
BACKGROUND: Clinical frailty scales (CFS) predict hospital related outcomes. Frailty is more common in areas of higher socioeconomic disadvantage, but no studies exclusively report on the impact of CFS on hospital related outcomes in areas of known socioeconomic disadvantage. AIMS: To evaluate the association of the CFS with hospital related outcomes. DESIGN: Retrospective observational study in a community hospital within a disadvantaged area in Australia (Social Economic Index for Areas=0.1%). METHODS: The CFS was used in the emergency department (ED) for people aged >/= 75 years. Frailty was defined as a score of >/= 4. Associations between the CFS and mortality, admission rates, ED presentations and length of stay (LOS) were analysed using regression analyses. RESULTS: Between 11/07/17 to 31/03/18, there were 5151 ED presentations involving 3258 patients aged >/= 75 years. Frail persons were significantly more likely to be older, re-present to the ED and have delirium compared to non-frail persons. CFS was independently associated with 28-day mortality, with odds of mortality increasing by 1.5 times per unit increase in CFS (95%CI: 1.3-1.7). Frail persons with CFS 4-6 were more likely to be admitted (OR: 1.2; 95%CI: 1.0-1.5), have higher geometric mean length of stay (1.43; 95%CI 1.15-1.77 days) and higher rates of ED presentations (IRR: 1.12; 95%CI 1.04-1.21) compared to non-frail persons. CONCLUSIONS: The CFS predicts community hospital related outcomes in frail persons within a socioeconomic disadvantage area. Future intervention and allocation of resources could consider focusing on CFS 4-6 as a priority for frail persons within a community hospital setting.


INTRODUCTION: Severe acute pancreatitis is associated with high morbidity and mortality. This is a result of the development of pancreatic and extra-pancreatic necrosis with associated infection which can lead to multiorgan failure. Complications include localized ileus, abscess formation, mechanical obstruction, rupture and perforation into the gastrointestinal tract and fistula formation (Aldridge et al., 1989; Bassi et al., 2001 [1,2]). CASE PRESENTATION: A 72 year old man attended the emergency department with acute epigastric pain. Biochemistry results were reviewed with a lipase of 1680 U/L (ref range <60 U/L). He was treated conservatively. He had a labile course throughout his admission and on day 7 he had significant deterioration. Abdominal CT scan demonstrated marked mechanical large bowel obstruction at the level of the sigmoid colon, caecum dilated with features suggestive of ischaemia in the caecal wall and backflow dilatation of the small bowel loops. The patient was transferred to a tertiary centre for subsequent
laparotomy and bowel resection. DISCUSSION: Colonic complications of acute pancreatitis are uncommon. An analysis of pooled data reports the incidence of colonic complications from acute pancreatitis to be 3.3% and those from severe acute pancreatitis 15% (Bassi et al., 2001 [2]). Knowledge about colonic perforation from acute pancreatitis has been limited to few case reports, thus diagnostic and management dilemmas continue to persist. CONCLUSIONS: We report a rare case of ascending colon perforation in severe acute pancreatitis. This is particularly unusual given the anatomical propensity for splenic flexure involvement or transverse colon involvement being noted in literature. This highlights the high index of suspicion required for colonic complications given the varied, non-specific and often delayed presentation of complications.


BACKGROUND: Cervical auscultation (i.e. listening to swallowing sounds) is the most commonly used technique in adjuvant to the clinical feeding examination by speech-language pathologists worldwide to assess for oropharyngeal aspiration risk in children. Despite its relative popularity in clinical practice, little is known on the clinical utility of cervical auscultation within a paediatric population. OBJECTIVE: To determine the diagnostic test accuracy of the clinical feeding examination with cervical auscultation in the detection of aspiration in children. TYPE OF REVIEW: Narrative review. Prospero Registration: CRD42017081467 Search strategy: Medline/Pub Med, Embase, CINAHL, AustHealth, Cochrane and UQ (Scopus) were searched up until October 2017. Specifically, the search terms used were: (((oropharyngeal OR respiratory) aspiration) AND (child* OR pediatr* OR paediatr*)) and (cervical auscultation OR swallow sounds OR swallowing sounds OR accelerometry OR swallowing acoustics)). The search strategy also included scanning reference lists and citations of retrieved studies. EVALUATION METHOD: Extracted studies were reviewed by two independent reviewers. Methodological quality of studies was assessed using the QUADAS-2 tool. RESULTS: Only one study met inclusion criteria for this review, which had a bias for flow and timing. Use of cervical auscultation in conjunction with the clinical feeding examination to predict aspiration had a positive predictor value (PPV) of only 0.49 (0.31-0.66), indicating potential over-prediction of aspiration when cervical auscultation is used. In contrast a high NPV of 0.92 (0.78-0.98) was reported indicating that cervical auscultation is useful at ruling out aspiration in children. CONCLUSION: This review highlights the paucity of research studies assessing the accuracy of cervical auscultation as an adjuvant to the clinical feeding examination in aspiration detection within the pediatric population. This article is protected by copyright. All rights reserved.


OBJECTIVE: Psychiatrists may become involved in circumstances where a child is seeking termination of pregnancy. Potential roles include capacity advice and advocacy, but ethical and legal uncertainties abound. This paper uses illustrative cases, in an Australian jurisdiction, to exemplify the issues. CONCLUSION: Termination of pregnancy at the youthful extreme raises unique challenges for all involved.

OBJECTIVE: The objective of this study was to explore attitudes and decision-making by pregnant women regarding antidepressant and anxiolytic use during pregnancy. METHOD: An observational study at an outer metropolitan hospital in Brisbane, Queensland. Pregnant women presenting for their first antenatal clinic visit were invited to complete a questionnaire. Participants were asked about current or previous antidepressant/anxiolytic use, influences on drug decision-making and the adequacy of information received. Perceptions were measured on a 7-point Likert scale. RESULTS: A total of 503 pregnant women were surveyed. The background prevalence of anxiety and depression was 30.0% (151), with 9.3% (47) respondents using antidepressant or anxiolytic medications during the current pregnancy. Of these 47 women, 68% ceased these medications during or while trying to become pregnant, most commonly due to potential side effects to the baby (16), health professional advice (8) and symptomatology that was under control (7). While the effect was modest, decision-making was most strongly influenced by general practitioners, family and the internet. CONCLUSIONS: Most women cease antidepressant/anxiolytic medication before and during pregnancy for reasons other than stability of condition. This study reveals an unmet need for accessible reliable information to guide pregnant women and their care providers.


BACKGROUND: CADENCE-BZ is a multi-centre, parallel-group, double-blind randomized controlled trial designed to examine the clinical efficacy and safety of an accessible food preservative, sodium benzoate, as an add-on treatment for patients with early psychosis. The original study protocol was published in 2017. Here, we describe the updated protocol along with the Statistical Analysis Plan (SAP) for the CADENCE-BZ trial prior to study completion. METHODS AND MATERIALS: Two important changes were made to the original protocol: (1) improvements to our statistical analysis plan permitted a reduction in sample size; and (2) a revision in the secondary outcomes with the intent of reducing redundancy and excluding those measures that were not appropriate as outcomes. CONCLUSIONS: We provide the updated SAP prior to the completion of the study with the intent of increasing the transparency of the data analyses for CADENCE-BZ. The final participants are currently completing the study and the results will be published in the near future. TRIAL REGISTRATION: Australian New Zealand Clinical Trials Registry (ACTRN12615000187549 ). Registered on 26th February 2015.


Given that a significant percentage of high-grade serous cancers develop in the fallopian tube, it has been suggested that salpingectomy may prevent some of these malignancies. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists guidelines recommend prophylactic salpingectomy to be discussed with or offered to patients undergoing hysterectomy for benign indications. This study compares rates of salpingectomy at the time of hysterectomy for benign indications across different surgical approaches among Australian and New Zealand gynaecologists. Data were collected via SurgicalPerformance, a web-based surgical outcomes review and feedback software used by independent gynaecologic surgeons. Of 11 477 hysterectomy records available, 6608 were eligible for analysis. Rates of salpingectomy at vaginal hysterectomy (13%) were significantly lower (P <

BACKGROUND: Young onset colorectal cancer is on the rise, with a disproportionate increase in incidence among young people, both in Australia and internationally. Current national guidelines for bowel cancer screening in average risk individuals include only patients greater than 50 years of age. It is well recognized that colorectal cancer is a highly treatable malignancy when detected at an early stage, and timely diagnosis yields a greater than 90% chance of cure and survival. The aims of this study were to define the clinical presentations leading to colonoscopy in young patients and assess the incidence of malignancy in this group.

METHODS: This is a retrospective cohort study including all patients ≤35 years of age without any baseline indication for early bowel cancer surveillance that underwent colonoscopy at Caboolture Hospital from January 2017 to April 2018.

RESULTS: A total of 224 patients underwent colonoscopy in the study period. A total of 210 (93.8%) had symptoms including rectal bleeding (51.7%), altered bowel habit (25.9%), abdominal pain (10.3%) and symptomatic anaemia (6.7%) prior to colonoscopy. Two cases of invasive adenocarcinoma were identified (0.89%, P < 0.01), both of which were symptomatic and were defined as stage IIIB disease on histopathology. CONCLUSION: In a theoretically low-risk population, the incidence of malignancy was nearly 1%. More advanced disease at diagnosis may be due to a delay in investigating these patients due to an overall low suspicion of cancer in young individuals. As such, investigation should be offered early to young patients presenting with any warning symptoms.


Jane Orbell-Smith shares information on the process of gaining Certified Health Informatician Australasia (CHIA) certification. According to Jane, CHIA status will help other health professionals understand that Health Librarians are an integral part of the health informatics environment, as their work is focused on expertise in a wide range of health information (evidence based practice) and the integration of computing. Jane is in the Queensland Health cohort undertaking certification in 2019 and has recently achieved CHIA.


Problem: The increasing specialisation of medical care in larger centres is contributing to the declining use of rural hospitals that are close to larger centres, risking bed closures or even facility closure.

Design: An allied health-led model of care supported by telehealth geriatrician services was developed and implemented in eight beds in a rural hospital to manage older patients needing geriatric evaluation and management.

Setting: The project was set in Kilcoy Hospital, a small facility north of Caboolture in Queensland, Australia. The feeder hospital was Caboolture Hospital, the regional centre.
Key measures for improvement: Occupancy rates at the rural hospital along with length of stay, discharge destination and functional independence measure. Strategies for change: A project officer was employed 1 day a week to facilitate the implementation of the new model of care. Training and education were provided to medical and nursing staff to understand and implement the geriatric evaluation and management model of care. Effects of change: Over the project time frame, 93 patients were successfully managed in the rural hospital with improved occupancy rates. Outcomes were as effective and safe as compared to the group managed at the regional centre. The model of care is now routine practice. Lessons learnt: Using excess capacity in rural hospitals by employing a geriatric evaluation and management approach is a viable strategy to address declining rural hospital usage.

Perera, C., et al. (2019). "'Conceivably Neglected' - Are Prescribers Sufficiently Aware of the Risks of Prescribing Sodium Valproate to Women with Mental Illness?" Australasian Psychiatry 27(2): 125-128. doi: 10.1177/1039856219828175. OBJECTIVES: To describe prescription of sodium valproate (SV) for bipolar mood disorder to potentially child-bearing women within one public mental health service and describe risks of fetal exposure, and safe prescribing practices among psychiatrists. METHODS: A 24-month retrospective chart review with descriptive analysis; narrative review of literature and guidelines. RESULTS: Review of 383 charts demonstrated prescription of valproate to 20% of 98 women aged 15-45, with little evidence of advice regarding risk and contraception. Robust evidence of teratogenic and neurodevelopmental risk underpins increased regulation, and recommendations that valproate not be prescribed to this cohort. CONCLUSIONS: The significant risks associated with SV oblige all prescribers to proactively access authoritative guidelines such as those published by the Centre of Perinatal Excellence.


Ryan, T., et al. (2019). Tramadol as an Adjunct to Intra-Articular Local Anaesthetic Infiltration in Knee Arthroscopy: A Systematic Review and Meta-Analysis. T. Ryan, 10.1111/ans.14920. doi: 10.1111/ans.14920. BACKGROUND Arthroscopic knee surgery is a common technique used in Australia. Post-operative pain is common and can lead to delayed discharge and impair early mobilization. Use of local anaesthesia can reduce pain while avoiding systemic side effects. This systematic review and meta-analysis aimed to establish the use of tramadol as an adjunct to intra-articular local anaesthetic infiltration in knee arthroscopy in the current literature.

METHODS Two independent reviewers performed a systematic search of four databases, where 24 articles were identified with six studies (four high-quality and two low-quality randomized controlled trials), with a total of 334 patients were included for analysis. RevMan 5.3 software (The Nordic Cochrane Centre, Copenhagen, Denmark) was used to perform the data analysis. The studies included
focused on outcomes such as pain scores, breakthrough analgesia, total analgesia, time to discharge and adverse events related to the use of tramadol as an adjunctive therapy.

RESULTS This study found that using tramadol as an adjunct to intra-articular local anaesthetic infiltration in arthroscopic knee surgery reduced post-operative pain and increased time to breakthrough analgesia without an increase in side effects.

CONCLUSION This meta-analysis suggests that tramadol is an efficacious adjunct for use in intra-articular local anaesthetic infiltration following arthroscopic knee surgery.


Objective: Patients in the intensive care unit (ICU) have increased risk of pressure injury (PI) development due to critical illness. This study compared two silicone dressings used in the Australian ICU setting for sacral PI prevention. Design: A cluster-controlled clinical trial of two sacral dressings with four alternating periods of three months' duration. Setting: A 10-bed general adult ICU in outer-metropolitan Brisbane, Queensland, Australia. Participants: Adult participants who did not have a sacral PI present on ICU admission and were able to have a dressing applied for more than 24 hours without repeated dislodgement or soiling in a 24-hour period (>3 times). Interventions: Dressing 1 (Allevyn Gentle Border Sacrum, Smith and Nephew) and Dressing 2 (Mepilex Border Sacrum, Molnlycke). Main outcomes measures: The primary outcome was the incidence of a new sacral PI (stage 1 or greater) per 100 dressing days in the ICU. Secondary outcomes were the mean number of dressings per patient, the cost difference of dressings to prevent a sacral PI and product integrity. Results: There was no difference in the incidence of a new sacral PI (0.44 per 100 dressing days for both products, p = 1.00), the mean number of dressings per patient per day (0.50 for both products, p = 0.51) and product integrity (85% for Dressing 1 and 84% for Dressing 2, p = 0.69). There was a dressing cost difference per patient (A$10.29 for Dressing 1 and A$28.84 for Dressing 2, p < 0.001). Conclusions: Similar efficacy, product use and product integrity, but differential cost, were observed for two prophylactic silicone dressings in the prevention of PIs in the intensive care patient. We recommend the use of sacral prophylactic dressings for at-risk patients, with the choice of product based on ease of application, clinician preference and overall cost-effectiveness of the dressing.


Sparganosis is a rare zoonotic parasitosis that is sporadically reported worldwide. In Australia, the causative tapeworms are considered endemic in wildlife animals, however, there have been only five reported human infections. We present three additional cases of sparganosis, involving two Australian born gentlemen who have never travelled overseas and a woman who emigrated from Ethiopia. The first man presented with two unusual subcutaneous lumps that migrated along the
anterior abdominal wall connected by a tunnel. The second man presented with two separate lumps, one on the thigh and the other on the left upper abdomen over a 4-week interval. The woman presented with 6 weeks of intermittent fevers, night sweats, abdominal pain and passing intestinal worms. This series of patients suggests that sparganosis is under-recognised in Australia and serves as a reminder for clinicians to the varied presentations that can be characteristic of this lesser known zoonosis.


Background: Vascular access devices are widely used in healthcare settings worldwide. The insertion of a vascular access device creates a wound, vulnerable to irritation, injury and infection. Vascular access-associated skin complications are frequently reported in the literature, however very little evidence is available regarding the incidence and risk factors of these conditions to inform practice and technology development.


Participants: The 13 studies involved paediatric and adult participants, across oncology, emergency, intensive care, and general hospital settings. A total of 7669 participants with 10,859 devices were included, involving peripheral venous (n = 9933), peripheral arterial (n = 341), and central venous access (n = 585) devices. Analysis: Standardised study data were extracted into a single database. Clinical and demographic data were descriptively reported. Cox proportional hazards regression models (stratified by peripheral vs central) were used for time-to-event, per-device analyses to examine risk factors. Univariate associations were undertaken due to complexities with missing data in both outcomes and covariates, with p < 0.01 to reduce the effect of multiple comparisons.

Results: Over 12% of devices were associated with skin complication, at 46.2 per 1000 catheter days for peripheral venous and arterial devices (95% confidence interval, CI 42.1–50.7), and 22.5 per 1000 catheter days for central devices (95% CI 16.5–30.6). The most common skin complications were bruising (peripheral n = 134, 3.7% central n = 33, 6.8%), and swelling due to infiltration for peripheral devices (n = 296 2.9%), and dermatitis for central devices (n = 13 2.2%). The significant risk factors for these complications were predominantly related to device (e.g., skin tears associated with peripheral arterial catheters [hazard ratio, HR 16.0], radial insertion [HR 18.0] basilic insertion [HR 26.0]) and patient characteristics (e.g., poor skin integrity associated with increased risk of peripheral device bruising [HR 4.12], infiltration [HR 1.98], and skin tear [HR 48.4]), rather than management approaches.

Conclusions: Significant skin complications can develop during the life of peripheral and central vascular access devices, and these are associated with several modifiable and non-modifiable risk factors. Further research is needed to evaluate
effectiveness technologies to prevent and treat skin complications associated with vascular access devices.