the combination of captopril plus valsartan, compared with a proven effective dose of captopril. This 14,500-patient trial is designed with an 86% power to detect a 15% reduction in mortality rate with either use of valsartan compared with captopril. The trial encourages optimal individualization of other proven therapies in acute and chronic infarction, and the international patient body ensures good representation of multiple practice patterns. Conclusion VALIANT is a large international investigative effort that will evaluate the role of valsartan in the management of patients with MI associated with heart failure and/or left ventricular dysfunction. The use of a proven dose of captopril and the comparator arms with valsartan alone or in combination with captopril provides a unique test of whether the angiotensin II receptor blocker can make an additional improvement in clinical outcomes beyond angiotensin-converting enzyme inhibitors. (Am Heart J 2000 140:727-34.)

Background Blood pressure is a determinant of the risk of stroke among both hypertensive and non-hypertensive individuals with cerebrovascular disease. However, there is uncertainty about the efficacy and safety of blood-pressure-lowering treatments for many such patients. The perindopril protection against recurrent stroke study (PROGRESS) was designed to determine the effects of a blood-pressure-lowering regimen in hypertensive and non-hypertensive patients with a history of stroke or transient ischaemic attack. Methods 6105 individuals from 172 centres in Asia, Australasia, and Europe were randomly assigned active treatment (n=3051) or placebo (n=3054). Active treatment comprised a converting enzyme inhibitor perindopril (4 mg daily), with the addition of the diuretic indapamide at the discretion of treating physicians. The primary outcome was total stroke (fatal or non-fatal). Analysis was by intention to treat. Findings Over 4 years of follow up, active treatment reduced blood pressure by 9/4 mm Hg. 307 (10%) individuals assigned active treatment suffered a stroke, compared with 420 (14%) assigned placebo (relative risk reduction 28% [95% CI 17–38], p=0.0001). Active treatment also reduced the risk of total major vascular events (26% [16–34]). There were similar reductions in the risk of stroke in hypertensive and non-hypertensive subgroups (all
Combination therapy with perindopril plus indapamide reduced blood pressure by 12/5 mm Hg and stroke risk by 43% (30–54). Single-drug therapy reduced blood pressure by 5/3 mm Hg and produced no discernible reduction in the risk of stroke. Interpretation This blood-pressure-lowering regimen reduced the risk of stroke among both hypertensive and non-hypertensive individuals with a history of stroke or transient ischaemic attack. Combination therapy with perindopril and indapamide produced larger blood pressure reductions and larger risk reductions than did single drug therapy with perindopril alone. Treatment with these two agents should now be considered routinely for patients with a history of stroke or transient ischaemic attack, irrespective of their blood pressure.


Basilar artery thrombosis is an infrequent but important neurological emergency requiring early diagnosis and treatment. Of particular relevance to emergency medicine is the recognition and consideration of the unusual signs that may be present in an often previously well patient. It is therefore crucial to expedite investigations, confirm the diagnosis and commence life saving treatment through the early involvement of a number of disciplines including neurology, radiology and intensive care. This paper confirms the use of magnetic resonance imaging and angiography as the preferred investigative mode and microcatheter directed intra-arterial thrombolysis as the treatment strategy of choice. (author abstract)


The efficacy of a new vacuum extraction device, the Kiwi OmniCup, and its effects on mothers and infants were tested in a study of 18 non-rotational and 32 rotational vacuum assisted deliveries. Forty-nine (98%) of the extractions resulted in successful vaginal births. Autorotation of the fetal head when the occiput was transverse or posterior was achieved in 31 (97%) of the 32 vacuum procedures. The high success rates recorded for both vaginal delivery and autorotation of the fetal head were largely attributable to the fact that flexing cup applications were achieved in 90% of the vacuum attempts. There were no cases of serious maternal trauma or clinically significant neonatal injuries. Two infants had cephalohaematomas and one infant developed a small subgaleal haemorrhage following a difficult delivery, which resolved rapidly without complications. It was concluded that the Kiwi OmniCup is an efficient and safe vacuum device for assisted vaginal delivery, provided it is used correctly and appropriately.


Aims and method: A repetition after 5 years of a prospective case note audit, looking at the impact of a recently established deliberate self-harm (DSH) assessment team on the quality of DSH assessment at Kettering general hospital. Results: A specialist DSH team achieved improvement in the quality of psychiatric assessments for the majority of patients who harmed themselves. Assessments of mental state by accident and emergency (A & E) and medical staff before referral to the psychiatric team remain problematic. Clinical implications: Setting up a specialist team to assess patients who harm themselves can improve the quality of the psychiatric care they receive, but emphasis must still be placed on an adequate assessment of mental state by medical and nursing staff in A & E and on medical wards.
2002


Abstract Background: Trafermin (basic fibroblast growth factor) has been shown to reduce infarct volume in acute ischemic stroke models, and to promote functional recovery and new synapse formation when given to animals with completed cerebral infarction. A previous study in acute stroke patients suggested that trafermin was safe and well tolerated when given over a 3-hour period over a wide dose range. Methods and Results: Double-blind, parallel group, placebo-controlled trial of a single 24-hour intravenous infusion of trafermin. Patients having onset of stroke symptoms within 6 h and a baseline score of ≥7 on the NIH Stroke Scale (≥2 motor) were randomized to receive 5 or 10 mg of trafermin or placebo intravenously infused over 24 h. The primary efficacy outcome was a categorized combination of the Barthel and Rankin scales assessed at 90 days. A total of 286 patients had been enrolled at 55 sites in 11 countries when the sponsor directed that enrollment be stopped because an interim analysis of efficacy data predicted too small a chance of demonstrating a statistically significant benefit after recruitment of the planned 900 patients. The 5-mg group showed a slight but nonsignificant advantage over placebo (OR 1.2, 95% CI 0.72–2.00, p = 0.48) the 10-mg group showed a nonsignificant disadvantage (OR 0.74, 95% CI 0.44–1.22, p = 0.24). Mortality rates at 90 days were 17% in the 5-mg group, 24% in the 10-mg group and 18% in the placebo group. Treatment with trafermin was associated with an increased leukocytosis and a decrease in blood pressure: mean decrease in systolic blood pressure from baseline was 19 mm Hg in the 5-mg group, 22 mm Hg in the 10-mg group and 8 mm Hg in the placebo group. In a post hoc subgroup analysis, patients in the 5-mg group treated more than 5 h after the onset of symptoms showed an apparent advantage over placebo (OR 2.1, 95% CI 1.00–4.41, p = 0.044 after age adjustment: OR 1.9, 95% CI 0.91–4.13, p = 0.08). Conclusions: With the proper treatment regimen, trafermin can likely be given safely to stroke patients. The 5-mg dose showed a trend toward a treatment advantage. The ideal time window for this agent may exceed 5 h. This may open new avenues for acute stroke therapy, aiming at enhancing recovery mechanisms rather than immediate neuroprotection. Copyright © 2002 S. Karger AG, Basel


The authors present three cases that demonstrate some possible complications of full thickness bone grafts. (non-author abstract)


BACKGROUND: The Physiological and Operative Severity Score for enUmeration of Mortality and Morbidity (POSSUM) is an auditing tool designed to compare surgical outcomes independent of case mix. It uses patient physiological and operative data to predict morbidity and mortality for surgical patients. Thus far most evaluations of the POSSUM algorithm and its modifications have emanated from British hospitals. A single-centre retrospective study was therefore performed to determine the applicability of this tool to the Australian surgical case mix. METHODS: All surgical patients undergoing a surgical procedure admitted to the Royal Brisbane Hospital intensive care facility in 1999 were reviewed retrospectively. Mortality predictions using the Portsmouth modification of the POSSUM algorithm (P-POSSUM) were compared to the actual outcomes using receiver-operator characteristic curve analysis and the Hosmer and Lemeshow Goodness-of-Fit test. RESULTS: The records of 229 admissions were reviewed. The area under the receiver-operator characteristic curve was 0.68, significantly greater than 0.5 (P = 0.014). Predicted deaths were significantly greater than actual deaths (50 vs 28, P < 0.001), with over-prediction of death rates in all mortality groupings except the two lowest risk deciles. CONCLUSION: The P-POSSUM algorithm tends to over-estimate mortality in surgical intensive care patients. It may require further calibration before adoption as a surgical audit tool in Australia. (author abstract)

All female members and a randomly selected group of male members of the Australian Society of Anaesthetists (n=488) were surveyed by questionnaire as part of a broader study of gender issues in anaesthesia. This paper reports on reasons for career choice and the importance of role models. Responses were received from 199 women and 98 men (60.9% of those surveyed), representing all States and one Territory. Most males (95.9%) and a majority of females (55.7%) worked full-time.

Reasons for career choice varied with gender, with a significantly greater proportion of women (39.7%) than men (8.7%) choosing anaesthesia because of controllable hours, particularly the ability to work part-time. Experiences in anaesthesia during internship and residency were important for 19.1% of women and 14.1% of men, although very few mentioned undergraduate exposure. Other important factors in career choice were the application of physiology and pharmacology in patient care, practical and procedural aspects of practice, and chance. A majority of women (56%) and men (55%) named specific role models who were influential and encouraging in their choice. These results are similar to those of other studies.


Background The Long-term Intervention with Pravastatin in Ischaemic Disease (LIPID) study showed that pravastatin therapy over 6 years reduced mortality and cardiovascular events in patients with previous acute coronary syndromes and average cholesterol concentrations. We assessed the longer-term effects of initial treatment with pravastatin on further cardiovascular events and mortality over a total follow-up period of 8 years. Methods In the main trial, 9014 patients with previous myocardial infarction or unstable angina and a baseline plasma cholesterol concentration of 4.0–7.0 mmol/L were randomly assigned pravastatin 40 mg daily or placebo and followed up for 6 years. Subsequently, all patients were offered open-label pravastatin for 2 more years. Major cardiovascular events and adverse events were compared according to initial treatment assignment. Findings 7680 (97% of those still alive) had 2 years of extended follow-up. 3766 (86%) of those assigned placebo and 3914 (88%) assigned pravastatin agreed to take open-label pravastatin. During this period, patients originally assigned pravastatin had almost identical cholesterol concentrations to those assigned placebo, but a lower risk of death from all causes (219 [5.6%] vs 255 [6.8%], p=0.029), coronary heart disease (CHD) death (108 [2.8%] vs 137 [3.6%], p=0.026), and CHD death or non-fatal myocardial infarction (176 [4.5%] vs 196 [5.2%], p=0.08). Over the total 8-year period, all-cause mortality was 888 (19.7%) in the group originally assigned placebo and 717 (15.9%) in the group originally assigned pravastatin; CHD mortality was 510 (11.3%) versus 395 (8.8%), myocardial infarction was 570 (12.7%) versus 435 (9.6% each p<0.0001), and stroke was 272 (6.0%) versus 224 (5.0% p=0.015). Stronger evidence of separate treatment benefits than in the main trial was seen in important prespecified subgroups (women, patients aged ≥70 years, and those with total cholesterol <5.5 mmol/L). Pravastatin had no significant adverse effects. Interpretation The evidence of sustained treatment benefits and safety of long-term pravastatin treatment reinforces the importance of long-term cholesterol-lowering treatment for almost all patients with previous CHD events.


The objectives of this study were to evaluate the outcomes of our patients admitted with hip fractures, and to benchmark these results with other hospitals, initially in Europe and subsequently in Australia. The Standardised Audit of Hip Fractures in Europe (SAHFE) questionnaires was used as the data gathering instrument. The participants were all patients admitted to Redcliffe Hospital with a fractured neck of femur prior to surgery. This paper reports the results of the first 70 consecutive patients admitted to Redcliffe Hospital with a fractured neck of femur from November 1st 2000. The main outcome measures were mobility, independence, residence prior to fracture type of fracture and surgical repair and time to surgery, survival rates and discharge destination. Results: 43 patients were admitted from home, but only 13 returned home directly from the orthopaedic ward. It is hoped that most of the 26 transferred to the rehabilitation ward will ultimately return home. 7 patients died, these were aged 82 to 102, and all had premorbid disease. Delays in surgery were apparent for 13 patients, mainly due to administrative problems. Conclusions: We support the recommendation in the Fifteenth Scottish Intercollegiate Guidelines Network Publication on the management of hip fractures, that all units treating this condition should enter an audit to evaluate their management. (author abstract)


Study objectives: Many emergency department pediatric sedation policies mandate that the child patient be fasting for a minimum of 4 to 6 hours before administration of sedation. In a busy ED, this
leads to frustrating delays for the staff and for the family, who often have to care for other children. There is little evidence in the literature to support this fasting requirement. The objective of this study was to define the incidence of vomiting in relation to fasting time when using intravenous ketamine hydrochloride for pediatric procedural sedation and to see whether a longer fasting time is related to a decreased incidence of vomiting.


Unsuccessful vacuum extraction, cup detachment and failed anterior rotation in occipitoposterior positions are commonly associated with obstetric factors that are avoidable or correctable. These factors include the preferential use of soft vacuum cups, incorrect cup applications and attempts to deliver with the vacuum extractor before the cervix is completely dilated. Evidence from randomized trials demonstrates that soft cups cause fewer cosmetic effects and scalp lacerations than rigid cups. Soft cups do not reduce the incidence of cephalhaematomas nor have they been shown to provide any advantage over rigid cups for the prevention of subgaleal haemorrhage. Clinically significant subgaleal haemorrhage and intracranial injury are almost always preceded by difficult vacuum extraction. Although the vacuum extractor is less likely than forceps to injure the mother's genital tract and anal sphincters at delivery, no significant differences have been demonstrated between the instruments in terms of subsequent urinary or bowel disturbances.; Copyright 2002 Elsevier Science Ltd.


Size bias can also be subtle. It's assuming that a fat mom will almost certainly get gestational diabetes, so therefore she should take the glucose challenge test every month. It's failing to realize that a regular-sized blood pressure cuff produces artificially high readings when used on a large arm. It's assuming automatically that a big mom will have a huge baby and must be induced early. It's expecting a size 32 woman to have the same fundal height measurement as a size 5 woman. It's pressing too hard during an ultrasound, simply on the assumption that this is necessary to see through "all that fat." It's telling a fat woman that she may never feel her baby move or hear the baby's heartbeat because of her fat. It's telling a fat woman that her breasts are too large to nurse, that fat women usually can't nurse, or that she will be hard-pressed to find an effective nursing position because of her girth. All fat people are not alike. Don't make assumptions about why we are fat. Sure, some people are fat because they don't get enough exercise or don't eat wisely, but not all of us are. Don't assume we're all sitting on the couch, watching TV and eating chips all the time. People who are born into naturally slim bodies have a hard time understanding what it is like being fat or to struggle with weight, but it is possible for women to eat reasonably, exercise regularly, and still be fat. Some fat people are fat because they have lousy habits, but it is possible to have good habits and still be fat, and it happens more often than you might think. Carefully examine your own beliefs about fat. Do you automatically assume that a fat woman in your practice is going to develop gestational diabetes or high blood pressure? Do you assume that a fat woman is eating large amounts of sugar and junk foods and will need major nutritional counseling? Do you assume that a fat woman is going to gain a lot of weight in pregnancy and will probably need to be strongly reminded to watch what she eats so she won't gain too much? Do you feel that you have to "save" a fat woman from herself? Do you really believe that "soft tissue dystocia" exists, that a woman's fat can prevent a baby from coming out? Do you think there's a point at which a woman is too fat to become pregnant or to have a baby vaginally? Did you know that women have conceived babies and had vaginal births at weights over 400 lbs.? Did you know that while fat women have higher rates of some complications, the majority of fat women actually have healthy pregnancies and normal births?
2003


Objectives: To assess the effect that infant to staff ratios, in the first three days of life, have on the survival to hospital discharge of very low birthweight infants (<1500 g), having adjusted for initial risk and unit workload. Design: In a retrospective analysis of a cohort of patients, the number of infants per nurse per shift were averaged for the first three days after admission and related to risk of mortality by logistic regression analysis. Infant to staff ratio was divided into terciles of low (1.16-1.58), medium (1.59-1.70), and high (1.71-1.97) infants per staff member. Subjects: 692 very low birthweight infants admitted to the Intensive Care Nursery, Royal Women's Hospital, Brisbane over a four year period from January 1996 to December 1999. Main outcome measures: Survival to hospital discharge, adjusted for initial risk using the Clinical Risk Index for Babies (CRIB) score, and adjusted for unit workload using dependency scores. Results: There were 80 deaths among the 692 babies analysed for the study period. The odds of mortality, adjusted for initial risk and infant dependency scores (unit workload), were improved by 82% when an infant/staff ratio of greater than 1.71 occurred, suggesting improved survival with the highest infant/staff ratio. The low and medium staffing levels corresponded with similar odds ratios for mortality. Conclusions: Infants exposed to higher infant to staff ratios have an improved adjusted risk of survival to hospital discharge.


With increases in life expectancy and concomitant utilisation of residential aged care, there is a need to improve quality of long term care for older people. An essential outcome of such care is optimum quality of life (QoL), but it is difficult to define and measure, particularly within the context of residential aged care. The majority of QoL measures available either do not measure issues relevant to residents of aged care facilities or they measure areas that are not appropriate. Further, an over-emphasis on health and physical function might produce a more negative picture of quality of life than actually experienced by this group of people. This paper explores available QoL measurement tools and argues for the utilisation of a standard instrument that can adequately measure QoL in residential aged care. Data from such a tool might assist policy makers in their decision-making, if used on a national basis. (Journal abstract)


Objectives. This study aimed to determine the incidence of abdominal aortic aneurysm (AAA) in a large group of siblings of Australian AAA patients to determine if screening in this group is justified. Methods. 1254 siblings of 400 index AAA patients were identified and offered ultrasound screening. An age and sex matched control group was recruited from patients having abdominal CT scans for non-vascular indications. AAA was defined by an infrarenal aortic diameter of ≥3 cm or a ratio of the infrarenal to suprarenal aortic diameter of ≥2.0. A ratio of 1.0–1.5 was considered normal, and a ratio of >1.5 to <2.0 was considered ectatic. Aortic enlargement was defined as ectasia or aneurysm. Results. 276 (22%) siblings could be contacted and agreed to screening or had previously been diagnosed with AAA. All 118 controls had normal diameter aortas. 55/276 siblings had previously been diagnosed with AAA. The
remaining 221 siblings underwent ultrasound screening. Overall, 30% (84/276) had enlarged aortas (5% ectasia, 25% aneurysmal). 43% of male siblings (64/150) and 16% of females siblings (20/126). The incidence was 45% in brothers of female index patients, 42% in brothers of male patients, 23% in sisters of female patients, and 14% in sisters of male index patients. Conclusions. The overall incidence of aortic enlargement of 30% found in this study warrants a targeted screening approach with ultrasound for all siblings of patients with AAA. A similar targeted approach for screening of the children of AAA patients would also seem advisable.


A high degree of binding of 5α-[3H]-androstenone was recorded in membrane-enriched fractions of porcine olfactory tissue. The specific (i.e. high affinity, low capacity) binding had a mean Ka approximately 2×108 M⁻¹. A Hill plot of the data showed a Hill coefficient of approximately 2, possibly suggesting co-operativity of binding, with binding constants increasing from 8.107 to 1.6×109 M⁻¹ with increasing substrate concentration. The level of specific binding of 5α-[3H]-androstenone was nearly 10-fold higher than in corresponding respiratory tissue preparations and was markedly reduced in the presence of excess (approximately 1μM) unlabelled 5α-androstenone. Corresponding fractions derived from rat olfactory tissue showed only 25% of the binding recorded for the pig. After incubation of 5α-[3H]-androstenone with solubilised olfactory ciliary tissue (porcine), gel filtration and chromatography on a typical "glycoprotein" column (Concanavalin A-Sepharose B) were performed. Specific binding was recorded only in fractions corresponding to glycoproteins with Mr of approximately 70-90kDa. In a third series of experiments, fractions containing high concentrations of cilia, some still attached to the dendritic endings (as shown by electron microscopy) were obtained by a novel method involving stripping them off the nasal epithelium. The basal adenylate cyclase (AC) activity was very significantly (P<0.01) higher in olfactory, compared with respiratory, cilia; storage at -70°C for 3 weeks greatly reduced AC activity. When fresh male and female porcine olfactory cilia preparations were incubated with 5α-androstenone plus GTP, AC activity was increased fourfold (P<0.01). However, responses of porcine respiratory cilia were not significant statistically, neither were changes in basal levels of AC activities in rat olfactory cilia. © 2003 Elsevier Ltd. All rights reserved.


Objective. To determine whether the presence, severity, or symmetry of growth restriction in term infants is an independent risk factor for learning, cognitive, and attentional problems in adolescence. Methods. A total of 7388 term infants have been followed prospectively since birth. At 14 years, 5059 mothers completed a Child Behavior Checklist and provided information on their child's school progress. A total of 5051 adolescents completed a Youth Self Report, with 3703 also undergoing psychometric testing with Ravens Progressive Matrices and Wide Range Achievement Test (WRAT) reading subtest. Outcomes were compared on the basis of birth weight groups and measures of body symmetry and were adjusted for the level of social risk at birth. Results. Adolescents who were born small for gestational age (SGA), when compared with their appropriately grown counterparts (>10th percentile), were more likely to experience learning difficulties, with a higher prevalence in those of birth weight ≤3rd percentile. Girls of birth weight ≤3rd percentile were more likely to have attentional problems and low WRAT reading scores. There was no significant difference in Ravens IQ or mean WRAT reading scores between SGA and non-SGA groups. There was no association between body symmetry and any of the outcomes studied. Conclusions. SGA status seems to have only modest independent effects on learning, cognition, and attention in adolescence. Severity but not symmetry of growth restriction predicted learning difficulties.


The incidence of hip fracture in Australia is increasing, yet management of osteoporosis is often sub-optimal. We describe thirteen patients with bilateral hip fractures, in whom the initial fracture predominantly failed to alert to the diagnostic possibility and therapeutic requirements of osteoporosis. (author abstract)


Background The treatment of infants with bronchiolitis is largely supportive. The role of bronchodilators is controversial. Most studies of the use of bronchodilators have enrolled small numbers of subjects and have examined only short-term outcomes, such as clinical scores. Methods We conducted a randomized,
double-blind, controlled trial comparing nebulized single-isomer epinephrine with placebo in 194 infants admitted to four hospitals in Queensland, Australia, with a clinical diagnosis of bronchiolitis. Three 4-ml doses of 1 percent nebulized epinephrine or three 4-ml doses of normal saline were administered at four-hour intervals after hospital admission. Observations were made at admission and just before, 30 minutes after, and 60 minutes after each dose. The primary outcome measures were the length of the hospital stay and the time until the infant was ready for discharge. The secondary outcome measures were the degree of change in the respiratory rate, the heart rate, and the respiratory-effort score and the time that supplemental oxygen was required. Results There were no significant overall differences between the groups in the length of the hospital stay (P=0.16) or the time until the infant was ready for discharge (P=0.86). Among infants who required supplemental oxygen and intravenous fluids, the time until the infant was ready for discharge was significantly longer in the epinephrine group than in the placebo group (P=0.02). The need for supplemental oxygen at admission had the greatest influence on the score for severity of illness and strongly predicted the length of the hospital stay and the time until the infant was ready for discharge (P<0.001). There were no significant changes in the respiratory rate, blood pressure, or respiratory-effort scores from before each treatment to after each treatment. The heart rate was significantly increased after each treatment with epinephrine (P=0.02 to P<0.001). Conclusions The use of nebulized epinephrine did not significantly reduce the length of the hospital stay or the time until the infant was ready for discharge among infants admitted to the hospital with bronchiolitis. Pediatricians often treat infants who have acute bronchiolitis with inhaled epinephrine, but the efficacy of this treatment has not been established. In this randomized, double-blind, controlled trial involving 194 infants, treatment with nebulized epinephrine did not influence the length of the hospital stay or the respiratory rate. In this controlled trial epinephrine provided no benefit for infants.

Acute viral bronchiolitis is the most common lower respiratory tract infection in the first year of life approximately 1 percent of healthy infants are hospitalized with this infection annually. It is generally a self-limiting condition and is most commonly associated with respiratory syncytial virus infection. It is characterized by bronchiolar obstruction due to edema, with accumulation of mucus and cellular debris. The treatment of infants with bronchiolitis has been largely supportive, with supplemental oxygen, minimal handling of the infant, and the use of intravenous fluids or ventilatory support where necessary. The role of bronchodilators is controversial. The recent Cochrane . . .
2004


This is a placebo-controlled study evaluating the effectiveness of medication in elderly subjects with Major Depressive Disorder (MDD).

Condition Depressive Disorder, Major Intervention: Drug: bupropion XL Phase 3
Study Type: Interventional
Study Design: Allocation: Randomized
Intervention Model: Parallel Assignment
Masking: Double-Blind
Primary Purpose: Treatment


Goals Of Work: We set out to assess the preference of patients with common cancers involving bone receiving intravenous bisphosphonate therapy for either pamidronate (P) or zoledronic acid (Z) and their preference for the location of the infusion (clinic or home). We also aimed to monitor these patients’ renal safety, and to compare their time in clinic to receive P and Z infusions.; Patients and Methods: Enrolled in the study were 184 patients, and all received initial infusions of Z (so any first infusion reactions did not confound preferences for P). For their second and third infusions, patients were randomized to receive Z then P or P then Z, and questioned on their preferences. For up to 1 year they continued on Z infusions every 3-4 weeks, while their renal safety was monitored. Where practical, later infusions were given at home (rather than in the clinic) and patients questioned on their preferred infusion location. In a convenience subset of 43 patients, clinic use for Z and P infusions was also measured by timing infusions and other procedures.; Main Results: Of 144 patients who received a third infusion, 138 responded to questions on bisphosphonate preference, and of these 138, 92% (127) preferred Z to P, because shorter infusions caused less disruption to their day. Only 12% of eligible patients (16/138) received home infusions, but 13/14 questioned preferred this location. Among 184 patients, 19 episodes of renal impairment were noted, mostly owing to disease progression (e.g. obstructive uropathy), with none linked to Z therapy. The mean clinic time taken to receive Z and any concomitant therapy was about half that for P (78 vs 161 min).; Conclusions: Cancer patients prefer shorter bisphosphonate infusions-and at home, where practical. Regular Z 4 mg infusions appear to be safe in these patients, with routine monitoring of serum creatinine. Using Z rather than P could save busy cancer centres time and improve patient satisfaction.;


Heated intraoperative intraperitoneal chemotherapy (HIIC) was introduced at Altru Health System in August 2003 to offer the community a different treatment option for intraperitoneal carcinomatosis. Foltz et al performed the closed technique to eliminate the risk of aerosolization and direct contact of the toxic chemotherapeutic agent with staff members. Implementing the HIIC procedure resulted in the creation of a comprehensive policy on chemotherapy precautions in surgery, which was the catalyst for implementing quality improvement initiatives throughout Altru Health.


Anterior and subtotal tympanic perforations are difficult perforations to repair. We used the anterosuperior anchoring technique to repair 105 of those perforations. Our technique utilizes a large temporalis fascia graft using an underlay technique with due emphasis on anterosuperior anchorage.

The success rates in paediatric myringoplasty for consultant solo (J.R.K.) and trainees under supervision were 100% and 85.7%, respectively. The overall success rates in adult myringoplasty for consultant solo and trainees under supervision were 93.8% and 82.4%, respectively. Analysis of the 82 successful cases showed statistically significant improvement in air conduction thresholds after myringoplasty at 500 Hz (P < 0.01), 1 kHz (P < 0.05), 2 kHz (P < 0.01) and 4 kHz (P < 0.01). Our study showed that the
anterosuperior anchoring technique produced excellent results in the repair of challenging anterior and subtot al perforations in both adults and children.


The improved life expectancy of cystic fibrosis (CF) patients has meant many are now adults; this has led to an increased risk of certain gastrointestinal disorders. The authors report a case of intussusception of the appendix in an 18 year old man with CF. (non-author abstract)


Vertebral sarcoidosis is exceedingly rare with only a few cases reported in the published literature. The case of a 40-year-old man with vertebral sarcoidosis is presented, emphasizing the role of MRI and biopsy in confirming the diagnosis. A brief review of the published literature is also presented.


Objectives: This study was conducted to determine whether the community-dwelling elderly who access community nursing services had a higher prevalence of risk factors associated with poor medication outcomes than other community-dwelling elderly people. Design: A Risk Assessment Instrument (RAI) in the form of a survey addressing health and medication-related risk factors was developed for use in the ambulatory elderly. Cross sectional survey data obtained from 200 in-home interviews with convenience samples of community-dwelling elderly (139 community nursing (CN) and 61 non-community nursing (NCN) patients). Setting: Non-community nursing patients being residents of Logan Central, and community nursing patients being residents of Redcliffe and Southport, southeast Queensland, Australia. Participants: Community-dwelling elderly (65 years and older) from similar socioeconomic areas. Results: Scores across all validated instruments - for health-related quality of life (SF-36), depression (Geriatric Depression Scale (short form)), and cognitive function (Mini Mental State Exam) - were worse for community nursing patients than for non-community nursing patients. Community nursing patients were more likely to report a greater number of symptoms when prompted by the interviewer, as well as to grade these symptoms as occurring more frequently than non-community nursing patients. The number of current prescription medications for community nursing and non-community nursing patients was not significantly different in this study. However, community nursing patients had significantly higher numbers of centrally acting medications, over-the-counter (OTC) medications, and were more likely to hoard medications, potentially increasing their risk of adverse medication outcomes. While this more ‘at-risk’ group of community nursing patients used more health services and visited (or were visited by) more health professionals (community nurses, GPs, hospital staff), compared to non-community nursing patients, half of community nursing patients did not attend a community pharmacy themselves to collect prescription medications. People not visiting a pharmacy may well be overlooked as recipients of risk-reduction strategies such as Home Medicines Review. Conclusion: This study shows that elderly community nursing patients represent a subset of the community-dwelling elderly population with higher risk of negative health and medication outcomes. All healthcare professionals should target this ‘at-risk’ group for Home Medicines Review as a priority over the ‘well’ community-dwelling elderly, with a view to improving patient health outcomes and ensuring the efficient and cost effective future use of limited healthcare resources. Implications and opportunities for community pharmacists in servicing this ‘at-risk’ patient group are discussed. (author abstract)


Objectives: To determine the institution’s current non-therapeutic (negative) appendicectomy rate; the frequency of clinical predictors for appendicitis in patients who underwent appendicectomy; and the utilisation and accuracy of ultrasound scans (USS) and computed tomography (CT) in the diagnosis of appendicitis. Methods: A retrospective chart review was conducted in an adult, metropolitan teaching hospital. Patients who presented to the ED and underwent an appendicectomy over a 12 month period were analysed. Symptoms and signs predictive of appendicitis, results of USS and CT scans if performed, and histopathology findings were abstracted from patient records. Results: Two hundred and forty patients had appendicectomies, 147 (61%) were male and the median age was 25 years (range 14-78 years). The negative appendicectomy rate was 14.3% (95% CI 9.1-21.0%) and 18.3% (95% CI 11.0-26.7%) in males and females, respectively. Abdominal pain shifting to the right iliac fossa (RIF), anorexia and RIF rebound tenderness were found more frequently in patients with positive than negative appendicectomies (P<0.05). USS and CT scans were performed in 68 (28%) and 15 (9.5%) patients, respectively. The likelihood ratio for appendicitis in patients with a normal USS or a normal CT scan was

Objective: To evaluate changes in quality of in-hospital care of patients with either acute coronary syndromes (ACS) or congestive heart failure (CHF) admitted to hospitals participating in a multisite quality improvement collaboration. Design: Before-and-after study of changes in quality indicators measured on representative patients samples between June 2001 and January 2003. Setting: Nine public hospitals in Queensland. Study populations: Consecutive or randomly selected patients admitted to study hospitals during the baseline period (June 2001 to January 2002; n=807 for ACS, n=357 for CHF) and post-intervention period (July 2002 to January 2003; n=717 for ACS, n=220 for CHF). Intervention: Provision of comparative baseline feedback at a facilitative workshop combined with hospital-specific quality-improvement interventions supported by onsite quality officers and a central program management group. Main outcome measure: Changes in process-of-care indicators between baseline and post-intervention periods. Results: Compared with baseline, more patients with ACS in the post-intervention period received therapeutic heparin regimens (84% v 72%; P<0.001), angiotensin-converting enzyme inhibitors (64% v 56%; P=0.02), lipid-lowering agents (72% v 62%; P<0.001), early use of coronary angiography (52% v 39%; P<0.001), in-hospital cardiac counselling (65% v 43%; P<0.001), and referral to cardiac rehabilitation (15% v 5%; P<0.001). The numbers of patients with CHF receiving β-blockers also increased (52% v 34%; P<0.001), with fewer patients receiving deleterious agents (13% v 23%; P=0.04). Same-cause 30-day readmission rate decreased from 7.2% to 2.4% (P=0.02) in patients with CHF. Conclusion: Quality-improvement interventions conducted as multisite collaborations may improve in-hospital care of acute cardiac conditions within relatively short time frames.


Objectives To undertake a prospective longitudinal study to assess psychological and decision-related distress after the diagnosis of localized prostate cancer. Methods A total of 111 men (93% response rate) with localized prostate cancer were recruited from outpatient urology clinics and urologists' private practices. More than one half (56%) elected to undergo radical prostatectomy, 19% underwent external beam radiotherapy, and 25% chose watchful waiting. Men completed self-report measures before treatment and 2 and 12 months after treatment. The measures used included the University of California, Los Angeles, Prostate Cancer Index, International Prostate Symptom Score, Impact of Events Scale, Constructed Meaning Scale, Satisfaction with Life Scale, Health Care Orientation subscale, and Decisional Conflict Scale. Results No statistically significant differences were found by medical treatment group in the psychological and decision-related adjustment at baseline or with time. Men who were undecided about their treatment choice had greater decisional conflict and a more negative healthcare orientation, but were not more psychologically distressed, compared with men who had decided. At diagnosis, 63% of men had high decision-related distress, and this persisted for 42% of men 12 months after treatment, despite high satisfaction with their treatment choice. At diagnosis, low-to-moderate psychological distress was most common, with distress decreasing after treatment. The overall quality of life was similar to community norms. Conclusions The results of our study indicated that men who were undecided about what treatment to receive experienced greater decision-related distress. The final treatment choice was not related to psychological distress about prostate cancer. Psychological and decision-related distress decreased with time, independent of treatment modality. Interventions should target decision-related distress for all men and in-depth psychological support for those who experience ongoing difficulties.


Although the use of alternative therapies is highly prevalent amongst men with prostate cancer, research about the predictors of such use is limited. The current study aimed to describe prospectively the use of alternative therapies by men diagnosed with localized prostate cancer and identify predictors of alternative therapy use. In all, 111 men newly diagnosed with localized prostate cancer (93% response) were recruited to the study prior to treatment. Men's use of alternative therapies and psychological variables including: psychological distress, orientation to health care, decisional conflict, and health locus of control, were assessed at three time points—(1) before treatment (2) 2 months after completion of treatment
and (3) 12 months after completion of treatment. Demographic information was also obtained. The percentage of men using alternative therapies was 25, 17 and 14% before treatment, 2 and 12 months after treatment, respectively. In general, the most commonly used therapies were dietary changes, vitamins and herbal and nutrient remedies. Alternative therapy use was not related to final treatment choices. Before treatment, men who used alternative therapies were more uncertain about prostate cancer compared to men who were not using these therapies. Men who were using alternative therapies 12 months after treatment were less psychologically distressed that men who were not using these therapies. Health locus of control and orientation to health care were not found to be related to men’s use of alternative therapies. In conclusion, men’s use of alternative therapies after localized prostate cancer varied across time in terms of the incidence of use, the types of therapies used, and the psychological correlates of therapy use. Informational support that targets uncertainty about prostate cancer may assist men at diagnosis who are considering alternative therapy use. The potential for alternative therapies to have a supportive function in patient care requires further investigation.


We have examined the feasibility of a telemedicine-enabled screening service for children and adolescents with diabetes in Queensland. There are approximately 1400 young people with diabetes in Queensland and only about two-thirds of them are screened in accordance with international guidelines. A regional retinal screening service was established using a non-mydriatic digital retinal camera. Seven centres volunteered to participate in the study. During a five-month pilot trial, 83 of the young people with diabetes who attend these centres underwent digital retinal screening (3.7%). Retinal images were sent via email to a paediatric ophthalmologist for review and results were returned via email. A copy of each participant’s results was forwarded by mail to the referring diabetes doctor and the participant and family. The majority of the image files (96%) were rated as excellent or good. Only one participant was identified as having an abnormal result. Participants and their families expressed satisfaction with the digital retinal screening process.


Background: Paediatric procedural sedation (PPS) is a common procedure in most general EDs. Many departmental guidelines suggest mandatory fasting times for children undergoing PPS, in an attempt to decrease the incidence of postoperative vomiting and (theoretically) aspiration pneumonitis, despite there being little or no evidence in the literature to support these mandatory fasting times. Objectives: To prospectively address the relationship between preprocedure fasting time and intraprocedure or postprocedure vomiting in children aged 1-12 years undergoing procedural sedation with intravenous ketamine in the ED. Methods: From January 1999 to May 2000 all children presenting to the Royal Darwin Hospital Emergency Department with a condition requiring ketamine PPS were enrolled for data collection after parental consent was obtained. Titrated intravenous ketamine was administered via protocol. Prospective ED procedural sedation data collection forms of 272 consecutive cases of titrated intravenous ketamine sedation were reviewed. Results: Fasting time was accurately recorded on 257 (95%) data collection forms. There was no intraprocedure vomiting. Overall rate of postprocedure vomiting was 13.9%. No statistically significant association between decreased fasting time and increased incidence of vomiting was found. In fact, there was a trend towards increased incidence of vomiting with increased fasting time (P=0.08). The rate of vomiting of those children fasted 3 h or greater preprocedure (20/127 or 15.8%) was over twice the rate of those fasted less than 1 hour (2/30 or 6.6%). Incidence of vomiting was significantly associated with increasing age (P=0.0007). No clinically evident aspiration pneumonitis occurred. Conclusion: Prolonged preprocedure fasting time did not reduce the incidence of postprocedure vomiting in this case series; to the contrary there was an increased incidence of vomiting with longer fasting times (P=0.08). There was an increase in postprocedure vomiting with increasing age of the patients. (author abstract)


The efficacy of peribulbar anaesthesia performed with short, medium and long needles, with sub-Tenon’s injection as a control, was audited. Two hundred patients undergoing cataract surgery underwent peribulbar injection using 25G needles of the following lengths: 15 mm, 25 mm or 37.5 mm. Sub-Tenon’s injections were performed with a curved 25-mm sub-Tenon anaesthesia cannula. The injection technique, ocular akinesia and analgesia scoring system, and supplementary injection protocols
were standardised. After initial injections of local anaesthetic via the sub-Tenon's cannula or with 37.5 mm, 25 mm and 15 mm needles, supplementation was required in one (2%), 13 (26%), 22 (44%) and 32 (64%) of patients, respectively; the total number of supplementary injections required were 1, 16, 35 and 47, respectively. It is concluded that the efficacy of peribulbar anaesthesia depends upon the proximity of the deposition of local anaesthetic solution either to the globe or orbital apex. These data justify the classification of peribulbar anaesthesia into: circum-ocular (sub-Tenon’s, episcleral), peri-ocular (anterior, superficial); peri-conal (posterior, deep) and apical (ultra-deep) for teaching purposes. © 2004 Blackwell Publishing Ltd.


This research report addresses the question ‘Whose interests are served by the portrayal of childbearing in popular magazines for women?’. The methodology was feminist content analysis using semiology. Sixty-nine womens’ magazines of women’s were assessed for analysis and four were finally selected because they represented a detailed description of women’s thoughts and feelings about birth. This paper presents a single in-depth analysis as an exemplar of how childbearing is portrayed in popular magazine’s for women;
2005

BRISBANE, Aug 9 AAP - Queensland's government will spend $4 million to relieve pressure on health care services in Redcliffe, but denies the funding is linked to the upcoming by-election in the seat north of Brisbane. The funding would be used to provide a new team of 22 specialist health professionals to provide home support for elderly patients and free up 25 beds in Redcliffe hospital. Redcliffe voters will go to the polls on August 20 after former Labor MP and Speaker Ray Hollis retired last month after 16 years in parliament. The Liberal Party needs a swing of about eight per cent to win the seat.

The funding included recurrent allocations of $2.2 million a year to the Redcliffe-Caboolture district, $1.63 million to the Gold Coast, $1.5 million to the Bayside district based around Redcliffe hospital, and $1.5 million to the Logan-Beaudesert area.

BRISBANE, Aug 17 AAP - Nurses at a bayside Brisbane hospital have given Premier Peter Beattie a grim picture of Queensland's health system. Mr Beattie and his wife [Heather Beattie] listened as staff from Redcliffe Hospital raised concerns about workplace violence, pay, a lack of staff and increasing waiting lists. Mr Beattie, whose government faces by-elections this weekend in Redcliffe and Chatsworth, said the government was intent on fixing problems within the health system following the outcomes of two major health inquiries.


Fibronectin (FN) is a multifunctional extracellular matrix glycoprotein, which participates in cell migration and signalling to adhering cells. Due to alternative splicing and post-translational modifications, different isoforms of FN are generated by a wide variety of cells. T lymphocytes synthesize a surface-associated isoform of FN, containing the two 'extradomains' EDA and EDB. In the present study, we identified gangliosides within the T-cell membrane as specific binding sites for the N-terminal 30 kDa fragment of FN. When T cells were activated with anti-CD3 coated beads, FN, together with the ganglioside GM1, converged at the contact zone. Moreover, endogenous FN was present in the detergent insoluble microdomain. The function of FN in T cells is still under investigation; however, its presence together with gangliosides at the activation site suggests participation in T-cell signalling. © 2005 Australasian Society for Immunology Inc.

Background Patients with cardiac arrests or who die in general wards have often received delayed or inadequate care. We investigated whether the medical emergency team (MET) system could reduce the incidence of cardiac arrests, unplanned admissions to intensive care units (ICU), and deaths. Methods We randomised 23 hospitals in Australia to continue functioning as usual (n=11) or to introduce a MET system (n=12). The primary outcome was the composite of cardiac arrest, unexpected death, or unplanned ICU admission during the 6-month study period after MET activation. Analysis was by intention to treat. Findings Introduction of the MET increased the overall calling incidence for an emergency team (3.1 vs 8.7 per 1000 admissions, p=0.0001). The MET was called to 30% of patients who fulfilled the calling criteria and who were subsequently admitted to the ICU. During the study, we recorded similar incidence of the composite primary outcome in the control and MET hospitals (5.86 vs 5.31 per 1000 admissions, p=0.640), as well as of the individual secondary outcomes (cardiac arrests, 1.64 vs 1.31, p=0.736)
unplanned ICU admissions, 4.68 vs 4.19, p=0.599
and unexpected deaths, 1.18 vs 1.06, p=0.752). A reduction in the rate of cardiac arrests (p=0.003) and unexpected deaths (p=0.01) was seen from baseline to the study period for both groups combined. Interpretation The MET system greatly increases emergency team calling, but does not substantially affect the incidence of cardiac arrest, unplanned ICU admissions, or unexpected death.

ObjectiveTo examine the use of a clinical pathway in the management of infants hospitalized with acute viral bronchiolitis. Study designA clinical pathway with specific management and discharge criteria for the care of infants with bronchiolitis was developed from pathways used in tertiary care pediatric institutions in Australia. Two hundred and twenty-nine infants admitted to hospital with acute viral bronchiolitis and prospectively managed using a pathway protocol were compared with a retrospective analysis of 207 infants managed without a pathway in 3 regional and 1 tertiary care hospital.

ResultsReadmission to hospital was significantly lower in the pathway group (P = .001), as was administration of supplemental fluids (P = .001) and use of steroids (P = .005). There were no differences between groups in demographic factors or clinical severity. The pathway had no overall effect on length of stay or time in oxygen. ConclusionsA clinical pathway specifying local practice guidelines and discharge criteria can reduce the risk of readmission to hospital, the use of inappropriate therapies, and help with discharge planning.


Background Undernutrition is common in hospital patients with stroke, can develop or worsen in hospital, and is associated with poor outcomes. We aimed to establish whether routine oral nutritional supplements improve outcome after stroke. Methods The FOOD trials are a family of three pragmatic, multicentre, randomised controlled trials. We measured the outcomes of stroke patients who could swallow and who were randomly allocated normal hospital diet or normal hospital diet plus oral nutritional supplements until hospital discharge. The primary outcome was death or poor outcome (modified Rankin scale [MRS] grade 3–5), 6 months after enrolment, measured unaware of treatment allocation. Analysis was by intention to treat. Findings Between Nov 1, 1996, and July 31, 2003, 4023 patients were enrolled by 125 hospitals in 15 countries. Only 314 (8%) patients were judged to be undernourished at baseline. Vital status and MRS at the end of the trial were known for 4012 and 4004 patients, respectively. Supplemented diet was associated with an absolute reduction in risk of death of 0·7% (95% CI −1·4 to 2·7) and an increased risk of death or poor outcome of 0·7% (−3·3 to 3·8).

Interpretation We could not confirm the anticipated 4% absolute benefit for death or poor outcome from routine oral nutritional supplements for mainly well nourished stroke patients in hospital. Our results would be compatible with a 1% or 2% absolute benefit or harm from oral supplements. These results do not support a policy of routine oral supplementation after stroke.


Background Undernutrition is common in patients admitted with stroke. We aimed to establish whether the timing and route of enteral tube feeding after stroke affected patients' outcomes at 6 months. Methods The FOOD trials consist of three pragmatic multicentre randomised controlled trials, two of which included dysphagic stroke patients. In one trial, patients enrolled within 7 days of admission were randomly allocated to early enteral tube feeding or no tube feeding for more than 7 days (early versus avoid). In the other, patients were allocated percutaneous endoscopic gastrostomy (PEG) or nasogastric feeding. The primary outcome was death or poor outcome at 6 months. Analysis was by intention to treat. Findings Between Nov 1, 1996, and July 31, 2003, 859 patients were enrolled by 83 hospitals in 15 countries into the early versus avoid trial. Early tube feeding was associated with an absolute reduction in risk of death of 5·8% (95% CI −8·0 to 12·8, p=0·09) and a reduction in death or poor outcome of 1·2% (−4·2 to 6·6, p=0·7). In the PEG versus nasogastric tube trial, 321 patients were enrolled by 47 hospitals in 11 countries. PEG feeding was associated with an absolute increase in risk of death of 1·0% (−1·0 to 11·9, p=0·9) and an increased risk of death or poor outcome of 7·8% (0·0 to 15·5, p=0·05). Interpretation Early tube feeding might reduce case fatality, but at the expense of increasing the proportion surviving with poor outcome. Our data do not support a policy of early initiation of PEG feeding in dysphagic stroke patients.


BACKGROUND: Internal fixation of fractures using plates and screws is a common method of treatment. Occasionally the internal fixation fails prior to fracture healing. This often requires revision surgery. Determining the force that internal fixation needs to withstand postoperatively would enable this force to be applied intraoperatively as a test to predict successful fixation. The purpose of the present paper was to determine the minimum stripping torque needed to predict successful internal fixation strength. METHODS: The pull-out strength and stripping torque relationships of 4.5 mm cortical bone screws in Sawbones polyurethane foam were determined. Screw forces were directly measured using an LCM load
cell washer on a model intertrochanteric neck of femur fracture fixed with 135 degrees 4-hole pin and plate loaded to single leg stance conditions. Additionally a 135 degrees 4-hole pin and plate was mounted on foam blocks and loaded until failure of the shaft screws from the foam occurred. Predicted stripping torque/yield load was determined. RESULTS: Pull-out strength and stripping torque of 4.5 mm cortical bone screws in polyurethane foam have a high degree of linear correlation R(2)=0.95. Direct measurement of shaft screw forces at single leg stance conditions were 585-686 N. This correlated with a stripping torque of 0.9 Nm. Load to yield testing at single leg stance conditions corresponded to a stripping torque of 1.8 Nm. CONCLUSION: Withstanding 0.9-1.8 Nm of torque during insertion of the femoral shaft screws of a 135 degrees 4-hole pin and plate predicts that the construct will successfully withstand single leg stance. (author abstract)


To link to full-text access for this article, visit this link: http://dx.doi.org/10.1016/j.jpainsymman.2004.04.010 Byline: pretoria irwin, sally murray, alexander bilinski, boris chern, bruce stafford Abstract: A significant number of patients with terminal cancer experience terminal restlessness or an agitated delirium in the final days of life. Multifactorial etiologies may contribute to agitation and restlessness for any one patient.

alcohol withdrawal may be underrated as a contributing factor. The symptoms and signs of alcohol withdrawal -- autonomic dysfunction, tremor, anxiety, sleep disturbances, insomnia, and abnormal vital signs -- may continue for 6 to 12 months after the cessation of alcohol. We report four patients with terminal restlessness in whom we believe alcohol withdrawal to be a significant causal factor and a fifth patient who subsequently benefited from our team's increased awareness of this clinical problem. Formal assessment of alcohol withdrawal may be of more value in the palliative setting than using the currently accepted assessment instruments. Many of the medications utilized for the treatment of agitated delirium and terminal restlessness in the palliative care setting are effective therapies for alcohol withdrawal. Author Affiliation: Palliative Care Unit, Redcliffe Hospital, Redcliffe, Queensland, Australia Article History: Accepted 8 April 2004

Objective: To determine whether parents prefer to be present during invasive procedures performed on their children in the ED. Methods: A prospective study using a written survey was carried out in the ED of a secondary level regional hospital in southeast Queensland. The survey conducted between August 2003 and November 2003 consisted of parental demographics, seven theoretical paediatric procedural scenarios with increasing level of procedural invasiveness (including resuscitation) and reasons for the decisions of parents to either stay with the child or leave the room. Parents of children with Australasian Triage Scale (ATS) triage category 3, 4 and 5 were surveyed. Results: Of 573 surveys collected, 553 (96.5%) were completed correctly. The number of parents expressing a desire to be present during a procedure performed on their child was 519 (93.9%) for phlebotomy or IV cannulation of an extremity, 485 (87.7%) for nasogastric tube insertion, 461(83.4%) for lumbar puncture, 464 (83.9%) for urinary catheter insertion, 430 (77.8%) for suprapubic bladder aspiration, 519 (93.4%) during procedural sedation and 470 (85%) during a resuscitation where the possibility existed that their child may die. The most common reason for wanting to be present was to provide comfort to their child (542/98%). The most common reason for not wanting to be present was a parental concern of getting in the way (181/33%). Conclusion: Most parents surveyed would want to be present when invasive procedures are performed on their children in the ED. With increasing invasiveness, parental desire to be present decreased. However, the overwhelming majority of parents would want to be in attendance during procedural sedation or resuscitation. (author abstract)


The treatment of infected wounds often requires a multi-faceted and multi-disciplinary approach. The use of intravenous antibiotics in combination with effective antimicrobial silver dressings will have positive outcomes for the patient, management team and organisation. However, wound management practitioners often work within finite budgets and the use of expensive silver dressings must be both evidence-based and outcome driven. The following case study shows intravenous antibiotics alone were unsuccessful in managing a severe pseudomonas infection; however, in collaboration with Aquacel Ag(R), desired wound healing was achieved. This outcome, and countless similar cases managed at Redcliffe Hospital, validates the use of expensive silver dressings in improving patient outcomes and facilitating early discharge.


Depression has been identified as a risk factor for falls, and a change in balance ability over time has yet to be investigated. This study aimed to identify if, over a 3-year period, balance ability changed in 26 women who were on medication for depression, compared to 26 non-depressed women. The two groups were matched for age, number of co-morbidities, activity level, medications, and height. All participants were simultaneously enrolled in a larger, longitudinal study of ageing. Balance measures included the Functional Reach (FR) test, Lateral Reach (LR) test, Step Test (ST), Timed Up and Go, and the Modified Clinical Test of Sensory Integration and Balance, Unilateral Stance (ULS) and Limit of Stability (LOS) laboratory tests. Results showed a significant difference between the groups on ST, right ULS (eyes closed) and forward end point excursion of the LOS. There was no difference in the number of falls between groups. Analysis of the depressed group alone showed that right FR declined significantly and left and right LR tended towards decline, but not differently between groups. There was no between-group differences for these measures. There was no significant decline in non-depressed women for any measurement. Depressed women have less ability to maintain their balance than non-depressed women, and should be encouraged to participate in appropriate activities known to improve or maintain balance. ©2005 Elsevier. All rights reserved.


Relief of spiritual distress is a part of good palliative care. This literature review examines journal articles and texts dealing with patient spiritual issues at the end of life to see what constitutes spiritual care, why such issues are felt to be part of healthcare, and how, when, and by whom they should be explored. It also looks at the anticipated outcomes of addressing spiritual distress. This review also notes recommendations in the literature regarding prerequisite skills and attributes of those providing spiritual care and some tools for spiritual assessment and guidance. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Objective: To identify variation in the rates of use of key evidence-based therapies and in clinical outcomes among patients hospitalised with acute coronary syndromes (ACS). Design: Retrospective analysis of data on care processes and clinical outcomes of representative patient samples recorded by the Queensland Health Cardiac Collaborative registry. Setting: 18 public hospitals (3 tertiary, 15 non-tertiary) in Queensland, August 2001 to December 2003. Study population: 2156 patients who died or were discharged after troponin-positive ACS. Main outcome measures: Comparison of proportions of highly eligible patients receiving indicated care and in-hospital mortality between subgroups categorised by age, sex, comorbidities (diabetes, renal failure, chronic obstructive pulmonary disease and mental disorder), type of admitting hospital (tertiary or non-tertiary), and cardiologist involvement (transfer or non-transfer to cardiology unit). Results: Patients aged ≥65 years were less likely than younger patients to receive heparin (79% v 87%), β-blockers (79% v 87%), lipid-lowering agents (78% v 87%), coronary angiography (51% v 66%), and referral to cardiac rehabilitation (17% v 33%). Patients with diabetes were less likely than others to receive coronary angiography (50% v 63%), while those with moderate to severe renal failure were less likely to receive thrombolysis (52% v 84%), heparin (71% v 83%), β-blockers (69% v 84%), lipid-lowering agents (61% v 84%), in-hospital cardiac counselling (46% v 64%) and referral to cardiac rehabilitation (9% v 25%). Patients admitted to tertiary hospitals were more likely than those admitted to non-tertiary hospitals to receive coronary angiography (85% v 55%) and referral to cardiac rehabilitation (36% v 21%). Risk-adjusted mortality was highest in patients with moderate to severe renal failure (15% v 3%) and older patients (6% v 2%). Conclusions: Variations exist in the provision of indicated care to patients with ACS according to age, diabetic status, renal function and type of admitting hospital. Excess mortality in elderly patients and in those with advanced renal disease may be partially attributable to failure to use key therapies.


Objective: To evaluate the frequency and management of anaemia in Australian adults with solid and haematological malignancies. Design: 6-month observational, prospective, multicentre study. Participants: 694 patients recruited from outpatient oncology clinics in 24 hospitals in five Australian states between 9 April 2001 and 31 July 2001. Main outcome measures: Frequency of anaemia (haemoglobin [Hb] level < 120 g/L) at enrolment and over ensuing 6 months, by tumour type, disease status and cancer treatment; anaemia treatment and “trigger” Hb level for this treatment. Results: Participants had median age 60 years, and 61% were women. Prevalence of anaemia at enrolment was 35% (199/562), with 78% of these 199 having mild anaemia (Hb, 100-119 g/L). Frequency of anaemia (either present at enrolment or developing during the study) was 57% overall (323/566), and varied with tumour type, from 49% (lymphoma/myeloma) to 85% (urogenital cancer). Patients who received radiotherapy either in combination or concomitant with chemotherapy were more likely to have anaemia (73%) than those receiving chemotherapy alone (58%) (P=0.004). Of all chemotherapy patients not anaemic at enrolment, 23% developed anaemia by the second monthly follow-up. Independent predictors for anaemia in chemotherapy patients were low baseline Hb level (odds ratio [OR], 5.4; 95% CI, 2.7-10.9) and use of platinum chemotherapeutic agents (OR, 4.8; 95% CI, 2.1-11.4) (P<0.001). Anaemia was treated in 41% of patients with anaemia at enrolment - by transfusion (36%), iron (5%) and erythropoietic agents (2%). Frequency of anaemia treatment varied between tumour types, from 19% (breast cancer) to 60% (leukaemia). The mean "trigger Hb" for initiating transfusion was 95 g/L. Conclusions: Anaemia is prevalent among Australian patients with cancer managed in hospital oncology units. Its management varies between tumour types. Many patients do not receive treatment for their anaemia.

BRISBANE, Feb 24 AAP - The most senior emergency doctor at the beleaguered Caboolture Hospital has resigned, plunging the south-east Queensland facility into renewed crisis. Queensland Health today confirmed the resignation of the acting director of the emergency department at Caboolture. He was not named due to privacy concerns. Dr [Bruce Flegg] said the resignation would also affect the Redcliffe Hospital, which lies in the same medical district as Caboolture.

BRISBANE, Feb 13 AAP - Queensland Premier Peter Beattie has again blamed the state's public hospitals crisis on a shortage of doctors. Mr Beattie said 220 doctors graduated in Queensland in 1979 when the state's population was just two million. Caboolture Hospital's accident and emergency unit was open only between 8am and 4pm (AEST) due to a lack of medical staff and the Redcliffe Hospital, north of Brisbane, was also under pressure.

Acting Premier Anna Bligh said yesterday a deal with Brisbane's privately owned Mater Health Services and RACQ Careflight will free up doctors to work at Caboolture's emergency department and it was hoped to extend the service in the coming weeks. Under the deal brokered by the government to overcome the lack of senior emergency staff, RACQ Careflight will provide a senior doctor to work at Redcliffe Hospital.

Acting Premier Anna Bligh said today a deal with Brisbane's Mater Hospital and RACQ Careflight, costing up to $40,000 a week, would free up doctors to work at Caboolture's emergency department. On Tuesday, Ms Bligh said three doctors from the Mater would work at Caboolture allowing the emergency department to reopen its doors tomorrow as a 24-hour operation. This will allow a supervising senior emergency doctor and two junior doctors who were transferred on Monday to Redcliffe Hospital as part of a contingency plan, to return to Caboolture.

Acting Premier Anna Bligh said a last minute deal had been brokered this afternoon with the Mater Health Services board - which overlooks a number of public and private hospitals - to contract doctors to Caboolture's emergency ward. Health Minister Stephen Robertson played down the crisis engulfing Caboolture hospital, saying the response to the fatal traffic accident proved contingency plans for the emergency ward were effective. Mr Robertson said the seriously injured driver would have been airlifted to Brisbane regardless of whether Caboolture's emergency services were available.

Deputy Chief State Coroner Christine Clements, who ordered the exhumation of Mrs [Margaret Bodell]'s body, adjourned the inquest today so further investigations could be carried out by the Health Quality Complaints Commission to which Mr Bodell had also made a complaint. Mrs Bodell's death certificate recorded emphysema as the cause of her death, but the coronial inquest, which began today, was told she died from internal bleeding caused by an undiagnosed chronic stomach ulcer.

Haynes BRISBANE, Sept 15 AAP - A man who bit a nurse on the arm and put her through a year of worry about being infected with HIV has been jailed in Brisbane for three months. Sean Shannon Bruce Haynes, 28, a Brisbane galvaniser, pleaded guilty in the Brisbane District Court today to one count each of assault causing bodily harm and serious assault on July 7 last year.

The Australasian College for Emergency Medicine said Caboolture, Ipswich, Redcliffe and Toowoomba hospitals all face such a significant doctor shortage that they would be unsafe from tomorrow. About 500 angry residents yesterday rallied in Caboolture, north of Brisbane, to protest against the imminent
closure of its emergency ward. “There was a senior doctor resignation last Friday, frustrated at the government’s mishandling of the emergency department at Caboolture, and I understand there is a further doctor resignation to follow out of this entire debacle,” he told ABC radio today.


HAYNES NIGHTLEAD By Laine Clark and Suzanne Klotz BRISBANE, Sept 15 AAP - A nurse bitten on the arm by a man in a Brisbane emergency department says she left her job and got married while worrying about being infected with HIV as a result of the attack. Susan Webster, 45, had a tense 12-month wait for the results of HIV tests after being bitten on the arm for 15 seconds, with the bite breaking the skin, at the Redcliffe Hospital emergency department on July 7 last year. The man - who had been taken to hospital after suffering a severe reaction to amphetamines and ecstasy - also kicked a police officer in the neck after she came in to help restrain him. Sean Shannon Bruce Haynes, 28, was today jailed for three months after pleading guilty to one count each of assault causing bodily harm and serious assault in the Brisbane District Court.


The front passenger in the [Holden Barina] died instantly and the driver and another passenger were seriously injured. The driver of the Rodeo was unhurt. Consequently, the woman driver of Barina had to be taken 20km to Redcliffe Hospital while another of the injured, believed to be a rear seat passenger, was airlifted to Royal Brisbane Hospital.


BRISBANE, Feb 8 AAP - Queensland’s health emergency services are so stretched that police have been forced to ferry injured patients to hospital in the Caboolture region, the state Opposition said today. Opposition leader Lawrence Springborg said police took a man with a severe gash to his leg to Redcliffe Hospital, north of Brisbane, last night after they were unable to raise an ambulance in time. The police officers, who found the man bleeding in a Caboolture street, performed first aid as they rushed him to Redcliffe, the closest available emergency ward.


BRISBANE, Feb 4 AAP - The Queensland Ambulance Service (QAS) is on the verge of not being able to maintain safe cover in and around Brisbane, the Queensland Liberal party says. State Liberal health spokesman Dr Bruce Flegg made the claim today after it was revealed that a 30-year-old man died of an asthma attack after two ambulance crews were unable to find him - his address was not on the QAS electronic dispatch service.


BRISBANE, Jan 17 AAP - The Queensland government has organised a temporary deal to reopen emergency services at Caboolture Hospital, just north of Brisbane. “Mater Medical Services, which runs a very extensive public hospital program, has agreed to join with Queensland Health and provide some additional doctors so that we can begin the process of restoring some level of service to the emergency department at Caboolture Hospital,” Ms [Anna Bligh] said.


(2006). “A Study To Investigate GW427353 In Subjects With Irritable Bowel Syndrome (IBS).” Clinical Trials.


Aims: To evaluate efficacy of a pathway-based quality improvement intervention on appropriate prescribing of the low molecular weight heparin, enoxaparin, in patients with varying risk categories of acute coronary syndrome (ACS). Methods: Rates of enoxaparin use retrospectively evaluated before and after pathway implementation at an intervention hospital were compared to concurrent control patients at a control hospital; both were community hospitals in south-east Queensland. The study population was a group of randomly selected patients (n = 439) admitted to study hospitals with a discharge diagnosis of chest pain, angina, or myocardial infarction, and stratified into high, intermediate, low-risk ACS or non-cardiac chest pain: 146 intervention patients (September-November 2003), 147 historical
controls (August-December 2001) at the intervention hospital; 146 concurrent controls (September-November 2003) at the control hospital. Interventions were active implementation of a user-modified clinical pathway coupled with an iterative education programme to medical staff versus passive distribution of a similar pathway without user modification or targeted education. Outcome measures were rates of appropriate enoxaparin use in high-risk ACS patients and rates of inappropriate use in intermediate and low-risk patients. Results: Appropriate use of enoxaparin in high-risk ACS patients was above 90% in all patient groups. Inappropriate use of enoxaparin was significantly reduced as a result of pathway use in intermediate risk (9% intervention patients vs 75% historical controls vs 45% concurrent controls) and low-risk patients (9% vs 62% vs 41%; P < 0.001 for all comparisons). Pathway use was associated with a 3.5-fold (95% CI: 1.3-9.1; P = 0.012) increase in appropriate use of enoxaparin across all patient groups. Conclusion: Active implementation of an acute chest pain pathway combined with continuous education reduced inappropriate use of enoxaparin in patients presenting with intermediate or low-risk ACS. © 2006 Royal Australasian College of Physicians.


Quality of life has been shown to be poor among people living with chronic hepatitis C. However, it is not clear how this relates to the presence of symptoms and their severity. The aim of this study was to describe the typology of a broad array of symptoms that were attributed to hepatitis C virus (HCV) infection. Phase 1 used qualitative methods to identify symptoms. In Phase 2, 188 treatment-naive people living with HCV participated in a quantitative survey. The most prevalent symptom was physical tiredness (86%) followed by irritability (75%), depression (70%), mental tiredness (70%), and abdominal pain (68%). Temporal clustering of symptoms was reported in 62% of participants. Principal components analysis identified four symptom clusters: neuropsychiatric (mental tiredness, poor concentration, forgetfulness, depression, irritability, physical tiredness, and sleep problems) gastrointestinal (day sweats, nausea, food intolerance, night sweats, abdominal pain, poor appetite, and diarrhea) algesic (joint pain, muscle pain, and general body pain) and dysesthetic (noise sensitivity, light sensitivity, skin problems, and headaches). These data demonstrate that symptoms are prevalent in treatment-naive people with HCV and support the hypothesis that symptom clustering occurs.


Objective: The objective of the present study were to determine factors used by ED doctors to diagnose drug seeking and their attitude towards management of this patient group. Methods: Prospective, descriptive study, of doctors working in a tertiary hospital ED. Doctors voluntarily identified patients they suspected were drug seeking and completed a written survey. Results: Thirty seven surveys were completed for presentations involving 31 patients. A patient's specific request for narcotics, previous documented episodes of suspected drug seeking, an unwillingness to try simple analgesia and demanding or aggressive behaviour were the most frequently used factors for diagnosing drug seeking. These factors are similar to, but not the same, as the criteria in the literature. Doctors commonly found consultations involving drug seeking to be unsatisfying. Conclusions: Factors, such as those used by doctors in the present study, should not be used as diagnostic markers. Further study is warranted in order to improve the effectiveness of consultations involving drug seeking. (author abstract)


Objectives: (i) To profile ED consultations where drug seeking is considered; (ii) to clarify if an Australian patient cohort shares the characteristics identified in the literature, that is, high rate of psychiatric, chronic pain and drug dependency problems; and (iii) to quantify the extent of missed organic disease in suspected drug-seeking presentations. Methods: Prospective descriptive study with an initial enrolment period of 3 months, follow up at 3 and 5 years. Tertiary hospital ED doctors voluntarily identified suspected drug-seeking behaviour. Patients' demographic information, past history, presenting features, investigations, management and missed diagnoses of organic pathology were collected. Recurrent presentations of drug seeking, self harming, psychiatric, chronic pain and drug dependency complaints were documented. Results: Thirty seven presentations (31 patients) of 10 958 total attendances were
analysed. All patients were less than 65 years. Twenty one patients (68%, 95% confidence interval [CI 49.7-85.8]) were on unemployment or disability pension. Twenty six presentations (70%(95% CI 54.2-86.3)) described psychiatric problems, whereas three presentations (8%(95% CI 0.0-18.3)) had chronic pain and 10 presentations (27%(95% CI 11.4-42.7)) had drug dependency problems. Twenty six patients (84%(95% CI 69.3-98.4)) recurrently presented with self harming and drug-seeking behaviour at 3 years. The risk of missing organic pathology was 8/37 (22%(95% CI 7.0-36.2)). Conclusions: Further characterisation of this population would help accurate diagnosis of this aberrant behaviour and decrease the risk of missing organic pathology. The management of frequently presenting patients should prompt formulation of departmental plans to effectively assess and manage these people. (author abstract)


Keratoacanthoma centrifugum marginatum is a giant and a rarer variant of keratoacanthoma, with only thirty documented cases. The authors present a case of keratoacanthoma centrifugum marginatum and discuss its presentation and management. (non-author abstract)


Comments on an article by A. A. Tiwari (see record [rid]2006-06779-004/[rid]). The authors are to be congratulated on their paper demonstrating the advantage of problem-based learning (PBL)-based education over didactic lecture-based education in improving student nurses’ critical thinking. This is no surprise to senior clinicians and a strong argument for returning nursing education from the universities and colleges back to the hospital bedside. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


This presentation focuses on the critical staffing shortages at Caboolture Hospital and how this formed the impetus for rapid and significant change, particularly as it applies to Emergency Department (ED) staffing (during a time of routine reduction of services); the media; and political involvement.


Background: In Australia, the most frequently used hemiarthroplasty prosthesis for the management of displaced intracapsular femoral neck fractures is the Uncemented Austin Moore (UAM). Despite concerns regarding poor functional outcomes and increased early revision rates associated with the UAM prosthesis, apprehension regarding the systemic side-effects of polymethylmethacrylate cement implantation in the elderly patient continues to influence prosthesis selection. This study examines the incidence of early prosthesis related complications after UAM and Cemented Thompson (CT) hemiarthroplasty procedures for the management of femoral neck fractures. Methods: A multicentre retrospective review of charts and radiographs was conducted in 1118 unipolar hemiarthroplasty implantations to determine early complications associated with the CT and UAM prostheses over a 6-year period in five Queensland public hospitals. Results: Intraoperative periprosthetic fractures were sustained in 11.8% of UAM and 1.8% of CT implantations (P < 0.0001). Intraoperative periprosthetic fractures were associated with an increased requirement for reoperation within 1 month of the index procedure (P = 0.05). No statistical difference in the incidence of intraoperative periprosthetic fractures could be observed between the hospitals participating, regardless of the proportional use of each prosthesis. Early dislocation rates were similar for the UAM and CT prostheses. The intraoperative mortality rate attributable to the use of polymethylmethacrylate cement during hip hemiarthroplasty was 1/738 (0.14%). Conclusions: The results of this study support the use of the CT prosthesis for the management of femoral neck fractures to reduce the high incidence of intraoperative periprosthetic fractures and associated requirements for early reoperation experienced with the UAM. © 2006 Royal Australasian College of Surgeons.


Patient (or person) master index (PMI) data quality activities in public, acute healthcare facilities in the state of Victoria, Australia were evaluated in terms of health information management-information technology best practice including data standards and practice guidelines. The findings indicate that, whilst data quality and linkage activities are undertaken, many are limited in scope or effectiveness. In view of published evidence that: (i) duplicate patient files pose significant risks by reducing information available for clinical decision-making; and (ii) quality and clinical risk management require, as a
measurable outcome, continuous monitoring of duplicate files, improvements to PMI data quality practices are recommended.

2007

(2007). "Long Term Efficacy and Safety of Zoledronic Acid Treatment in Patients With Bone Metastases." Clinical Trials.


his 12-month study had two phases: a 90-day double-blind, randomized, placebo-controlled phase and a nine-month open-label extension phase. Before treatment, eligible subjects were stratified by the primary joint type (30 metacarpophalangeal [MP] joints and 30 proximal interphalangeal [PIP] joints) and by severity of the primary joint contracture (ie, up to 50° or >50° for MP joints and up to 40° or >40° for PIP joints) and then randomized in a 2:1 ratio to either AA4500 0.58 mg or placebo. Upon completion of the double-blind phase (ie, 90-day evaluation after the first injection), all subjects were eligible to enter the open-label extension phase of the study in which they were followed for an additional nine months. Subjects who required further treatment because they either did not achieve reduction in contracture to 5° or less, the cord affecting the primary joint received placebo, another cord received less than three injections of AA4500, or they had untreated cords that were affecting other joints had the option to receive up to five additional injections of AA4500 0.58 mg in the open-label extension phase, with individual cords receiving up to three injections of AA4500.

This study was designed to be part of the larger clinical program, for adult patients with Dupuytren's contracture with a palpable cord, where the data from 2 pivotal Placebo-Controlled studies [AUX-CC-857 (NCT00528606) and AUX-CC-859 (NCT00533273)] and 7 non-pivotal studies were evaluated.


To link to full-text access for this article, visit this link: http://dx.doi.org/10.1016/j.yrtph.2007.04.003 Byline: Masahiko Ayaki (a), Kazuo Shimada (a), Shigeo Yaguchi (a), Ryohei Koide (c), Atsuo Iwasawa (b)

Keywords: Cornea Disinfectant Surgical instrument Eye surgery High-level disinfection

Cytotoxicity Abstract: We investigated the corneal toxicity of ortho-phthalaldehyde (Cidex.sup.ROPA, Johnson and Johnson K.K.) and its predecessor glutaraldehyde (Cidex.sup.R, Johnson and Johnson K.K.). We made primary cultures of porcine and human corneal endothelial cells. Commercially available cell lines were also used including human, bovine, and rabbit corneal epithelium and human conjunctival cells. Following incubation for two days, cell survival was measured using a WST-1 assay for endothelia and a MTT assay for the other cells. Test solutions included 2.25% and 3.5% glutaraldehyde and 0.55% ortho-phthalaldehyde. Cell survival was presented as a percentage of the control value. ortho-phthalaldehyde displayed less toxicity than glutaraldehyde for all cell types tested. As expected 3.5% glutaraldehyde was slightly more toxic than 2.25% glutaraldehyde. When human primary corneal endothelial cultures were exposed to ortho-phthalaldehyde, the survival rates were 88% for 100-fold dilutions and 95% for 500-fold dilutions. The survival rates for all cells tested were greater than 90% when dilutions of 1000-fold or more were used. In conclusion, the corneal toxicity of glutaraldehyde and ortho-phthalaldehyde appears to be within safe levels following washing procedures and therefore the use of these disinfectants may be suitable for selected ophthalmic surgical instruments in urgent or under-equipped circumstances.

Author Affiliation: (a) Department of Ophthalmology, Fujigaoka Hospital, Showa University School of Medicine, 1-30 Fujigaoka, Aobaku Yokohama 227-8501, Kanagawa, Japan (b) Department of Clinical Pathology, Fujigaoka Hospital, Showa University School of Medicine, 1-30 Fujigaoka, Aobaku Yokohama 227-8501, Kanagawa, Japan (c) Department of Ophthalmology, Showa University School of Medicine, Japan Article History: Received 9 November 2006 Article Note: (footnote) [star] This research was supported by the Japanese Society for Prevention of Blindness, Kanagawa Ophthalmological Association, and Johnson and Johnson K.K.

To purchase or authenticate to the full-text of this article, please visit this link: http://dx.doi.org/10.1111/j.1479-828X.2006.00683.x Byline: Michael BECKMANN (1), Cliff NEPPE (2)

Keywords: intraoperative complications

postoperative complications retrospective studies

vaginal hysterectomy Abstract: Abstract Hysterectomies performed vaginally are associated with less perioperative risk than those performed abdominally but the risk is not negligible. There are little sizable and/or contemporary Australian data of adverse outcomes associated with vaginal hysterectomy available. A retrospective analysis was undertaken in each of five Queensland public teaching hospitals of the last 200 women in each centre who underwent a vaginal hysterectomy for benign reasons. Serious morbidity complicated 14.0% of vaginal hysterectomies, minor morbidity was associated with 24.0% of hysterectomies and, overall, 29.9% suffered any (ie serious or minor) morbidity. Following multivariate analysis there remained an association between serious perioperative morbidity and ASA [greater than or equal to] 2 (relative risk (RR) 1.89 (1.37-2.61)) and omission of prophylactic antibiotics (RR 2.0 (1.45-2.78)). There also remained an association between any morbidity and use of antidepressants (RR 1.35 (1.07-1.72)), epilepsy (RR 2.00 (1.36-2.95)), preoperative hypoalbuminaemia (albumin [less than or equal to] 35 g/L RR 2.08 (1.33-3.24)) as well as ASA [greater than or equal to] 2 (RR 1.24 (1.00-1.54)) and omission of prophylactic antibiotics (RR 1.45 (1.18-1.79)). Author Affiliation: (1)Department of Obstetrics and Gynaecology, Bundaberg Base Hospital, and (2)Department of Obstetrics and Gynaecology, Redcliffe Hospital, Queensland, Australia Article History: Received 01 August 2006 accepted 24 October 2006. Article note: Correspondence: Dr Michael Beckmann, Mater Health Services, Raymond Tce, South Brisbane, Qld 4101, Australia. Email: michael_beckmann@mater.org.au


Objective: To examine the effect of propofol dosing (total dose and number of doses) on patient sedation time and likelihood of resedation.; Methods: This was a prospective, observational patient series in an urban district hospital ED with 42 000 attendances per annum. Patients undergoing an emergent procedure requiring procedural sedation were included. Titrated intravenous propofol was administered according to departmental procedure. Standardized consent and data collection forms were used. Time taken for the patient to become conversational after first administration was recorded and any resedation documented.; Results: Four hundred patients, undergoing 404 procedures, were enrolled for the period commencing August 2004 until March 2006. The mean initial propofol bolus was 0.8 mg/kg (SD 0.6), and mean total propofol dose was 1.8 mg/kg (SD 1.0), comprising a mean of 2.3 (SD 2.1) doses of 15.8 mg (SD 11.4). Mean sedation time was 11.8 min (SD 6.9), and increased sedation times were associated with higher total propofol dose and number of boluses (P < 0.0001). Resedation occurred in two patients (0.5%, 95% CI 0-1.6%); Conclusion: Shorter sedation times are seen with lower doses of propofol. Patients do not need prolonged post-procedure monitoring because the occurrence of spontaneous resedation associated with propofol use is a rare event. This has implications for patient flow and staff resource allocation in a busy ED;


Objectives: To evaluate the rate of adverse respiratory events and vomiting among ED patients undergoing procedural sedation with propofol.; Methods: This was a prospective, observational series of patients undergoing procedural sedation. Titrated i.v. propofol was administered via protocol. Fasting status was recorded.; Results: Four hundred patients undergoing sedation were enrolled. Of these 282 (70%, 95% confidence interval [CI] 66-75%) had eaten or drunk within 6 and 2 h, respectively. Median fasting times from a full meal, snack or drink were 7 h (interquartile range [IQR] 5-9 h), 6 h (IQR 4-8 h) and 4 h (IQR 2-6 h), respectively. Overall a respiratory event occurred in 86 patients (22%, 95% CI 18-26%). An airway intervention occurred in 123 patients (31%, 95% CI 26-35%). In 111 cases (90%, 95% CI 60-98%) basic airway manoeuvres were all that was required. No patients were intubated. Two patients vomited (0.5%, 95% CI 0.0-1.6%), one during sedation, one after patient became conversational. One patient developed transient laryngospasm (0.25%, 95% CI 0-1.2%) unrelated to vomiting. There were nil aspiration events (0%, 95% CI 0-0.74%); Conclusions: Seventy per cent of patients undergoing ED procedural sedation are not fasted. No patient had a clinically evident adverse outcome. Transient respiratory events occur but can be managed with basic airway interventions making propofol a safe alternative for emergency physicians to provide emergent procedural sedation;
A previously healthy 48 year old woman presented to a peripheral ED with non-specific signs and symptoms, including vomiting, abdominal cramping, shortness of breath, tachycardia and hypertension. Despite supportive measures the patient rapidly deteriorated, resulting in a cardiac arrest during an interhospital transfer. This required aggressive resuscitation, but without success. The case represents a diagnostic dilemma in the ED regarding the diagnosis and initial management of the patient's presentation. (author abstract)


We report a case of stridor in a 32 year old woman. Initial laryngoscopy demonstrated adduction of the vocal cords on inspiration, which reverted to abduction on induction of general anaesthesia. The airway was structurally normal. The most likely diagnosis was paradoxical vocal cord motion, a condition in which psychological stress can precipitate respiratory symptoms and signs due to involuntary adduction of the vocal cords during inspiration. Its importance to the anaesthetist lies in its ability to masquerade as a serious airway or respiratory condition. (author abstract)


More than 1500 patients waiting for ear, nose and throat surgery in Queensland’s public hospitals are classed as "long-wait" patients. Some non-urgent or category 3 patients at Royal Brisbane and Women’s Hospital are unlikely to be treated until 2015.


To purchase or authenticate to the full-text of this article, please visit this link: http://dx.doi.org/10.1111/j.1743-7563.2007.00099.x Byline: Elizabeth HOVEY (1,2), Gabriel GABRIEL (2), Monika GEORGE (3), Jeremy SHAPIRO (4), Boris CHERN (5), Eugene MOYLAN (1) Keywords: chemotherapy docetaxel hormone-refractory prostate cancer Abstract: Abstract Background: Hormone-refractory prostate cancer (HRPC) is associated with a poor prognosis and has historically been considered relatively chemoresistant. Emerging data demonstrate clinical benefit with the use of docetaxel in HRPC, culminating in two recent published phase III studies demonstrating survival benefit. Currently, docetaxel is registered but not reimbursed for HRPC in Australia. Aim: To retrospectively review prostate-specific antigen (PSA) response rate, and survival following the use of docetaxel for metastatic HRPC. Methods: Retrospective audit of the use of docetaxel for HRPC from 1 January 2001 to 1 April 2004 in three medical oncology practices. Demographic data, baseline PSA, ECOG (Eastern Cooperative Oncology Group) Performance Status, sites of disease, number of cycles received and PSA response rates were collected. Results: Thirty five patients (median age, 71 years range, 50-88) had an ECOG status of 0 (eight), 1 (20) and 2 (seven). The mean duration from initial prostate cancer diagnosis to start of docetaxel was 5.4 years (range, 0.2-13.5 years). The mean baseline PSA doubling time, available for 29/35 patients, was 1.9 months (range, 0.4-4.9). The median number of metastatic sites was 1 (range, 1-4): bone (34 patients), lymph nodes (10), liver (seven) and lung (seven). Twelve patients were chemotherapy naive 23 had received prior chemotherapy (21/23 received mitoxantrone). Twenty patients received docetaxel three times weekly 15 were on weekly schedules. Their mean dose density was 23 mg/m.sup.2/week. Patients received an average of 3.2 months of treatment (range, 0.2-11.8). There were 170 recorded toxicities, 13 of which were grade 3-4, and two likely treatment-related deaths (sepsis). Twelve patients (34%) had &gt;

50% PSA response (four were chemotherapy naive) of these 12 responders, seven patients had a &gt;

75% PSA response (four chemotherapy naive). Median survival from start of docetaxel was 8 months with 37% alive at 12 months and 23% alive at 24 months. Conclusion: Docetaxel is active in HRPC (in both chemotherapy naive and exposed patients) with a predictable toxicity profile. More research is warranted
to identify predictors of response and toxicity. Author Affiliation: (1)Cancer Therapy Center, (2)Collaboration for Cancer Outcomes Research and Evaluation (CCORE), Liverpool Health Services, Liverpool Hospital, Liverpool BC, (3)University of Western Sydney Cooperative Programs, Bldg AK, Werrington North, Penrith South DC, New South Wales, (4) Cabrini Hospital, Malvern, Victoria and (5) Department of Oncology, Redcliffe Hospital, Redcliffe, Queensland, Australia Article History: Accepted for publication 2 April 2007. Article note: Dr Elizabeth Hovey, Medical Oncologist, Cancer Therapy Center, Liverpool Hospital, Locked Bag 7103, Liverpool BC, NSW 1871, Australia., Email: elizabeth.hovey@swsahs.nsw.gov.au

Radiographs of a woman presenting with abdominal pain revealed a large foreign body within the pelvis. A diagnosis of perforation of the colon was made, and at laparotomy an 8.5 cm long glass fragment was removed from the bowel. A laceration to the lower back, sustained in a fall onto a glass coffee table, had been explored and sutured 20 months earlier. Imaging findings showed the subsequent course of the overlooked glass fragment within the pelvis. (author abstract)

We assessed the biological response to several novel titanium alloys that have promising physical properties for biomedical applications. Four commercial titanium alloys [Super-TiX(R) 800, Super-TiX(R) 51AF, TIMETAL(R) 21SRx, and Ti-6Al-4V (ASTM grade 5)] and three experimental titanium alloys [Ti-13Cr-3Cu, Ti-1.5Si and Ti-1.5Si-5Cu] were tested. Specimens (n = 6) 5.0 X 5.0 X 3.0 mm3 were cast in a centrifugal casting machine using a MgO-based investment and polished to 600 grit, removing 250 m from each surface. Commercially pure titanium (CP Ti: ASTM grade 2) and Teflon(R) (polytetrafluoroethylene) were used as positive controls. The specimens were cleaned and disinfected, and then each cleaned specimen was placed in direct contact with Balb/c 3T3 fibroblasts for 72 h. The cytotoxicity [succinic dehydrogenase (SDH) activity] of the extracts was assessed using the MTT method. Cytotoxicity of the metals tested was not statistically different compared to the CP Ti and Teflon(R) controls (p > 0.05). These novel titanium alloys pose cytotoxic risks no greater than many other commonly used alloys, including commercially pure titanium. The promising short-term biocompatibility of these Ti alloys is probably due to their excellent corrosion resistance under static conditions, even in biological environments.

Peripheral nerve disorders may be classified into compressive or entrapment neuropathies and non-compressive neuropathies. Muscle denervation recognized on MRI may be a useful sign in the diagnosis of peripheral nerve disorders. Acute or subacute denervation results in prolonged T2 relaxation time, producing increased signal in skeletal muscle on short tau inversion-recovery and fat-suppressed T2-weighted images. Chronic denervation produces fatty atrophy of skeletal muscles, resulting in increased muscle signal on T1-weighted images. This review will outline and illustrate the various ways that muscle denervation as seen on MRI may assist in the diagnosis and localization of peripheral nerve disorders. (author abstract)

Purpose: A relatively simple radiologically guided method for the treatment of enterocutaneous fistula by gelfoam embolization is described.; Methods: Three cases of chronic enterocutaneous fistula are presented. In each case, a sheath was positioned with its tip at the enteric opening of the fistula. Gelfoam was injected to occlude the fistula at its enteric opening.; Results: In each case, there was successful closure of the fistula.; Conclusions: Radiologically guided embolization with gelfoam is a safe, relatively simple procedure, which may be useful in the treatment of chronic enterocutaneous fistula.;

The first two authors note that enoxaparin is not licensed for intravenous use and the authors of the guidelines reply. (non-author abstract)

This study was undertaken to evaluate the quality of ultrasound estimation of fetal weight when performed by midwives experienced in ultrasound examinations. We also examined whether the
accuracy was affected by fetal presentation, twin pregnancy or birth weight category. The results of 5 different formulas were compared to determine which was most accurate in our study population. The study population consisted of 620 fetuses in 607 pregnancies, on whom fetal weight estimations had been performed within 3 days prior to delivery. The group of twins ( = 27) was analysed separately. Results achieved by Hadlock 2 formula used in our unit were compared with 4 other widely used formulas for estimation of fetal weight. With Hadlock 2 formula, mean absolute percent error was 6.2% and SD of error was 7.6% of mean birth weight. A total of 81% of estimates were within 10% of the actual birth weight. All the formulas tended to overestimate the weight of twins and fetuses weighing 4,000 g. Presentation of the fetus did not significantly influence the accuracy. The formula Hadlock 2, using 3 parameters (biparietal diameter, abdominal circumference and femur length) gave the highest ICC of 0.910. Ultrasound estimation of fetal weight performed by midwives is feasible and of similar accuracy as in the original studies. Major errors may occur both in small and large birth weight groups.


Background: Recommended best practice is that economic evaluation of health care interventions should be integral with randomised clinical trials. We performed a cost-consequence analysis of treating women with mild gestational diabetes mellitus by dietary advice, blood glucose monitoring and insulin therapy as needed compared with routine pregnancy care, using patient-level data from a multi-centre randomised clinical trial. Methods: Women with a singleton pregnancy who had mild gestational diabetes diagnosed by an oral glucose-tolerance test between 24 and 34 weeks' gestation and their infants were included. Clinical outcomes and outpatient costs derived from all women and infants in the trial. Inpatient costs derived from women and infants attending the hospital contributing the largest number of enrolments (26.1%), and charges to women and their families derived from a subsample of participants from that hospital (in 2002 Australian dollars). Occasions of service and health outcomes were adjusted for maternal age, ethnicity and parity. Analysis of variance was used with bootstrapping to confirm results. Primary clinical outcomes were serious perinatal complications; admission to neonatal nursery; jaundice requiring phototherapy; induction of labour and caesarean delivery. Economic outcome measures were outpatient and inpatient costs, and charges to women and their families.

Results: For every 100 women with a singleton pregnancy and positive oral glucose tolerance test who were offered treatment for mild gestational diabetes mellitus in addition to routine obstetric care, $53,985 additional direct costs were incurred at the obstetric hospital, $6,521 additional charges were incurred by women and their families, 9.7 additional women experienced induction of labour, and 8.6 more babies were admitted to a neonatal nursery. However, 2.2 fewer babies experienced serious perinatal complication and 1.0 fewer babies experienced perinatal death. The incremental cost per additional serious perinatal complication prevented was $27,503, per perinatal death prevented was $60,506 and per discounted life-year gained was $2,988. Conclusion: It is likely that the general public in high-income countries such as Australia would find reductions in perinatal mortality and in serious perinatal complications sufficient to justify additional health service and personal monetary charges. Over the whole lifespan, the incremental cost per extra life-year gained is highly favourable. © 2007 Moss et al; licensee BioMed Central Ltd.


To purchase or authenticate to the full-text of this article, please visit this link:
http://dx.doi.org/10.1111/j.1741-6612.2007.00219.x Byline: Jennifer C Nitz (1), Susan R Hourigan (1), Marie E Steer (2) Keywords: blood pressure, frail older people, oxygenation, sitting position

Abstract: Objectives: To determine the effect of two 'sitting-out' positions among frail, elderly, non-mobile and totally dependent aged care residents. Methods: Ten frail elderly women older than 75 years undertook evaluation. Oxygen saturation, blood pressure and heart rate were measured in reclined (75 degrees from horizontal) sitting to determine the change in these parameters induced by position. Results: There was a significant increase in oxygen saturation (P = 0.000) systolic (P = 0.000) and diastolic blood pressure (P = 0.034) and heart rate (P = 0.000) when subjects were moved from the reclined sitting position to upright sitting. The recordings were sustained during the measuring periods independent of position. There was no evidence of postural hypotension induced in the upright sitting position. Conclusions: Results indicate the superiority of the upright sitting position for potential tissue oxygenation. Adopting the upright sitting position may enable participation in functional activities, thereby improving quality of life. Author Affiliation: (1)Division of Physiotherapy, School of Health and Rehabilitation Sciences, University of Queensland, St Lucia, Queensland, Australia (2)Redcliffe Hospital,


Background Blood pressure is an important determinant of the risks of macrovascular and microvascular complications of type 2 diabetes, and guidelines recommend intensive lowering of blood pressure for diabetic patients with hypertension. We assessed the effects of the routine administration of an angiotensin converting enzyme (ACE) inhibitor-diuretic combination on serious vascular events in patients with diabetes, irrespective of initial blood pressure levels or the use of other blood pressure lowering drugs. Methods The trial was done by 215 collaborating centres in 20 countries. After a 6-week active run-in period, 1140 patients with type 2 diabetes were randomised to treatment with a fixed combination of perindopril and indapamide or matching placebo, in addition to current therapy. The primary endpoints were composites of major macrovascular and microvascular events, defined as death from cardiovascular disease, non-fatal stroke or non-fatal myocardial infarction, and new or worsening renal or diabetic eye disease, and analysis was by intention-to-treat. The macrovascular and microvascular composites were analysed jointly and separately. This trial is registered with ClinicalTrials.gov, number NCT00145925. Findings After a mean of 4.3 years of follow-up, 73% of those assigned active treatment and 74% of those assigned control remained on randomised treatment. Compared with patients assigned placebo, those assigned active therapy had a mean reduction in systolic blood pressure of 5.6 mm Hg and diastolic blood pressure of 2.2 mm Hg. The relative risk of a major macrovascular or microvascular event was reduced by 9% (861 [15.5%] active vs 938 [16.8%] placebo) hazard ratio 0.91, 95% CI 0.83–1.00, p=0.04). The separate reductions in macrovascular and microvascular events were similar but were not independently significant (macrovascular 0.92 0.81–1.04, p=0.16 microvascular 0.91 0.80–1.04, p=0.16). The relative risk of death from cardiovascular disease was reduced by 18% (211 [3.8%] active vs 257 [4.6%] placebo 0.82, 0.68–0.98, p=0.03) and death from any cause was reduced by 14% (408 [7.3%] active vs 471 [8.5%] placebo 0.86, 0.75–0.98, p=0.03). There was no evidence that the effects of the study treatment differed by initial blood pressure level or concomitant use of other treatments at baseline. Interpretation Routine administration of a fixed combination of perindopril and indapamide to patients with type 2 diabetes was well tolerated and reduced the risks of major vascular events, including death. Although the confidence limits were wide, the results suggest that over 5 years, one death due to any cause would be averted among every 79 patients assigned active therapy.


Objective: To determine whether family members interfere with patient care when present during invasive procedures performed on their children in the ED.; Methods: A prospective observational study of consecutive cases of procedural sedation of children aged between 12 months and 16 years was conducted between March 2002 and March 2006 in the ED of a secondary-level regional hospital in south-east Queensland. Procedures performed included laceration repair, fracture reduction, foreign body removal and abscess incision and drainage. Parents/primary caregivers were encouraged to stay with their child. A stepwise explanation of the procedure and sedation to be used was undertaken, informed consent obtained and telephone follow up attempted 5-14 days post procedure.; Results: Six hundred and fifty-two patient encounters with parents or primary caregivers present for the procedure were included for a total of 656 procedures: 234 laceration repairs, 250 fracture reductions, 85 foreign body removals, 33 abscess incision and drainages, 14 dislocation reductions and 40 other procedures.
Telephone follow up was successful in 65% (424) of cases. The mean age was 6.5 years. Family member interference occurred in one case (0.15%, 95% confidence interval 0-0.73%). In 17 cases (2.68%, 95% confidence interval 2.1-5.9%) family members present expressed concerns about the procedure during the telephone follow up but had not interfered at the time of the procedure. There were no significant differences between the concerned parents at follow up and the study group across key patient variables such as child's age (P = 0.369), weight (P = 0.379), respiratory rate (P = 0.477), sex (P = 0.308), procedure indication (P = 0.308) and airway manoeuvres (P = 0.153). Conclusion: When family members are encouraged to stay for invasive procedures performed on their child, and careful explanation of the procedure, sedation, possible complications, choice of medication for sedation and possible side-effects is undertaken, family member interference is extremely rare.


Dr Hasil's registration has been suspended in NSW and Queensland, pending an investigation into the NZ report's findings. A spokeswoman for Queensland Health today said the department did not know Dr Hasil was on leave from NZ while he was working in Rockhampton. "When he worked as a locum at Rockhampton Hospital and at Redcliffe, he had appropriate registration with the Medical Board of Queensland."


The Medical Board of Queensland (MBQ) has suspended Dr Hasil's registration, pending investigations into claims made in the NZ Health and Disability Commission report, as well as three cases identified in a review of 17 procedures he conducted in Queensland. "Frankly, I do not think it is acceptable that the Medical Board failed to check Dr Hasil's recent professional history before re-registering him in October," Ms [Anna Bligh] said. Meanwhile, Queensland Health said it did not know Dr Hasil was on leave from a New Zealand hospital - which had stood him down for drinking while on call - when he was employed in Rockhampton.


An investigation into Dr Hasil’s practices was launched last March after women who underwent sterilisation at New Zealand's Wanganui Hospital later fell pregnant. Queensland Health acting director-general Dr Andrew Wilson said in a statement today a specialist had reviewed Dr Hasil's work in the state and found two cases "indicating an unexpected outcome or deviation from standard practice". NZ authorities declined to refer Dr Hasil to prosecutors, but the inquiry report concluded: "Many women of Wanganui have been deeply affected by the substandard care provided by Dr Hasil, and some women have been harmed".


BRISBANE, Feb 28 AAP - A foreign-trained doctor who disappeared from a Queensland hospital after an inquiry into his botched operations in New Zealand is considering taking up bricklaying. Medical boards in Queensland and NSW have suspended his registration pending an investigation into claims made in the NZ Health and Disability Commission report, as well as three cases identified in a review of 17 procedures he conducted in Queensland.


Background Excessive fluid resuscitation of large burn injuries has been associated with adverse outcomes. We reviewed our experience in patients with major-burn injury to assess the relationship between fluid, clinical outcome and cause of variance from expected resuscitation volumes as defined by the Parkland formula. Methods Eighty patients with new burns ≥15% total body surface area (TBSA) admitted to the intensive care unit within 48 h of injury were included. Results Mean fluid volume was 6.0 ± 2.3 mL/kg/% TBSA at 24 h. Bolus fluids for hypotension and oliguria explained 39% of excess
variance from Parkland estimates and inaccurate burn size and weight assessment explained 9% of variance. Higher fluid volume was associated with pneumonia (adjusted odds ratio [AOR] = 2.0 95% confidence interval [CI] 1.2–3.4) and extremity compartment syndrome (AOR = 7.9 95% CI 2.4–26). Colloid use during the first 24 h reduced the risk of extremity compartment syndrome (AOR = 0.06 95% CI 0.007–0.49) and renal failure (AOR = 0.11 95% CI 0.014–0.82). In-hospital mortality was low (10%) and not associated with >125% Parkland resuscitation (P = 0.39). Conclusions Although fluid resuscitation in excess of the Parkland formula was associated with several adverse events, mortality was low. A multi-centre trial is needed to more specifically define the indications and volumes needed for burns fluid resuscitation and revise traditional formulae emphasising patient outcome. Improved training in burn size assessment is needed.


To purchase or authenticate to the full-text of this article, please visit this link:
http://dx.doi.org/10.1111/j.1445-2197.2008.04649.x Byline: Gerry FitzGerald (*), Vivienne Tippett ([dagger]), Michael Schuetz ([double dagger]), Cliff Pollard (s.) Keywords: injury trauma trauma centre

trauma system Abstract: Background: The aim of this paper is to outline the development of 'A Trauma Plan for Queensland'. Injury is one of Australia's National Health Priorities. The full impact of injury, including early death, reduction in quality of life and the social and emotional costs to individuals and the community are immeasurable. The direct health-care costs alone amounted to A$4.13bn in 2000-2001. Queensland has one of the highest rates of injury in Australia. An estimated 1500 Queenslanders die each year as a result of major traumatic injury and it is the single most common cause of death between the ages of 1 and 35 years. Methods: The Queensland Trauma Plan was based on a detailed analysis of the management and outcome of trauma in Queensland and used an extensive process of stakeholder consultation to identify proposals for system improvement. Sequential workshops helped identify the issues and strategies for system improvement. These proposals were condensed into a high-level strategic plan, which has now been endorsed by the Queensland Government. Results: The Trauma Plan identifies service enhancements and the improved coordination required to support ongoing policy development, research and education. The Plan outlines a future direction for the development of trauma services and the system and structures required to support that development. Conclusion: The Trauma Plan holds potential as a model for the development of future trauma services and injury prevention programmes. The process shows the value of engagement of clinicians and others into the policy development and planning processes. The outcome reinforces the value of taking a whole of community, coordinated and collaborative approach to injury prevention and management. Author Affiliation: (*)Faculty of Health, Queensland University of Technology ([dagger])Queensland Ambulance Service, Australian Centre for Prehospital Research ([double dagger])Queensland University of Technology, Faculty of Health, Princess Alexandra Hospital (s.)Redcliffe Hospital, Brisbane, Queensland, Australia Article History: Accepted for publication 29 March 2008. Article note: Professor Gerry FitzGerald, Faculty of Health, Queensland University of Technology, Victoria Park Road, Kelvin Grove, Qld 4059, Australia., Email: gj.fitzgerald@qut.edu.au


To purchase or authenticate to the full-text of this article, please visit this link:
http://dx.doi.org/10.1111/j.1742-6723.2008.01089.x Keywords: emergency medicine emergency nursing

triage Abstract: Abstract Objective: The Emergency Triage Education Kit was designed to optimize consistency of triage using the Australasian Triage Scale. The present study was conducted to determine the interrater reliability of a set of scenarios for inclusion in the programme. Methods: A postal survey of 237 paper-based triage scenarios was utilized. A quota sample of triage nurses (n = 42) rated each scenario using the Australasian Triage Scale. The scenarios were analysed for concordance and agreement. The criterion for inclusion of the scenarios in the programme was [kappa] (greater than or equal to) 0.6. Results: Data were collected during 2 April to 14 May 2007. Agreement for the set was [kappa] = 0.412 (95% CI 0.410–0.415). Of the initial set: 92/237 (38.8%, 95% CI 32.6–45.3) showed concordance (greater than or equal to) 70% to the modal triage category ([kappa] = 0.632, 95% CI 0.629–0.636) and 155/237 (65.4%, 95% CI 59.3–71.5) showed concordance (greater than or equal to) 60% to the modal triage category ([kappa] = 0.507, 95% CI 0.504–0.510). Scenarios involving mental health and pregnancy presentations showed lower levels of agreement ([kappa] = 0.243, 95% CI 0.237–0.249

34

Background. Falls are common among hospital inpatients, particularly in rehabilitation wards. Standing balance impairment is widely held to be a contributing factor to falls, is a component of several falls risk screening tools, and has motivated the development of balance retraining programs for the reduction of in-hospital falls. Little rigorous investigation of the link between standing balance impairment and in-hospital falls has been undertaken. We identified optimal cut-off points of four commonly used balance measures (functional reach, Timed Up and Go, step test, and timed static stance) in a prospective multicenter cohort study. Admission data (=1373) were clustered and matched by center then randomly allocated to development and validation data sets. Optimal cut-off points for each test were identified from the development data set. The predictive accuracy of all four balance tests was poor when the optimal cut-off was applied to the validation data set (Youden Index scores ranged between 0.02 and 0.15). These findings do not support an association between admission standing balance and falls in a geriatric rehabilitation setting. This result has implications for content of falls risk screening tools and interventions to prevent falls in a geriatric rehabilitation population.


Lisle, D., et al. (2008). "Imaging of craniofacial fibrous dysplasia." J Med Imaging Radiat Oncol 52(4): 325-332. Fibrous dysplasia is a relatively common disorder of bone. It may affect the bones of the face and skull and, in so doing, produce a wide variety of clinical presentations. Plain film assessment of craniofacial fibrous dysplasia may be difficult because of varying appearances and complex, overlapping structures. The MRI appearances of fibrous dysplasia are often non-specific and may be confusing. Findings on CT are also variable, but more commonly lead to a specific diagnosis. This is because of the characteristic ground-glass appearance of woven bone, seen on CT in most if not all cases of craniofacial fibrous dysplasia. (author abstract)


Jellyfish stings remains a common envenoming, and yet confusion appears to exist in the community as to the correct first aid. Current guidelines from the Australian Resuscitation Council still recommends ice for most jellyfish stings, although there appears to be little evidence to support this. There is more evidence supporting the use of hot water. More research is required to simplify first aid for jellyfish stings.


The use of a new technique for harvesting of the pectoralis major muscle in the reconstruction of locally recurrent breast cancer is presented and illustrated in two cases. This technique provides the versatility of the myocutaneous flap but avoids the significant donor site morbidity and unreliability of the skin paddle. © 2008 Springer-Verlag.


The authors describe a technique for the removal of faecaloma found in the rectal stump following Hartmann's procedure. (non-author abstract)


Healthcare workers must be aware of the problems of external, even non-visible, contamination of vials of cytotoxic compounds, and take suitable precautions whenever handling them. ESOP calls on manufacturers to ensure the highest standards of cleanliness.


The need for Australia to have its own audit with benchmarking is discussed. (non-author abstract)


The inhabitants of St Kilda, a remote archipelago in the Outer Hebrides, suffered from outbreaks of a respiratory tract infection known as the boat cough every time strangers visited their isolated community between the seventeenth and nineteenth centuries. This condition has always been labelled influenza, but a review of contemporary records and modern microbiological evidence strongly suggests the illness was due to rhinovirus.;


Neonatal tetanus was the cause of death of two thirds of newborn babies on the archipelago of St Kilda in the Outer Hebrides for at least 150 years. This was a major factor in the community becoming non-viable. While the cause of the tetanus infections has never been clearly established, modern bacteriological evidence suggests an alternative source of infection to the previously established theory.;


2009

“Effect of Bosentan in Patients With Metastatic Melanoma Treated With Dacarbazine (DTIC).” *Clinical Trials.*


This study aimed to determine factors linked to hypothermia (<35 degrees C) in Queensland trauma patients. The relationship of hypothermia with mortality, admission to intensive care and hospital length of stay was also explored.


This study reports the incidence, risk factors and mortality associated with a positive Enterococcus spp. isolate during admission to two tertiary intensive care units participating in an antibiotic cycling study. Incidence was low, with only 4.2% of admissions (36/852) at Royal Brisbane and Women’s Hospital and 2.8% (31/1104) at Westmead Hospital developing a positive Enterococcus spp. isolate (P=0.087). A positive enterococcal isolate, while not an independent predictor of mortality (odds ratio [OR]=1.6, 95% confidence interval [CI] 0.80 to 3.2, P=0.18), may be a marker of the underlying severity of illness with higher unadjusted in-hospital mortality (26% or 17/66 vs 14% or 250/1855, P=0.007). Independent risk factors for a positive isolate were use of meropenem/imipenem (OR=5.7, 95% CI 2.4 to 14, P <0.001) and cefepime (OR=2.5, 95% CI 1.2 to 5.3, P=0.017) within 48 hours of intensive care unit admission, the presence of a nasogastric tube (OR=4.1, 95% CI 1.3 to 14, P=0.018), renal replacement therapy (OR=2.2, 95% CI 1.0 to 4.7, P=0.046), operative intervention (OR=1.8, 95% CI 1.0 to 3.2, P=0.035) and age (OR=1.2, 95% CI 1.1 to 1.5, P=0.009). None of these factors, except for the need for renal replacement therapy (OR=6.2, 95% CI 1.4 to 27, P=0.015), was associated with increased mortality. Enterococci-directed empiric therapy in the treatment of sepsis remains of unproven value, although this negative finding must be evaluated against other higher powered studies.


ObjectiveTo study the rate of documentation of vital signs in the period before the occurrence of an adverse event or emergency team call and to measure the effect of introducing the medical emergency team (MET) system on the rate of such documentation. MethodsDuring a cluster, randomised trial of the MET in 23 Australian hospitals, we collected the data on lowest systolic blood pressure, highest and lowest respiratory rate and heart rate from 15min to 24h before an adverse event (cardiac arrest, death or unexpected intensive care unit admission) or emergency team call. We derived the document of these vital signs (yes/no) from the numerical values recorded. We used analytically weighted and random-effect regression models to examine the association between non-documented (missing) vital signs, hospital characteristics and MET allocation, and to examine their trend over time. ResultsWe found marked variability in documentation, with a high proportion of missing vital signs in some hospitals. Close to 77% of patients suffering adverse events had at least one vital sign missing immediately before the event. Allocation to a MET system was associated with significantly increased documentation of respiratory rate and blood pressure before emergency team review (P<0.01) as well as an improvement in documentation over time (P<0.01). At all stages and for both MET and control hospitals, the respiratory rate was the least commonly documented vital sign (P<0.01). ConclusionsThe documentation of vital signs in the period before adverse events was commonly incomplete with a particular deficiency in the documentation of the respiratory rate. Introduction of a MET system was associated with improvement in the rate of documentation of vital signs.


Background Neonatal respiratory distress syndrome, as a consequence of preterm birth, is a major cause of early mortality and morbidity during infancy and childhood. Survivors of preterm birth continue to
remain at considerable risk of both chronic lung disease and long-term neurological handicap. Progesterone is involved in the maintenance of uterine quiescence through modulation of the calcium-calmodulin-myosin-light-chain-kinase system in smooth muscle cells. The withdrawal of progesterone, either actual or functional is thought to be an antecedent to the onset of labour. While there have been recent reports of progesterone supplementation for women at risk of preterm birth which show promise in this intervention, there is currently insufficient data on clinically important outcomes for both women and infants to enable informed clinical decision-making. The aims of this randomised, double blind, placebo controlled trial are to assess whether the use of vaginal progesterone pessaries in women with a history of previous spontaneous preterm birth will reduce the risk and severity of respiratory distress syndrome, so improving their infant’s health, without increasing maternal risks. Methods Design: Multicentred randomised, double blind, placebo-controlled trial. Inclusion Criteria: pregnant women with a live fetus, and a history of prior preterm birth at less than 37 weeks gestation and greater than 20 weeks gestation in the immediately preceding pregnancy, where onset of labour occurred spontaneously, or in association with cervical incompetence, or following preterm prelabour ruptured membranes. Trial Entry & Randomisation: After obtaining written informed consent, eligible women will be randomised between 18 and 23+6 weeks gestation using a central telephone randomisation service. The randomisation schedule prepared by non clinical research staff will use balanced variable blocks, with stratification according to plurality of the pregnancy and centre where planned to give birth. 

Eligible women will be randomised to either vaginal progesterone or vaginal placebo. Study Medication & Treatment Schedules: Treatment packs will appear identical. Woman, caregivers and research staff will be blinded to treatment allocation. Primary Study Outcome: Neonatal Respiratory Distress Syndrome (defined by incidence and severity). Sample Size: of 984 women to show a 40% reduction in respiratory distress syndrome from 15% to 9% (p = 0.05, 80% power). Discussion This is a protocol for a randomised trial. Clinical Trial Registration Current Controlled Trials ISRCTN20269066


Laboratory and field efficacy trials comparing deet (N,N-diethyl-3-methylbenzamide) and SS220 [(IS, 2’S)-2-methylpiperindinyl-3-cyclohexen-1-carboxamide] against mosquitoes in Queensland, Australia, were conducted. In the laboratory, both compounds provided between 150 and 195 min of protection against Aedes aegypti and between 18 and 80 min of protection against Anopheles farauti. In laboratory tests against Culex annulirostris, 20% SS220 provided 3 h of protection and 20% deet provided >6 h of protection. A field efficacy test was conducted at Redcliffe, Queensland in January 2008 and the predominant mosquito species collected was Cx. annulirostris (84.4% of collection). In the field, 20% SS220 provided significantly better protection against mosquitoes than 20% deet. Seven hours after application, SS220 provided greater than 96.0% protection against all mosquitoes, whereas 20% deet provided 58.9% protection; 


A 36-year-old lady presented with symptoms of intermittent small bowel obstruction caused by a polyp in the jejunum. CT scan and small bowel enema failed to demonstrate this polyp, and required a small bowel capsule endoscopy to finally reach a diagnosis. The objective of this report is to highlight the role of capsule endoscopy as a diagnostic tool in the small bowel pathology and to report a case of a polypoid gastric heterotopia of jejunum.


To evaluate the effects of non standardised fatty meal on GEF (gallbladder ejection fraction) response and its usefulness as a hepatobiliary stimulant in cholescintigraphy (HIDA) studies. A total of 120 consecutive 99 m Technetium biliary HIDA studies are identified from the radiology electronic record used in two hospitals - The Wesley Hospital and Caboolture Hospital over a 4-year-period. All these studies must report a GEF taken 30 to 60 minutes post fatty meal. Patients have a choice of full cream milk, bacon, cheese or pastries as their fatty meal, whichever is tolerable to them. Patients are then quantified arbitrarily into categories with GEF of ≥40 and ≤40%. A GEF value of ≥35% is normally
accepted as normal based on 3-minute-infusion of 10 ng/kg of exogenous cholecystokinin (CCK/sincalide/Kinevac) commonly used in HIDA studies. There are 27 males and 93 females with ages ranged from 18-90 years old and mean age of 52.5 ± 17.2 years old. The lowest and highest GEF values recorded at 35% and 92.5% respectively. The mean GEF is 67.2 ± 15.4%. 116 patients (96.7%) have GEF ≥40% and 4 patients (3.3%) have GEF of ≤40%. Biliary dyskinesia or sphincter of Oddi dysfunction is an uncommon presentation. Non-standardised fatty meal has showed GEF value ≥40% in a majority of patients (96.7%). This implies that non-standardised fatty meal test can be a valid hepatobiliary stimulant in eliciting normal GEF response for HIDA studies and can replace exogenous CCK. It is tolerable to patient and a cost effective alternative in comparison with the use of CCK (sincalide/Kinevac) infusion which can occasionally cause abdominal pain and costs $160.53/vial/patient.

Lim, I., et al. (2009). "Chromobacterium violaceum endocarditis and hepatic abscesses treated successfully with meropenem and ciprofloxacin." Medical Journal of Australia 190(7): 386-387. Chromobacterium violaceum infection is uncommon but potentially fatal, with a clinical picture similar to melioidosis but with different antibiotic sensitivities and treatment. This infection can involve any organ, but we believe this is the first reported case of C. violaceum endocarditis. (author abstract)

Lucas, A., et al. (2009). "Steam Sterilization and Internal Count Sheets: Assessing the Potential for Cytotoxicity." Association of Operating Room Nurses. AORN Journal 89(3): 521-522, 525-531. Count sheets, when placed in contact with surgical instruments during steam sterilization, can transfer ink to the instruments. To explore whether this poses a safety concern, stainless steel instruments were placed on top of completely inked paper and subjected to steam sterilization, extracted, and tested for cytotoxicity. Preprinted labels were examined in a similar fashion. Extracts from stainless steel devices exposed to ink, toner, or labels showed no significant cytotoxic response, although the ink residue on the devices after steam sterilization is difficult to remove and detrimental to the instrument. Placing a barrier between the count sheet and the devices facilitates reuse of the instruments. [PUBLICATION ABSTRACT]


Mehanna, P., et al. (2009). "White-eyed blowout fracture: Another look: Case Report." Emergency Medicine Australasia 21(3): 229-232. Orbital floor fractures have the potential to cause significant morbidity both in the short and long terms and commonly present to the ED for initial assessment. Although treatment of the majority of these injuries involves clinic review and possible later surgery, there is a specific subset that present to emergency clinically suggestive of a head injury. This subset, 'white-eyed blowout', usually occurring under 18 years of age, with a history of trauma and little sign of soft tissue injury, describes a trap door orbital floor fracture with herniation and acute entrapment of orbital muscle and is regarded as a maxillofacial emergency. The injury presents with marked nausea, vomiting, headache and irritability suggestive of a head injury that commonly distracts from the true aetiology. It requires prompt diagnosis and treatment to avoid permanent morbidity. We present three cases and discuss their management. © 2009 Australasian College for Emergency Medicine and Australasian Society for Emergency Medicine.

O’Donoghue, S. D., et al. (2009). "Acquired hypernatraemia is an independent predictor of mortality in critically ill patients." Anaesthesia 64(5): 514. This study reports the incidence and associated mortality of acquired hypernatraemia (Na > 150 mmol x l(-1)) in a general medical/surgical intensive care unit. Patients admitted over a 5-year period with normal sodium values were eligible for inclusion. exclusions were made for burn/neurosurgical diagnoses and for hypertonic saline therapy. From 3475 admissions (3317 patients), 266 (7.7%) episodes of hypernatraemia were observed. Hospital mortality was 33.5% in the hypernatraemic group and 7.7% in the normonatraemic group (p < 0.001). Acquired hypernatraemia was an independent risk factor for in-hospital mortality (OR 1.97, 95% CI 1.37-2.82, p < 0.001). Intermediate sodium levels (145-150 mmol x l(-1)) were associated with increased mortality (OR 1.42, 95% CI 1.02-1.98). Uncorrected sodium at discharge (p = 0.001) and peak sodium (p = 0.001) were better predictors of mortality than time to onset (p = 0.71) and duration of hypernatraemia (p = 1.0). Hypernatraemia avoidance is justified, but determinants of hypernatraemia and benefits of targeted treatment strategies require further elucidation.

Background: Despite the well-documented benefits of providing people with written health information, there is a growing body of evidence indicating that people who have aphasia are poorly informed about both their stroke and aphasia. Although extensive research has been conducted into stroke education, limited research has specifically investigated the provision of written health information to people with aphasia. Aims: This study aimed to investigate if people with aphasia recalled receiving written information about stroke and aphasia. Subsequent aims were to determine if reported receipt of stroke and aphasia information was related to participant characteristics such as aphasia severity, reading ability, and time post-stroke. This study also aimed to gain insight into where people with aphasia sourced written stroke and aphasia information, and which health professionals provided this information. Methods & Procedures: This article reports on a 10-item verbal questionnaire that was conducted as part of a larger project with 40 adults with aphasia following stroke. Participants with a range of aphasia severities, reading abilities, and time post-onsets were recruited from university clinics and seven hospitals in Queensland, Australia. Descriptive statistics have been used to describe participant responses to questionnaire items. The relationship between participant responses and participant characteristics were explored using the Mann Whitney U and Pearson's chi square tests for non-parametric data. Participant's comments have also been categorised. Results: Only 14 participants (36%) indicated that they received written information about both stroke and aphasia. Findings indicated that receipt of stroke information did not equate to receipt of aphasia information with fewer participants reporting that they received written aphasia information (49%) compared to written stroke information (67%). There was no significant relationship between reported receipt of information and time post-stroke, aphasia severity, reading ability, age, years of education, or gender. Participant comments either related to the lack of health information provided by health professionals, or reflected the ineffective provision of written information, with many participants commenting about the inappropriate complexity of written health information received. The rehabilitation group setting was the main location for written stroke and aphasia information provision, with speech pathologists most frequently being identified as the health professionals to provide this information. Conclusions: The majority of participants reported receiving no written information about aphasia. Routine provision of appropriately formatted health information and improved access to the health professionals and services that provide information are two strategies for more successful stroke and aphasia education. The authors would like to acknowledge and thank the following Queensland hospitals for their support and assistance with participant recruitment: Queen Elizabeth II Jubilee Hospital, Ipswich Hospital, Nambour General Hospital, The Prince Charles Hospital, The Princess Alexandra Hospital, The Royal Brisbane and Women's Hospital, The Redcliffe Hospital.
of assisting reintegration and that this can be used within a range of therapeutic traditions, including cognitive-behavioral, psychodynamic, psychopharmacological, and neurophysiological approaches. The work of the first author in this regard is illustrated by means of a case study. [ABSTRACT FROM AUTHOR]

Copyright of Journal of Trauma & Dissociation is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

An acute infectious epidemic almost eliminated the St Kilda community in 1727. An epic tale of survival in adversity followed. Contemporary records reveal atypical features, suggesting a speculative alternative;

The inhabitants of St Kilda are well known for their susceptibility to infection. Low herd immunity, limited genetic biodiversity, malnutrition and poor social conditions have been incriminated as the major predisposing factors, but the clinical evidence for the effect of malnutrition and the clinical relevance of the more recent discovery of heavy metal and dioxin pollution on infectious diseases have not been scrutinised from a medical perspective;

The risk of prion transmission to nursing staff in Australia is very low. The precautions recommended for pathologists, morticians and NHS staff should be followed with the use of protective clothing and disposal of contaminated equipment. (non-author abstract)

Most emergency nurses have little education on dental conditions yet some new attendances to emergency departments are for dental problems. This article describes the signs and symptoms of three common gingival conditions, and briefly outlines treatment;

The use of trampolines at home has increased during the past ten years, and consequently there has been a dramatic increase in the number of children presenting with injuries associated with their use. The case study in this article highlights an unusual injury that was related to a child jumping on a trampoline;


In February 2007, there was an outbreak of gastroenteritis in a group of Townsville-based Australian Regular Army personnel visiting Gallipoli Barracks in Brisbane, Queensland. Of the 23 patients hospitalised, the majority presented with fevers, vomiting, abdominal cramps and diarrhoea. One patient’s presentation mimicked acute appendicitis and he underwent appendicectomy. Stool specimens were negative for parasitic and bacterial pathogens; however, two of the later cases were confirmed as having Norovirus infection. The characteristics of the remaining cases were consistent with Norovirus infection. To our knowledge this is the first reported Norovirus outbreak in Australian Defence Force (ADF) personnel. (author abstract)

To authenticate to the full-text of this article, please visit this link: http://dx.doi.org/10.1111/j.1742-6723.2009.01203.x Byline: Greg Treston (1), Anthony Bell (2), Rob Cardwell (2), Gavin Fincher (2), Dip Chand (2), Geoff Cashion (2) Keywords: emergence delirium emergence phenomenon
Abstract: Abstract Objective: Ketamine has become the drug most favoured by emergency physicians for sedation of children in the ED. Some emergency physicians do not use ketamine for paediatric procedural sedation (PPS) because of concern about emergence delirium on recovery. The present study set out to determine the true incidence and nature of this phenomenon. Methods: Prospective data relating to any emergence agitation, crying, hallucinations, dreams, altered perceptions, delirium and necessary interventions were recorded in consecutive cases of ketamine PPS from March 2002 to June 2007, and analysed. Standard inclusion and exclusion criteria for the use of ketamine were followed. Results: A total of 745 prospective data collection records were available for analysis over the 5 year period. Of all, 93 (12.5%) children cried on awakening when recovering from PPS, 291 (39%) experienced pleasant altered perceptions and 16 (2.1%) experienced what was called ‘emergence delirium’. None required any active treatment and all except one settled within 20 min. There was no evidence of an increased rate of nightmares on telephone follow up in the weeks post procedure. Conclusion: The belief that ketamine, in the doses used for ED PPS, causes frequent emergence delirium is flawed. A pleasant emergence phenomenon is common, but is not distressing for the child, and has no long-term (up to 30 days) negative sequelae. Rarely, there is anxiety or distress on awakening from ketamine sedation, which settles spontaneously. This should not deter emergency physicians from using ketamine for PPS. Author Affiliation: (1)Bundaberg Hospital, Bundaberg, and (2)Emergency Department, Redcliffe Hospital, Redcliffe, Queensland, Australia Article History: Accepted 1 June 2009 Article note: Dr Greg Treston, Bundaberg Hospital, Bourbon St, Bundaberg, Queensland, 4670 Australia. Email: greg-treston@health.qld.gov.au


Abstract The objective of this study is to identify whether decline in cognitive functioning after chemotherapy in women with breast cancer is associated with health/disease, treatment, and psychological variables. Neuropsychological performance, health/disease, and treatment-related information of 136 women with breast cancer (age M = 49.38 SD = 7.92 range = 25.25–67.92) was assessed pre-chemotherapy and 1-month post-chemotherapy. The Reliable Change Index corrected for practice (RCIp) identified women whose performance significantly declined, while Pearson correlations assessed the relationship between cognitive change and predictor variables. A total of 16.9% of women showed significant decline post-chemotherapy, with affected domains including verbal learning and memory, abstract reasoning, and motor coordination. Decline in hemoglobin levels and increased anxiety over the course of chemotherapy was found to significantly predict impairment in multiple cognitive measures. Change in specific cognitive measures was significantly associated with baseline fatigue, depression, and functional well-being ( r = 0.23 to 0.33 p = .01 to < .001). Although the effects are small, there is evidence that psychological and health factors may increase vulnerability to cognitive dysfunction after chemotherapy for breast cancer. Significant associations reported in this study may be useful in the identification and treatment of at-risk individuals. (JINS, 2009, 15, 951–962.)