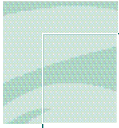


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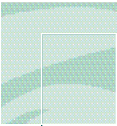
Regional Development Unit
St. Camillus' Hospital
Shelbourne Road
Limerick

Tel: 061-483975

Fax: 061-483974

e-mail: info@nihs.ie

web: www.nihs.ie



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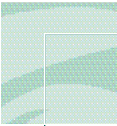
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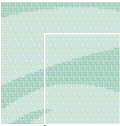
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is Suspected

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Foreword

Access to high quality on-line information resources is essential for all healthcare professionals and it is encouraging that registration for the new e-library facility has been growing steadily among users in the Mid-Western Health Board since its introduction in February 2002. The National Institute of Health Sciences has initiated this resource so that healthcare professionals can be confident that they have access to the best available evidence to inform practice and support research and continuing professional development. The National Institute of Health Sciences web site (www.nihs.ie) is a key resource which brings together information from the e-Library, from reliable sources on the Internet, and from current and ongoing research happening in the region. This information has been linked seamlessly for the benefit of the healthcare professional and ultimately, in an evidence-based healthcare environment, for the benefit of the healthcare consumer.

The forthcoming publication of the National Health Information Strategy is eagerly awaited by all. This document will emphasise the key role of electronic information resources in providing evidence to support the highest quality of healthcare nationally and will complement traditional sources of information. Also, it will focus on enabling easier access to, and greater use of, the wealth of health information held by many agencies inside and outside the health sector with the outcome of constantly adding to the existing healthcare knowledge base in a structured and cohesive way. The implementation of these aspects of the Strategy will undoubtedly be of tremendous benefit to all healthcare professionals in the country.

I gratefully acknowledge the ready response of our contributors and our editorial team Professor Declan Lyons, Professor Pierce Grace, Mr Pat Brosnan and Mr Aidan Hickey, supported by Ms Catherine Kennedy, Information Scientist, National Institute of Health Sciences. This edition of the National Institute of Health Sciences Research Bulletin cements and confirms the commitment of healthcare professionals in the Mid-West Region to participation in both the creation and expansion of the knowledge base for health locally. We thank you for your contributions and encourage potential contributors to submit material for future issues.

Stiofán de Búrca,

Príomh Oifigeach Feidhmeacháin

Once again, this issue of the National Institute of Health Sciences Research Bulletin brings to our attention the enthusiasm and energy driving the desire for knowledge in this region. The efforts of all contributors to this issue of the Bulletin are gratefully acknowledged.

A primary goal of the National Institute of Health Sciences is to promote and support an ethos which is characterised by enquiry-led learning and the subsequent desire for new knowledge. Such an approach serves Evidence-Based Practice, the emerging discipline that brings the best evidence from healthcare research to the bedside, to the surgery or clinic and to the community.

The criterion, which is a fundamental precursor to the advancement of healthcare service provision and policy, is evidence. The National Institute of Health Sciences, endeavours to develop the capacity to create, find, appraise, use and store such evidence, in order to inform professional decision-making. The subsequent evaluative approach in professional practice will provide a solid framework for the emergence of a widespread evidence-based healthcare service.

Developing structures, which support the capability to create, and the flexibility to incorporate evidence, coupled with healthcare professionals who are able to generate, find, appraise and use knowledge from research as evidence, will necessarily lead to the provision of the best possible service to healthcare consumers.

For example, a simple yet very practical social enquiry with a clinical impact demonstrates how evidence can serve policy. Who could object to driver education programmes in schools? Three different studies of a total of about 15,000 students have shown that such programmes are likely to cause an increase in road deaths. Such programmes, whilst not producing significantly safer drivers, cause young people to obtain driving licences at an earlier age. More young drivers means more road deaths.

Furthermore, in this modern era of healthcare service provision, patients and the public alike, are becoming increasingly aware and concerned about the risks, rather than the benefits associated with treatment and intervention. Consequently, the provision of care, based upon the best available evidence, should be of paramount importance to all healthcare professionals.

Aidan J. Hickey

Director

National Institute of Health Sciences

Title

Evaluation of the Acute Phase Inflammatory Response in a Small Multi-Disciplinary Hospital Laboratory

Authors

McDonagh, M.
Department of Pathology, Ennis General Hospital, Co. Clare

Introduction

Serum amyloid A (SAA) and C-reactive protein (CRP) are classical acute phase proteins and during inflammation concentrations of both can rise dramatically.
In small laboratories such as at Ennis General Hospital, CRP is not routinely measured. In this study it was investigated how well other non-specific markers of the acute-phase response correlate with elevations of SAA and CRP.

Objective

To measure and evaluate levels of acute phase proteins CRP and SAA in an elderly population suffering from inflammatory diseases and compare them to Erythrocyte Sedimentation Rate (ESR).

Methodology

Both inflammatory markers SAA and CRP were measured in the plasma of 52 elderly patients aged between 58 and 97 years of age. 28 of these patients were diagnosed as having Respiratory Tract Infection (RTI), 12 had Pneumonia (PN) and 12 had an exacerbation of Chronic Obstructive Airways Disease (COAD). ESR, Albumin, Platelet count, White cell count and Haemoglobin were also measured.

Results

Overall results are tabulated on Table 1.

Population	Mean ESR	Mean CRP	Mean SAA
	(mm/hr)	(mg/L)	(mg/L)
RTI (n=28)	42	66	405
Pneumonia (n=12)	54	100	693
COAD (n=12)	44	72	442
Healthy Population (n=32)	13	2	3

Table 1. Mean ESR, CRP and SAA for 3 patient populations and an apparently healthy population.

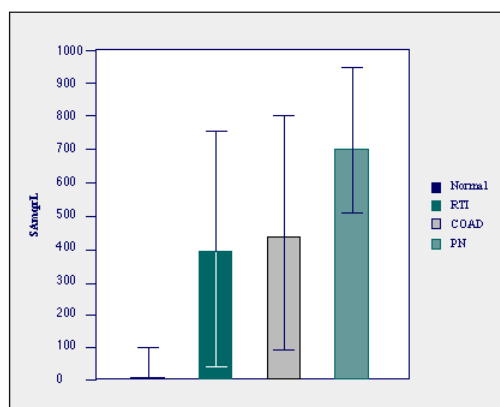


Fig 1. Mean Concentration of SAA in the Sera of Normal Healthy Population (n=32), Patients with RTI(n=28), Patients with exacerbation of COAD (n=12), Patients with Pneumonia (n=12).

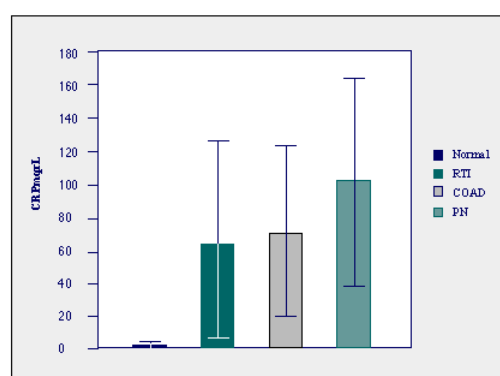


Fig 2. Mean Concentration of CRP in the Sera of Normal Healthy Population (n=32), Patients with RTI (n=28), Patients with exacerbation of COAD (n=12), Patients with Pneumonia (n=12).

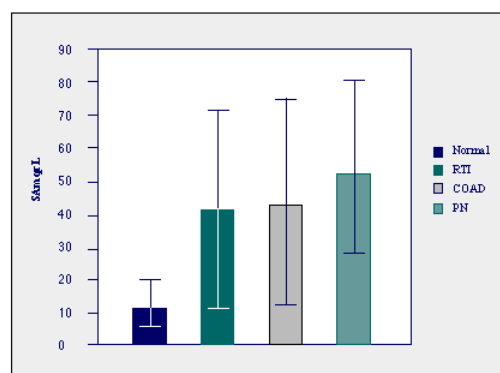


Fig 3. Mean ESR of Normal Healthy Population (n=32), Patients with RTI (n=28), Patients with exacerbation of COAD (n=12), Patients with Pneumonia (n=12).

	RTI (r)	COAD (r)	PN (r)
SAAvs ESR	0.67	0.84	0.87
CRP vs ESR	0.69	0.89	0.83

Table 2. Correlation coefficients among Inflammatory Markers

Conclusion

Overall it appears that both inflammatory markers SAA and CRP as well as ESR are all highly elevated during the acute phase response, with greatest elevations noted in the group with Pneumonia. Mean albumin concentrations were also lowest in this group at 34g/L compared to the RTI and COPD groups (both 36g/L). ESR correlates very well with both inflammatory markers and this is of interest especially to a small hospital laboratory in which CRP and SAA are not routinely measured. However, age-related effects on the ESR must also be considered.

Presented

School of Biomedical Science, DIT and Trinity College Dublin, October 2001 as part requirement for MSc (Molecular Pathology).

Unravelling Referrals to Medical Outpatients

Molloy, E., O'Hare, J.A.
Department of Medicine, Mid-Western Regional Hospital, Limerick

Introduction

Little is known about the process of referral to Irish Hospital Medical Clinics.

Objective

Analyse pre-referral management and communication to a general medical outpatient clinic.

Methodology

100 consecutive clinic attendee referral letters were prospectively assessed for information, appropriateness, letter legibility and pre-referral management. Patients underwent a questionnaire. We documented final diagnosis and management patterns.

Results

71% of referrals were female. Mean age was 45 (range 16 - 81years). 69% of patients had an organic illness while 31% were non-organic. 10% of referrals were inappropriate. 46% of letters were typed. 16% of letters were largely illegible. 47% of letters gave examination findings and of those, 40% omitted significant details. Appropriate pre-referral investigations were performed in 55%. Where performed, results were not enclosed in 32%. In 61% of cases therapy could have been instituted prior to referral, of these treatment was not started in 36%. 16% of patients did not understand the reason for referral.

Conclusions

Substantial deficiencies exist in patient referral letters and information provided. Treatment could be initiated earlier by referring doctors and communication improved.

Presented

Irish Association of Internal Medicine, April, 2002

Submitted for Publication

Irish Journal of Medical Science

Title

Blood Pressure and Symptom Outcomes in Older Patients with Orthostatic Hypotension during Head Up Tilt treated with Midodrine.

Authors

Moore, A., Watts, M., Walsh, T., Pillay, I., Hilton, D., Jackson*, SHD., Swift*, C.G., Lyons, D.
Clinical Age Assessment Unit, Mid-Western Regional Hospital, Limerick
*Clinical Age Research Unit, King’s College Hospital, London SE5 9RS

Introduction

Midodrine is an α -adrenergic agonist which has been shown to improve orthostatic tolerance in middle-aged patients with orthostatic hypotension (OH) (Low PA, JAMA1997;277:1046-1051). We reviewed results from patients with OH over 70 years old treated with midodrine.

Methodology

Consecutive OH patients were considered eligible for midodrine if they had no apparent reversible cause of OH and normal sitting blood pressure (BP). OH was defined as a 20mmHg systolic or a 10mmHg diastolic BP drop within 3 minutes of undergoing head up tilt to 70 degrees. BP was recorded using digital artery photoplethysmography (Portapres). Patients with carotid sinus syndrome were excluded.

Results

51 patients (28 F, 23 M, mean age 76 (s.d) 5 yrs) were studied. 38 of these patients (73%) had symptoms during initial head up tilt. The results are detailed below.

Total n=51	Pre tilt mean BP	Post tilt mean BP	Mean BP drop	Symptoms	Midodrine dose commenced	Pre tilt mean BP	Post tilt mean BP	Mean BP drop	Symptoms
n=31	124/69 (23/18)	89/50 (26/16)	35/19 (11/16)	22	2.5mg	122/65 (21/19)	107/57 (23/11)	15/8 (11/7)	3
n=19	126/68 (17/14)	79/44 (26/15)	47/24 (13/9)	15	5mg	120/62 (20/25)	94/58 (29/21)	26/4 (11/16)	4
n=1	87/70	41/30	46/40	Yes	10mg	122/63	51/33	71/33	yes

Table 1. Results

Conclusions

Midodrine improved orthostatic BP tolerance (mean BP drop decreased by 20/11mmHg at 2.5 mg and 21/20mmHg at 5mg) and lead to symptom resolution during tilting in 30 of 38 patients.

Presented

British Geriatric Society Spring Scientific Meeting, Telford, England, April 2002.

Title	Systemic Vascular Resistance (SVR) Changes, Before and After Treatment with Midodrine, in Older Patients with Orthostatic Hypotension during Head Up Tilt.
Authors	Moore, A., Watts, M., Walsh, T., Pillay, I., Hilton, D., Jackson*, SHD., Swift*, C.G., Clinch, D., Lyons, D. Clinical Age Assessment Unit, Mid-Western Regional Hospital, Limerick *Clinical Age Research Unit, King’s College Hospital, London SE5 9RS

Introduction

Midodrine is an α -adrenergic agonist which has been shown to improve orthostatic tolerance in middle-aged patients with orthostatic hypotension (OH) (Low PA, JAMA 1997;277:1046-1051). We evaluated its effects on SVR during head up tilt in OH patients over 70 years old treated with midodrine.

Methodology

Patients were commenced on midodrine if they had no reversible cause of OH and normal sitting blood pressure (BP). OH was defined as a 20mmHg systolic or 10mmHg diastolic BP drop within 3 minutes of undergoing head up tilt to 70 degrees. SVR changes were recorded non-invasively using a validated, specifically designed software program (Beatsope). This interprets digital artery photoplethysmography (Portapres, TNO Medical Instruments, Amsterdam) recorded blood pressure tracings. Patients with carotid sinus syndrome were excluded.

Results

51 patients (28 F, 23 M, mean age 76 (s.d. 5 years) were studied. 31 patients were commenced on 2.5mg TDS, 19 patients on 5mg TDS and 1 patient was commenced on 10mg TDS. Results are expressed in dynes/cm5/second.

Midodrine dose commenced	Pre tilt mean SVR	Post tilt mean SVR	Mean % SVR change	No. of patients with symptoms	Pre tilt mean SVR on midodrine	Post tilt mean SVR on midodrine	Mean % SVR Change	No. of patients with symptoms
2.5mg n=31	1375 (675)	1225 (695)	-10.9%	22	1630 (765)	1735 (720)	+6.1%	3
5mg n=19	1264 (539)	1130 (581)	-10.6%	15	1497 (549)	1559 (549)	+4.1%	4
10mg n=1	1600	1440	-10%	Yes (1)	1826	1493	-18%	Yes (1)

Table 1. Results

Conclusions

Treatment with midodrine reduced the drop in SVR typically seen during orthostatic stress in older patients with OH.

Introduction

Management of patients who have suffered a stroke in a dedicated stroke unit allows secondary stroke prevention to be carried out by careful assessment of predisposing vascular risk factors such as hypertension and atrial fibrillation. We examined how modification of vascular risk factors was carried out in patients discharged from the stroke unit.

Methodology

Examination of the prescription records of all patients discharged from the stroke unit was carried out using the specifically designed digitally recorded stroke database (Clini Synergy System II). The specific risk factors which we identified included prescription of anti-hypertensive drugs, ACE inhibitors, use of anti-platelet agents, warfarin based anti-coagulation for patients in atrial fibrillation.

Results

The records of 91 (M=37, F=51 mean age 76 years, s.d. 8 years) patients were examined covering a period of 13 months. 64 patients (70%) had hypertension noted on 24 hour monitoring. 52 of these patients (81%) were prescribed an ACE inhibitor. Atrial fibrillation was present in 30 patients of whom 5 has suffered a haemorrhagic event. 16 of the 25 eligible patients were warfarinised (64%). 6 were treated with an appropriate dose of aspirin, 1 patient received aspirin & warfarin, 1 was treated with clopidogrel and 1 patient did not receive anti-coagulation. 42 patients had a "first time" ischaemic stroke and were in sinus rhythm. All received anti-platelet treatment. 18 patients had an ischaemic stroke having previously had a TIA or stroke and thus were potential candidates for clopidogrel or dipyridamole & aspirin. 10 (55%) received aspirin & clopidogrel, 6 (33%) received aspirin & dipyridamole, 2 (11%) received aspirin only.

Conclusions

A high rate of ACE inhibitor prescription for hypertensive patients and warfarin based anti-coagulation for patients in atrial fibrillation were the main findings of our survey. Anti-platelet agent prescription for secondary stroke prevention for patients in normal sinus rhythm shows a higher rate of co-prescribing clopidogrel & aspirin than we expected to observe. This may have implications for our practice as the relative risk:benefit ratio of co-prescribing these drugs has not been established in stroke disease.

Functional and Discharge Outcomes from the Limerick Stroke Unit

Geraghty, S., O'Sullivan, D., Moore, A., Walsh, T., Watts, M., Pillay, I., Clinch, D., Lyons, D.
The Limerick Stroke Unit, St. Camillus Hospital, Limerick
Clinical Age Assessment Unit, Mid-Western Regional Hospital, Limerick
Department of Medical Science University of Limerick

Introduction

Stroke Units have been shown to provide a significant mortality advantage to patients who have suffered a stroke compared to conventional general medical ward care (1). We reviewed the functional outcomes and discharge outcomes after rehabilitation in the Limerick stroke unit.

Methodology

Information was obtained from a specifically designed digitally recorded stroke unit database for patients admitted between September 2000 and January 2002. Results were analysed according to stroke subtype and for all strokes collectively.

Results

Data on 104 patients (mean age 76 years, M:F=43:61) was analysed. Mean length of stay was 23 days. Stroke subtypes were: Lacunar 24, Posterior Circulation Infarct (POCI) 17, Total Anterior Circulatory Infarct (TACI) 11, Partial Anterior Circulatory Infarct (PACI) 37, Unclear 9 and haemorrhagic 16. Overall Barthel Score improved from a mean of 9/20 at admission to 12/20 at discharge. For each stroke subtype the changes were: haemorrhagic 9 to 12, Lacunar 9 to 13, PACI 8 to 12, TACI 8 to 10, POCI 10 to 11. 58% of patients were discharged to home, 15% were discharged to a nursing home, 13% were discharged to hospital level continuing care, 12% required transfer back to an acute hospital, 1% died, 1% unknown.

Conclusions

Admission to the stroke unit produced greatest improvement in functional performance in patients with lacunar infarcts and PACI strokes. Patients with POCI strokes had the least improvement. Despite the functionally dependent nature of the patients admitted most patients were discharged to a community setting.

References

1. Collaborative systematic review of organized patient care after stroke. Stroke Unit Trialists Collaborative group. *BMJ* 1997;314:1151-9.

Anti-Saccharomyces Cerevisiae Mannan Antibodies combined with Antineutrophil Cytoplasmic Autoantibodies in Irish Patients with Inflammatory Bowel Disease

Geoghegan*, M., Mc Donnell, C., Beggan, E., Sundram*, F., Khaw*, C.H., Burke*, G.J.
 * Department of Gastroenterology, Mid-Western Regional Hospital, Limerick
 Department of Immunology, Mid-Western Regional Hospital, Limerick

Introduction

A search for serological markers to differentiate between ulcerative colitis and Crohn's disease has been on-going for half a century. Perinuclear antineutrophil cytoplasmic autoantibodies (pANCA) are associated with ulcerative colitis. Anti-Saccharomyces cerevisiae mannan antibodies (ASCA) are associated with Crohn's disease. The combined measurement of pANCA and ASCA has been suggested as a valuable diagnostic approach in patients with inflammatory bowel disease (IBD).

Objectives

The aim of this study was to assess the value of pANCA and ASCA in differentiating between ulcerative colitis and Crohn's disease in Irish patients with IBD.

Methodology

Serum samples were obtained from 50 patients with ulcerative colitis, 44 patients with Crohn's disease and 50 healthy controls. Determination of pANCA was performed by a standard indirect immunofluorescence technique, an ethanol-fixed granulocytes and ASCA by an ELISA technique.

Results

In patients with ulcerative colitis the combination of a positive pANCA and a negative ASCA did not change these values significantly with a marginal increase in the positive predictive value to 96%. In Crohn's disease the ASCA test yielded a sensitivity, specificity and a positive predictive value of 64%, 90% and 72% respectively. A combination of a positive ASCA and a negative pANCA increased the positive predictive value to 86%. Among the healthy controls, one patient was positive for pANCA and none were positive for ASCA.

Conclusion

pANCA is strongly associated with ulcerative colitis. ASCA is strongly associated with Crohn's disease. A positive pANCA in Irish patients has a diagnostic value in confirming a diagnosis of ulcerative colitis. A combination of a positive pANCA and negative ASCA has a limited additional value in the diagnosis of ulcerative colitis. In Crohn's disease a combination of a positive ASCA and negative pANCA increased the positive predictive value significantly and could therefore help in the diagnosis of this disease.

TEST	UC (n=50)	Crohn's (n=44)	Sensitivity %	Specificity %	PPV %
PANCA+	26	3	52	93	95*
ASCA+	5	28	64	90	72^
PANCA + ASCA	23	2	46	95	96*
PANCA-ASCA+	2	27	61	96	86^

Table 1. Test results for diagnosing either ulcerative colitis or Crohn's disease in patients with IBD.

* For Ulcerative Colitis, ^ For Crohn's Disease, PPV, positive predictive value.

Introduction

Palliative Care programmes demonstrate that enlightened and dedicated care can reduce the suffering of patients with advanced cancer and that of their families. The experience acquired in the past has not yet been translated into a vision of the moment of death. This qualitative study explores the needs and experiences of the dying and their families around the time of death.

Objectives

- To provide a greater awareness of the needs of dying patients and their relatives in the physical, emotional, spiritual and social domains.
- To explore whether non-physical issues are adequately addressed by professionals, for example, emotional and spiritual issues
- To identify, specifically, those needs close to the moment of death when greatest sensitivity is required of professionals.
- To explore whether ritual and traditions around death are requested, and if so, can be retained by families within an institutional setting.

Methodology

This qualitative study took place in a 25-bedded Palliative Care Unit, serving an urban and rural population. The researcher, a medical doctor, accompanied the pastoral care team, meeting patients and their families. All meetings with patients and their relatives were recorded in a field log diary. Open in-depth interviews were arranged with relatives one to two weeks after the patient had died. A full explanation of the study was given and written consent obtained prior to interview. The interviews were recorded and transcribed within 24 hours. Themes were identified and similar themes grouped. The principle questions involved the families' observations and experiences at the time of death of their relative. Interventional on-going bereavement support was offered in a study designed, conducted and carefully monitored with ethical issues in mind.

Results

73 people died in the Palliative Care Unit during the study (Jan 2001 - June 2001). Of those, 24 families were contacted with 20 families agreeing to interview. The average duration of interview was 45 minutes. The major themes identified were: the moment of death, the importance of vigil, the sense of dignity, the tradition of ritual, the individual and community faith or prayer, the place of children and the spontaneity of humour. The interviews emphasised how important and essential to the people present is the act and memory of the death, of touch, prayer and mutual comforting of the living and the dying.

Conclusion

This is a unique study attempting to capture the moment of death and how we as professionals assist at this mystery. It has been undertaken by a medical doctor stepping outside the clinical domain yet developing a professional relationship of trust with patients and families. We now know what people in the Mid-West of Ireland remember and value at the time of death of their relative; the dignity with which the individual and their family are treated, the sense of ritual and prayer, the sense of community and belonging, the presence of family and the sensitivity of professionals. The true

meaning of presence is, professionals and family entering into the rhythm of dying, the naturalness of death as part of life, the light relief of humour occurring naturally in conversation and the unique role of children in vigil and bereavement.

Introduction

Opioid toxicity is a clinical syndrome consisting of agitation, confusion, hallucinations, myoclonus and hyperalgesia. Opioids are metabolized mainly in the liver by glucuronidation to morphine-3-glucuronide (M3G) and morphine-6-glucuronidation (M6G) in varying proportions. M6G binds to opioid receptors giving rise to analgesic effect as well as causing nausea, vomiting, drowsiness and respiratory depression. M3G is thought to produce side effects such as cognitive impairment, myoclonus, seizures and hyperalgesia. Renal impairment, hypercalcaemia, hypothyroidism and recent reduction in pain requirements such as radiotherapy or addition of an adjuvant analgesia predispose to opiate toxicity. Treatment is simple and involves rehydration, reduction of opiate dose and the use of neuroleptics for hallucinations and benzodiazepines for myoclonus. Some centres advocate switching the type of opioid (known as opioid rotation).

Objective

The aim of the study was to assess the treatment of opiate toxicity in a 20 bed acute Palliative Medicine Unit over a four month period.

Methodology

We performed a prospective clinical audit. Inclusion criteria were all patients receiving strong opiates by any route. Exclusion criteria were patients only on a weak opiate. Patients were examined daily for signs or symptoms of opiate toxicity and the opinion of a second physician obtained for any suspected case of opiate toxicity. Both clinicians had to agree before a clinical diagnosis of opiate toxicity was made.

Results

There were 11 cases of opiate toxicity (7 female, 4 male) out of a total of 103 patients. The mean age was 61.1 years. All patients were treated with rehydration 54.5%(6) orally, 27.3%(3) subcutaneously and 18.2%(1) intravenously all with good clinical response. 81.8%(9) had their opiate dose reduced and 27.3%(3) had their opiates rotated. The overall change in opiate dose was a reduction of 25.1%. 36.4%(4) received neuroleptics and benzodiazepines respectively both with good effect. 90.1%(10) of patients were felt clinically to be dehydrated however only 54.5%(6) actually had urea and electrolytes checked of which 66.6%(4) were elevated. 36.4%(4) had their corrected calcium checked all of which were normal and no patient had their thyroid hormone levels checked. An identifiable cause could be found in 81.8%(9) of cases including recent radiotherapy (2) addition of adjuvant analgesia (3), infection (2) and recent infusion of a bisphosphonate for hypercalcaemia (2).

Conclusion

Opiate toxicity can be simply and effectively treated by a reduction in the opiate dose of approximately 25% and rehydration which can either be administered orally or subcutaneously. Only a third of patients required the use of neuroleptics or benzodiazepines for hallucinations or myoclonus. In over 80% of cases an identifiable cause can be found which highlights the importance of daily medical review of patients on opioids in a specialist Palliative Care Unit.

Is Contralateral Groin Exploration justified in Infants with a Unilateral Inguinal Hernia?

*Shabbir J., Moore A., O'Sullivan B., Drumm J., Delaney P., Flood H., Grace, P.
Department of Surgery, Mid-Western Regional Hospital, Limerick*

Introduction

Contralateral groin exploration in children with unilateral inguinal hernia is still controversial, particularly in infants. The patency rate of processus vaginalis is highest in infants but there are few data on the subsequent risk of contralateral hernia development in infants. In this retrospective study we aimed to find out the incidence of contralateral inguinal hernia following unilateral inguinal herniotomy in infants aged less than 1 year.

Methodology

All infants who underwent a unilateral inguinal herniotomy between January 1990 and December 1998 were studied retrospectively. Infants with bilateral hernia (n=7) were excluded from the study.

Results

One hundred and one infants (93 boys and 8 girls) were studied. Median age at operation was 23 (2-52) weeks. The herniotomy was right sided in 75.24% infants. Follow-up ranged from 3 to 11 years. A contralateral hernia developed in 9 infants (8.9%). One of the initial hernia was incarcerated. Median time from operation to occurrence of contralateral hernia was 18 (2-67) months. None of the contralateral hernia was incarcerated. Age sex, incarceration and side of initial hernia did not influence the development of contralateral hernia.

Conclusion

The low incidence of contralateral hernia development in infants undergoing a unilateral inguinal herniotomy does not justify routine contralateral groin exploration.

Presented

Accepted in Poster Session of Sylvester O'Halloran Scientific Meeting, Limerick, March 2002.

Introduction

Circumcision is a common surgical procedure with a sixth of the male population being circumcised worldwide. There have been many changes since Sir Frederick Treves (1903) provided us with the first comprehensive account of surgical principles to be used in circumcision. Today many surgical techniques are in vogue such as the 'sleeve method', the 'free device' and clamps, the Mogan and Gomco. We propose the re-adoption of Gomco clamp method using histoacryl tissue glue rather than sutures after applying the clamp.

Methodology

A retrospective review was carried out of the charts of ninety circumcisions performed by an individual surgeon at Ennis General Hospital. These circumcisions were carried out over a ten-year period between 01/01/90 and 31/12/99. The Gomco clamp and sutures method was used up to September 1995, but then this technique was modified, using tissue glue instead of sutures. The purpose of this review is to compare the type and number of complications with the original method of Gomco clamp and sutures versus the method of Gomco clamp and tissue glue (1).

Complications	Gomco clamp + sutures	Gomco clamp + tissue glue	P-value
Post-op. bleeding	1 (1.85%)	1 (2.78%)	NS
Adhesions	2 (3.70%)	0	NS
Post-op. infection	1 (1.85%)	0	NS

Table 1: The complication rates of circumcision using sutures and tissue glue for wound approximation

Results

A total of ninety patients were reviewed with a median age of five years, (range six months to forty-five years and nine months). Fifty-four procedures (sixty percent) were carried out using the Gomco clamp and sutures method and thirty-six procedures (forty percent) were carried out using the Gomco clamp and tissue glue method. As outlined in Table 1, there was no statistically significant difference between the two groups.

Conclusion

Comparison retrospective studies are of limited value in establishing new surgical methods. We believe this study proves that tissue glue should be considered, and helps in establishing criteria and guidelines for larger prospective randomized trials.

References

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Incidence and Outcome of Patients with Stab Wounds in the Mid-Western Regional Hospital Limerick

O'Sullivan, J.B., Cahill, K., Shabbir, J., Moore, A., Raminlagan, R., Quin, G., Grace, P.
Department of Vascular Surgery and Department of Emergency Medicine,
Mid-Western Regional Hospital, Limerick

Introduction

Stab wounds are a serious and increasingly common presentation to A/E Departments. During the 1980s in the USA, the cut/pierce homicide rates were 0.9/100,000 population in rural remote areas and 3.6/100,000 population in major cities.

Methodology

We carried out a retrospective case study between 01/01/01 and 31/12/01 to evaluate the incidence, type of injury, medical consequences and mortality of patients with stab wounds presenting to our hospital. The criterion for inclusion was a non-accidental injury, caused by a foreign object resulting in penetration of the skin layers.

Results

The A/E Department in the Mid-Western Regional Hospital is a typical busy A/E unit reviewing almost sixty thousand patients per year. In 2001 85 (77 male) stab wounds were treated, with a median age of 26 (range 16-50). 28 (26 male) patients required admission not including 2 mortalities in A/E. Injuries to the limbs (35) and head and neck (28) were predictably more common than chest (15), abdomen (11) and back (5). Treatment resulted in 6 exploratory laparotomies (resulting in 1 defunctioning colostomy), 2 peripheral wound explorations, 2 thoracotomies, 7 chest drains, 2 patients requiring ECHO and 2 patients being transferred to a plastics centre.

Conclusion

We believe that the incidence and nature of patients presenting with stab wounds to our hospital is similar to other centres.

References

Bostrom et al., Trends in the incidence and severity of stab wounds in Sweden 1987-1994. Eur J Surg 2000, 166; 765-770.

The Role of Submental Intubation in Oral and Maxillofacial Surgery*Dendukuri, * G., O'Brien, W., Kearns, G.**Department Of Anaesthesia*, Department of Oral and Maxillofacial Surgery, Mid-Western Regional Hospital, Limeick***Rationale**

This study is a review of the submental intubation technique.

Introduction

Airway management in patients with facial trauma is of considerable importance. Simultaneous access to the nose, maxillae, mandible and dentition is required in the treatment of these patients. Traditionally, the airway has been controlled by:

- (1) Tracheostomy established prior to exposure of the fractures
- (2) Nasal intubation changed to oral intubation intraoperatively

Complications have been reported with tracheostomy and with nasal intubation of patients with midface fractures. Submental orotracheal intubation provides a solution to these potential problems in patients with extensive facial midtrauma.

Methodology

This is a retrospective report of 21 patients (20male, 1 female) intubated using the submental approach. The technique was as follows: oral intubation with a reinforced endotracheal tube, a 2cm submental incision made lateral to the midline, blunt dissection on the lingual aspect of the mandible provides access to the floor of the mouth, the orotracheal tube is disconnected and fed through the floor of the mouth using a curved haemostat exiting through the submental incision, the tube is then sutured to the skin. Following surgery the sequence is reversed and the patients extubated in a conventional manner.

Results

The technique was used in 19 patients with multiple facial fractures and 2 with maxillary pathology. The mean age of the group was 45(17-73) years.

19 patients were extubated in the operating theatre and 2 extubated in the ICU on the first postoperative day. No complications were encountered related to the intubation.

Conclusions

The report suggests that orotracheal submental intubation is a safe and predictable technique, of benefit in the management of patients with extensive facial trauma.

The Incidence of Cleft Lip and/or Palate in the Mid-Western Region

O'Mullane, H., Green, J., Murphy, M., Quinn, C., McNamara, T., Kearns, G.
Limerick Regional Hospitals

Objective

To determine the incidence of cleft lip and/or palate (CLP) in the Mid-Western Region (MWR), as an initial stage in establishing a register of children and adults with CLP in the region.

Introduction

CLP is the most common craniofacial anomaly, affecting between 1 in 700 and 1 in 1,000 live births. There is evidence to show that an accurate register of CLP births leads to improved provision and continuity of care for these patients. No such register exists in the MWR. The MWR comprises Clare, Limerick and North Tipperary. The population in the region is approximately 320,000.

Methodology

A retrospective study of records of CLP births in the Regional Maternity Hospital between Jan 1995 and Dec 2000 (6 years) was conducted. The birth rates for these years were also accessed. A literature review of "CLP services" was carried out.

Results

The total birth rate during the study period was 22,747 (6 years) and the total number of CLP births during this period was 30, providing an incidence of 1 in 757 births.

The birth rate and occurrence of CLP in each of the years separately was as follows:

- 1995 : (total births 3301, CLP, 6 : incidence CLP 1 in 550)
- 1996: (total births 3708, CLP, 4: incidence 1 in 927)
- 1997: (total births 3792, CLP 3 : incidence CLP 1 in 1264)
- 1998: (total births 3933, CLP 5 : incidence CLP 1 in 786)
- 1999: (total births 4024, CLP 4 : incidence CLP 1 in 1006)
- 2000: total births 3989, CLP 8 incidence CLP 1 in 498)

Three babies had CLP in association with multiple developmental anomalies and died in the neonatal period. The remainder of the babies underwent primary cleft surgery in Galway (1 patient), Cork (6 patients), Dublin (20 patients).

Conclusion

The incidence of CLP in MWR shows a yearly variation, however, the overall incidence over 6 years is within expected range for the population.

Retrospective Study of Ocular Injuries Associated with Orbital Fractures

Coyle, M., Eatamadi, H., Hickey-Dwyer, M., Kearns, G.
Departments of Ophthalmology and Oral and Maxillofacial Surgery,
Mid-Western Regional Hospital, Limerick

Objective

To determine the incidence of ocular injuries in patients(Pts) with orbital fractures attending Limerick Regional Hospital (LRH).

Rationale

There is an association between orbital fractures and ocular injuries.

Methododology

A retrospective study was undertaken of Pts attending LRH with orbital fractures from January 1998 to August 2001. Pts with isolated zygomatic arch fractures and panfacial fractures were excluded. Ninety patients were included.

The pts were divided into 3 subgroups based on fracture type:

- Group 1 orbital blowout fractures (n=7; 7.8%)
- Group 2 comminuted orbitozygomatic fractures (n=22; 24.4%)
- Group 3 zygomatic complex fractures (n=61; 67.8%)

All pts had pre-operative ophthalmological examination.

Results

There were 79 males and 11 females, mean age of 32.4 (10-65) years.

The fracture aetiology was as follows: assaults (n=30; 33.3%), sport (n=23; 25.5%), falls (n=22; 24.4%), RTA (n=9; 10%), farming accidents (n=5; 5.5%), others (n=1; 1.1%).

In group 1, there were 6 ocular findings (OF's) in 3 pts (n=7; 42.8%) as follows:

- diplopia (D)-(n=3; 42.8%)
- enophthalmus (E)-(n=2; 28.6%)
- proptosis (n=1; 14.3%)

In group 2 there were 13 OF's in 7 pts (n=22; 31.8%) as follows:

- commotio retinae (n=3; 13.6%)
- reduced visual acuity (n=2; 9.1%), E (n=2; 9.1%)
- retinal injury (n=2; 9.1%)
- corneal injury(n=2; 9.1%), D (n=1; 4.5%)
- laceration lateral canthal ligament(n=1; 4.5%)

In group 3 there were 5 OF's in 4 pts (n=61) 6.5% as follows:

- D (n=3, 4.9%)
- E (n=1; 1.6%)
- hyphema (n=1; 1.6%).

Resolution of ocular findings occurred in all patients in groups 1 and 3 and 71% (5 of 7) in group 2 pts.

Conclusion

The results of the study show increased ocular injuries associated with blowout and comminuted fractures. We recommend ophthalmological examination in pts with orbital fractures.

Benefit of a Screening Orthopantomograph in a Regional Oral and Maxillofacial Surgery Department

Mukherjee, S., Kearns, G.
Department of Oral and Maxillofacial Surgery, Mid-Western Regional Hospital, Limerick

Objective

To assess the benefit of a routine orthopantomograph(OPG) in patients referred for consultation at a Regional Oral and Maxillofacial Surgery Department (OMFS).

Rationale

There may be a benefit in taking routine OPG in patients referred to OMFS, irrespective of the original need for referral. This may be in the identification of pathology not related to the original referral, which may require treatment.

Methodology

This is a retrospective study of 100 consecutive patients referred to the Department of OMFS, Limerick Regional Hospital (LRH) between January 2001 and April 2001. All patients had OPG at the original consultation which were reviewed for the presence of radiographic findings not related to the original reason for referral.

Results

The study population was 100 patients (Male 39, Female 61), mean age 30 (5-87) years. All patients were fully or partially dentate.

The patient referral sources were as follows ;
 Dentists (75), Orthodontists (9), Medical Practitioners (8), Hospital Consultants (8).

The original referral needs were as follows:
 dentoalveolar 81, soft tissue 9, TMD 9, facial sensory defect 1 .

26 findings not related to the original referral were found in 24 (24%) patients as follows:
 impacted wisdom teeth 12 (12%), dental caries 5 (5%), calcified stylomandibular ligament 3 (3%), impacted supernumary tooth 1 (1%), submandibular sialolith 1 (1%), periapical pathology 3 (3%), calcified lymph node 1 (1%).

Eight patients (8%) required treatment for pathology noted on the screening OPG, however all cases of dental caries (5) were evident on clinical examination.

Conclusion

The results suggest that the use of screening OPG provides little additional information not already evident by clinical examination and is not routinely recommended for patients referred to an OMFS out patient clinic.

Role of Arthrocentesis in the Management of Temporomandibular Disorders (TMD), a review of 54 patients

Kearns, G.
Department of Oral and Maxillofacial Surgery, Mid-Western Regional Hospital, Limerick

Objective

To study the role of temporomandibular joint (TMJ) arthrocentesis (TA) in the management of patients with TMD.

Rationale

The benefit of TA in the treatment of acute closed lock (ACL) is recognised, however the role of arthrocentesis in the management of other TMD is unclear.

Methodology

This is a retrospective study of 54 patients who underwent TA for a variety of TMD as follows:
 Acute Closed Lock (ACL), Chronic Closed Lock (CCL), Painful TMJ Clicking (PC), Facial/TMJ pain (FTP).

The following patient data was obtained; age, gender, duration of symptoms prior to TA, pre and postoperative pain based on visual analogue scale (VAS), pre and postoperative mouth opening (MIO), duration of follow-up, subsequent treatment.

Results

Fifty-four patients (60 joints) underwent TA, mean age 25 (16-51) years, male 9, female 45.

The patient sub group numbers were:

- Group 1 (ACL) 20
- Group 2 (CCL) 14
- Group 3 (PC) 10
- Group 4 (FTP) 10.

The mean duration of symptoms in the sub groups were 5 (2-7)weeks, 11 (3-24)months, 22 (3-69)months, 29 (3-72) months respectively.

The mean pre and postoperative MIO was 24 vs 36mm, 28 vs 33mm, 34 vs 37mm, 36 vs 37 mm in each group respectively.

Pre and postoperative pain levels were as follows :

- Group 1, 6 vs 2
- Group 2, 5 vs 2
- Group 3, 8 vs 4
- Group 4, 8 vs 6

The duration of follow-up was 7 (1-24)months, 15 (6-24) months, 10 (2-36)months, 8 (1-12) months in each group respectively. Two patients in group 2 (CCL) (15%) and one in group 3 (10%) subsequently had TMJ arthroplasty. There were 6 treatment failures (60%) in group 4. There were no complications related to TA.

Conclusion

TA is of benefit in the management of patients with closed lock (ACL, CCL) and painful TMJ clicking but of little benefit to patients with TMJ/Facial pain.

**22mm or 32mm Femoral Head?
In Cemented Primary Hip Arthroplasty:
Long-Term Clinical and Radiological Follow-Up Study**

*Shaju K.A., Hasan, S.T., D'Souza, L., McMahon, B., Masterson, E.
Mid-Western Regional Orthopaedic Hospital, Croom, Co. Limerick*

Rationale

The pros and cons of using a large or small femoral head in total hip arthroplasty continue to be discussed, mainly with regard to wear debris and stability.

Methodology

A retrospective clinical and radiological analysis was performed on 117 patients (138 hips) with a mean age of 75 years and a mean follow-up of 11 years, following the primary cemented total hip arthroplasty. The prosthesis used were two similar mono-block femoral components with different head sizes, 22mm and 32mm and their effects on the wear of high density polyethylene cup was studied. Both groups were well-matched with regard to age, weight, sex and number of patients.

Results

Wear of acetabular component was determined by evaluating the standardised initial and follow-up radiographs. The mean rate of linear wear was higher in 22mm, while the volumetric wear was higher in 32mm. In both groups volumetric wear was significantly correlated with cup lysis. The linear and volumetric wears were both associated with presence of lucent lines and radiological loosening of the acetabular cup. Increasing body weight in both groups was associated with more volumetric wear (32mm more than 22mm).

Conclusion

The radiological evidence of prosthetic loosening did not correlate well with clinical evaluation of the hip, using Harris Hip Score (mean score 80 in both groups). There was no statistically significant difference in the rate of dislocation in both groups.

The Optimal Timing To Give Per-Operative Antibiotics In Total Knee Arthroplasty

*Hasan, S.T., Shaju, K.A., Masterson, E.
Mid-Western Regional Orthopaedic Hospital, Croom, Co. Limerick*

Introduction

After joint arthroplasties, infected prosthesis in many cases is the result of blood borne infection, but seeding of infection at the time of surgery is also a well known cause.

Objective

The aim of our study was to determine the optimal timing to give per-operative antibiotics in total knee arthroplasties (TKA) done under tourniquet control, to achieve significant tissue concentration of antibiotic level per-operatively and post-operatively.

Methodology

Patients were randomised in two groups:

- Group A (18 patients) received antibiotics at the time of induction of anaesthesia
- Group B (15 patients) received antibiotics ten minutes before the release of tourniquet near the end of procedure.

Antibiotics used were intravenous dose 1gm of Kafadol and 160mgs of Gentamicin.

Antibiotics level analysis was done on blood samples taken from peripheral vein, operative wound and suction drains. Both groups were well-matched with regard to age, weight, sex, ASA class and number of patients.

Results

The antibiotics levels in the blood from peri-prosthetic area were 40% higher, per-operatively and remained significantly high in post-operative period in group B, which received antibiotics just before the release of tourniquet compared to group A.

Conclusion

Our findings are in favour of antibiotics administration just before the release of tourniquet in TKAs.

One hundred Years of Citation Classics in Otolaryngology Head and Neck Surgery Journals*Fenton, J.E., Roy, D., Hughes, J.P., Jones, A.S.**Departments of Otolaryngology and Head and Neck Surgery, Mid-Western Regional Hospital, Limerick and University of Liverpool, UK*

Introduction

The Science Citation Index (SCI) was introduced primarily as a method of information retrieval but has also been used as an objective measure of the quality of an article. Citation classics have been described as papers that have been cited 100 times or more.

Objectives

The aim of this study was to identify the articles published during the 20th century in otolaryngology head and neck surgery journals that have achieved classic citation status and to present an analysis of this data.

Methodology

Using a database provided by the Institute of Scientific Information (Philadelphia, PA), an assessment was performed of all articles cited 100 or more times in one of the 28 clinical otolaryngology-head and neck journals indexed by the annual Journal Citation Reports. The data were based on citation counts using the 1900 through 1999 Science Citation Index.

Results

Institutions located in 10 different countries produced 80 noteworthy articles. The most-cited paper achieved a citation score of 406 and there were 11 articles cited on more than 200 occasions. All of the articles were published in 8 journals. The earliest identified publication was in 1933 and the most recent was published in 1993. Twenty authors were involved in two articles and four authors were associated with 3 classic citations.

Conclusion

This paper confirms that analysing citation classics reveals a partial insight into advances and historical developments in the specialty during the last century.

Presented

Irish Otolaryngology Society, Galway, October 2001.

British Society of the History of ENT, Birmingham, September, 2001.

Title	Citation Classics in Rhinology Reflect Utility Rather Than Quality
Authors	Fenton, J.E., Ahmed, I., Ullah, I. Departments of Otolaryngology and Head and Neck Surgery, Mid-Western Regional Hospital, Limerick and National Institute of Health Sciences, Limerick

Rationale

At a time when a need for scholarly output of greater quality research in otolaryngology head and neck surgery has been identified, the contention remains as to whether citation rates of an article reflect the quality or utility of the relevant article. Citation classics have been described as papers that have been cited 100 times or more.

Objective

The aim of this study was to identify the articles on rhinology published during the 20th century in otolaryngology head and neck surgery journals that have achieved classic citation status and to assess the degree of utility and quality that each one conveys.

Methodology

Using a database provided by the Institute of Scientific Information (Philadelphia, PA), an assessment was performed of all rhinology-based articles identified as citation classics in 28 clinical otolaryngology-head and neck journals. The data were based on citation counts using the 1900 through 1999 Science Citation Index.

Results

Twelve institutions located in 4 different countries produced 14 noteworthy articles. The most-cited paper achieved a citation score of 255 and all of the articles were published in 5 journals. The earliest identified publication was in 1934 and the most recent was published in 1991. The number of authors concerned per article ranged from 1-4, and two surgeons were associated with two articles each. Six articles were retrospective descriptive reviews, four were reviews, two were experimental and two were case series of four or less patients.

Conclusion

Citation classics in rhinology indicate a degree of utility rather than quality evidence-based research.

Rationale

There is an increasing ageing population in Western Countries. Most nurses will be involved in caring for older people in the future. Over the last number of years, much has been written about the benefits of effective nurse-patient communication. However, research findings indicate that the quality of nurse-older person communication has been and continues to be poor.

Objective

The purpose of this study was to ascertain how student nurses communicate with older people. This was considered relevant as today's students are tomorrow's registered nurses and the manner in which they currently communicate may indicate how they will interact with this population in the future.

Methodology

The chosen methodology for this study was ethnography. The methods of data collection were participant observation and semi-structured interviews. Data was analysed using thematic analysis, the aim of which was to develop categories, themes and concepts about student nurse-older person communication.

Results

Four themes were identified from the data as follows:

- types of communication (task and non-task)
- modes of communication (verbal and non-verbal)
- factors which either hinder or enhance student-older person communication
- student nurses' approach to communicating with older people (this theme had three categories i.e. student assumptions about how one should communicate with older people, with registered nurses working in the area, and student views on how one should protect oneself emotionally).

Conclusion

There are a number of recommendations arising from this study. These are:

- Promotion of a person centred approach to the care of the older person.
- Ensure appropriate clinical supervision of student nurse-older person communication by preceptors.
- Increase theoretical input in relation to interpersonal skills and communication theory.
- Facilitate reflective practice whilst students are on clinical practice.
- Regular auditing of clinical placements as suitable learning environments.

Presented

Research Dissemination & Utilisation in Nursing Conference, Department of Nursing UCC, March, 2000.
20th Annual Nursing Research Conference, Royal College of Surgeons, Ireland, Faculty of Nursing and Midwifery, February, 2001.

An Exploration of Carers of Dependant Older Adults Lived Experience of Respite Care on their Quality of Life

*Ryan Delaney, G.
Hospital of the Assumption, Thurles, Co. Tipperary*

Objective

This research proposal aims to explore the experience of respite care from the carer's perspective on their quality of life. It also aims to provide a base from which the development of further research into the value of respite care services can be enhanced.

Methodology

A review of the literature was undertaken to examine previous work on carers lived experience of respite care. The literature review highlights the huge burden carers experience. A qualitative design using the phenomenical approach was employed which allowed for in-depth richness of data. The sample was taken from the hospital database. Ethical approval was sought from the necessary agencies. The data was collected using semi-structural interviews. Data analysis includes thematic analysis using Colaizzi (1978) phenomenological method of analysis and is clarified and verified with the participants following transcription (Colaizzi 1978). Nolan and Grant (1992) highlighted informal care as a neglected area of nursing research and practice. In 1995, Gubriun argued that despite increased literature on the subject, a clear understanding of the issues remain illusive.

Conclusion

In Ireland there is a lack of empirical evidence regarding the needs and experiences of informal carers of older people. Qualitative research findings assist nurses in their efforts to fully understand the patients' experiences and feelings, their meanings in patients' lives and how best to support and help patients in different situations. (Davis 1997).

References

On Request.

Introduction

In 2000, 409 individuals died by suicide in Ireland, 45 of whom resided in the Mid-West Region. A conservative estimate is that for every one death, six others are severely affected by grief (Sneidman, 1969). This formula suggests, that over the past five years approximately 12,978 Mid-West individuals have been deeply affected by suicide.

The emotional impact of a suicide endures over many years and researchers have highlighted that there is an increased risk of mortality as well as physical, psychological, and social morbidity (Zisook & Schulster, 1986; Clarke, 2001). Moreover, the cumulative impact following the aftermath of completed suicide are far reaching; so much so, that supporting the suicide bereaved families is a key priority of suicide preventative programmes (National Task Force on Suicide, 1998). Against this background, the Mid-West Regional Suicide Bereavement Committee (RSBC) agreed to develop a collaborative interagency support system for those bereaved. In order to articulate a model of crisis resolution that was sensitive to the expressed needs of the suicide bereaved, and built upon existing resources within the community, a tri-part baseline assessment was instigated. This included a review of the research literature, a description of existing support services and finally, bereaved families perspectives on support.

Objectives

The aims of this study were to identify the common grief experiences and practical issues that families experienced in the aftermath of a suicide death.

Methodology

A field methodological approach (Schatzmann & Strauss, 1973) was undertaken with individuals/families who had attended a pilot listening support programme at the Limerick Pastoral Centre and with those who had made contact with the suicide project office. The emotional phenomenology was observed during a two hour interview and recorded on a dictaphone immediately afterwards by the suicide strategy co-ordinator. The use of a formal questionnaire was considered incompatible with the emotional state of families and a comprehensive physical and social sequel was not attempted. Data was categorised according to recurring themes in the transcripts and under three broad headings, grief responses, knowledge about suicide/legal issues and interpersonal problems.

Results

Nineteen individuals were interviewed. The mean age was 43.7, the range (19-64). Eight females and five males were interviewed and the majority of individuals were bereaved within the past 18 months. Of these, four were from Clare, two from North Tipperary and seven from Limerick. Of those interviewed in the Mid-West region (n=19) families consistently reported changes in their physical health, familial relationships, were preoccupied with "why" the deceased took their own lives and had an enormous sense of excessive guilt and blame. The majority of families spoke of a sense of deep shock, stigmatisation and shame following the suicide death, which prevented them from seeking support. Only three families interviewed had sought and received support outside of their immediate family or a close friend. In general, those that had not sought support felt unable to actually seek out help and were afraid in case in some way, others would say something that might suggest they were to blame. The inquest was a common feature in stories causing family's tremendous anxiety and many had been disappointed that the "why" of suicide was not answered.

These families requested the following for future suicide bereaved persons:

- written information
- immediate practical support with the inquest
- advice in dealing with children
- an opportunity to meet others who had a similar experience

Most importantly, they did not want their grief to be “clinicalised”, and felt that because of the stigma and deep shock experienced, information about support should be brought to them as soon as the death occurs.

Conclusions

Broadly speaking, these findings are consistent with those reported in the international research literature (Bailey et al, 1999; Callahan, 2000; Cambell, 1997, & Hall, B., & Epp, H. 2001). The one to one support being offered by Samaritans and SUAS is meeting the needs of a small number of these families. The lack of information, immediate support and opportunity to meet others were the key signposts for the ongoing work of the RBSC.

References

On Request.

Title	Determinants of Prescribing Practice Quality (PPQ) in an Adult Community Mental Health Service
Authors	Meagher, D., Moran, M., Collins, M., Jennings, M., Roche, O., Moriarty, I., Byrnes, G., Gilligan, M., Hennessy, T., Gul, K., Kenny, I. St Anne's Day Hospital, Limerick

Objectives

To compare prescribing practice in a community mental health service with evidence-based guidelines and identify factors related to sub-optimal prescribing.

Methodology

All current patients (n=639) were assessed regarding eight key aspects of prescribing [polypharmacy, high-dose treatment, use of thioridazine / maintenance benzodiazepine / hypnotic / routine anticholinergic treatment, subtherapeutic antidepressant dosage, infrequent monitoring of moodstabiliser levels]. The relationship of Prescribing Practice Quality to demographic, illness and service variables was examined by regression analysis.

Results

450 (71%) of patients were receiving psychotropic medication. 222 had evidence of sub-optimal prescribing practice. Mean PPQ score was 1.01 ± 1.41. Routine anticholinergic (30%) and maintenance benzodiazepine / hypnotic use (25%) were common. PPQ score was higher in female patients [b=-0.57; p=0.02], those receiving depot antipsychotic treatment [b=2.19; p<0.001] or typical rather than atypical antipsychotic agents [b=0.75; p<0.001], and was linked to the duration since last clinical review by senior medical staff [b=0.13;p<0.001].

Conclusions

These findings highlight the importance of regular contact with consultant staff in ensuring optimal prescribing practices. In addition, those receiving depot antipsychotics are especially vulnerable to less judicious prescribing practice.

Title

Predictors of Dropout in an Adult Community Mental Health Service

Authors

Meagher, D., Moran, M., Collins, M., Jennings, M., Roche, O., Moriarty, I., Byrnes, G., Gilligan, M., Hennessy, T., Gul, K., Kenny, I.
St Anne’s Day Hospital, Limerick

Rationale

High dropout rates from mental health services are the norm. In addition to the resource issue of wasted clinic appointments, service dropout has important implications around ensuring clarity of responsibilities for follow-up in those that require long-term treatment. This study addresses the role of illness and service factors in predicting dropout.

Methodology

All current casefiles (n=639) were assessed regarding service utilisation and attendance. Predictors of patient dropout (three or more consecutive missed appointments) were identified by regression analysis.

Results

207 patients (32%) were not actively maintaining contact with the service. Dropout rate was lower in those attending more than one multidisciplinary team member (17% vs 51%), where the principal medical contact was with the consultant [b = 0.41; p<0.01], and in patients with a psychotic illness [b = 1.38; p<0.01].

Conclusions

Patients with more severe mental disorders are maintaining contact with the service. Patients receiving comprehensive treatment from a range of multidisciplinary team members are less likely to default from services.

Introduction

Prescribing for persons with learning disability is a complex, controversial and somewhat emotive phenomenon. Published studies to date have shown considerable variation in the prevalence rates of prescribing in all drug categories for the learning disabled population. Many attempts have been made to account for this variation, but little, if any systematic empirical research has been undertaken which investigates the factors influencing prescribing. Studies investigating the prescribing behaviours of General Practitioners (GP's) have shown the complex nature of the decision making process which occurs prior to making a prescription in general practice. No such studies exist to date, which examine the prescribing behaviours of Consultant Psychiatrists.

Methodology

The present study utilised a methodology known as The Critical Incident Technique. It involved the author interviewing Consultant Psychiatrists in learning disability throughout the Republic of Ireland to gather information relating to their patterns of prescribing, reasons for making a prescription, and associated factors.

Conclusion

Findings from the study are presented along with implications for improved management and clinical practice.

Presented

11th International Association for the Scientific Study of Intellectual Disability World Congress in Seattle, USA, August 2,000 by Dr. Barry J. Coughlan.

Personal and Social Services

Title

Model for a Regional Child Development Service

Authors

MacMathuna, L.
Disability Services Directorate, Mid-Western Health Board, Limerick

Rationale

Child health and disability services for children with developmental delay are currently delivered in a fragmented structure in the Mid-West Region, through the community medical, nursing and therapy services, through the acute hospital out-patient services and through the voluntary physical & sensory and intellectual disability service providers. There is a need to develop a 'one-stop-shop' approach to the delivery of these services in the region.

There is an additional need to fully integrate assessment, diagnosis and intervention services for children with a disability into the mainstream services in the region. The State recognises that people with a disability have a right to be treated the same as their fellow citizens, by having services delivered to them by the mainstream agencies, that is, the agency that provides the service to the rest of the community. Many aspects of assessment, diagnostic and early intervention services for children with a disability in the region are currently delivered in a segregated setting.

There is a need for a dedicated regional service in the Mid-West Region. No comprehensive specialist service is currently provided to the full range of children with developmental delay in the region. Presently many children from the Mid-West Region with complex developmental, physical/sensory and intellectual disability problems have to travel to other centres outside the region in order to access specific assessment and intervention services.

A model for a Regional Child Development Service, which is suitable and appropriate to the Mid-West Region, required researching and presenting.

Objectives

- To research international models of child development services
- To identify and evaluate those elements of international models most appropriate to an Irish setting
- To develop a dedicated model for a Regional Child Development Service in the Mid-West Region
- To cost the revenue implications of the service

Introduction

Of the group of children who have chronic illnesses that cause them to have a disability or special needs, a substantial group (about 90% of the total group) have a disability that is caused by impaired functioning of the nervous system. Some children exhibit developmental delay or disorder in one or more areas such as, language or motor development, whereas some have global developmental delay. Impairment of hearing, vision, fine or gross motor control, feeding and communication may affect others. Such children require a different form of service and approach to that provided by hospital or other paediatric clinics. This client group includes children, at one end of the spectrum, that have multiple disabilities, complex neurological problems or physical problems that are augmented by behavioural and psychological difficulties. At the other end, it includes a group of children who at times require reviews by a multidisciplinary team of professionals with skills and experience that are complementary, while at other times the child and family might be better dealt with by one member of the group. Most paediatricians would concur that such children require a dedicated multi-disciplinary service that differs from that of a standard paediatric consultation.

Facilities that enable such children and young people with a disability achieve the maximum possible individual development and social integration is a right to which they and their families are entitled. These facilities are best provided in the context of a dedicated Child Development Service that provides assessment, diagnosis and appropriate intervention services.

National and regional policy supports the thrust of argument for development of the above service.

Methodology

The Internet was searched initially to establish which countries had established child development services. Canada, New Zealand, Australia and the United Kingdom were found to have long-established services. Material additional to that available from the Internet was sought on these services. A model along the lines of that developed in the UK over more than 15 years was felt would be particularly suitable to the Mid-West Region.

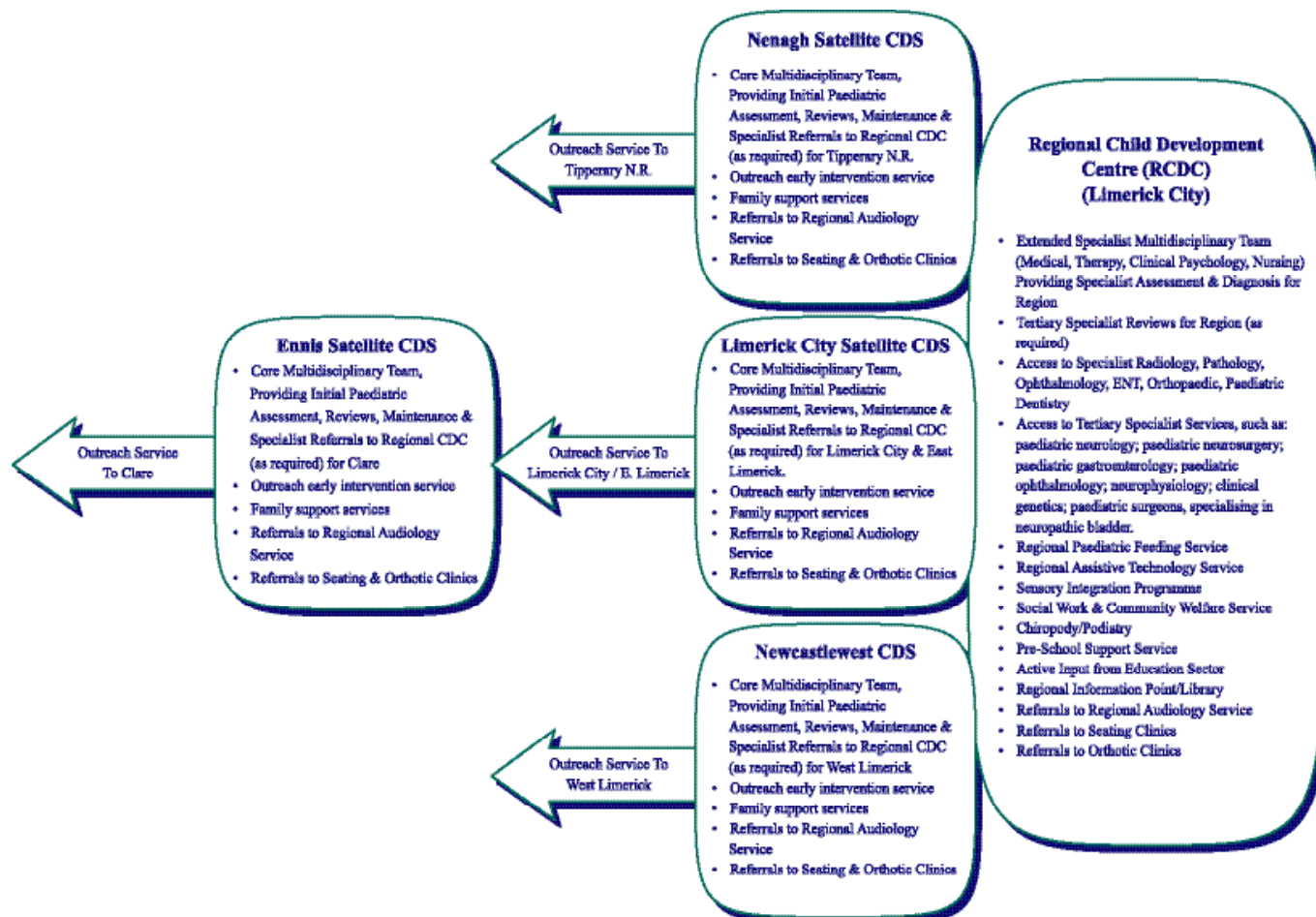
An initial draft of the model was compiled, based on the material accumulated, and circulated to senior administrative management and selected clinicians. Based on the feedback from these personnel the model was further developed and refined. The revised model was examined at a meeting attended by a number of the Board's Consultant Paediatricians, a Specialist in Public Health Medicine and senior administrative management. The comments deriving from the meeting, together with elements from additional new research material, were incorporated into a further draft of the model and circulated to selected senior administrative management for comment. An expanded model was compiled that was examined at a meeting attended by the five Consultant Paediatricians in the Board and senior administrative management. A revised draft of the model was derived from the opinions expressed at the meeting and additional new research material supplied by one of the Consultant Paediatricians.

The penultimate draft of the model was compiled and circulated to selected clinicians and senior administrative management for their opinion. The feedback obtained through this process was incorporated into the final draft of the model, which was presented to the February 2002 Mid-Western Health Board meeting for adoption.

Results

The model for the service was presented under two main headings: (1) a geographic model that outlined the geographic dispersion of the elements of the service and (2) an operational model that outlined the operational detail of the service.

The geographic model is outlined in the diagram presented below:



The geographic and operational models posit the development of a Regional Child Development Centre (CDC) in Limerick City and Satellite Child Development Services in Ennis, Nenagh, Limerick City and Newcastle West. In order to have ease of access to diagnostic facilities and specialist consultant services the services require to be located close to acute hospital centres, as far as possible.

The Regional Centre would have a dual function of:

- providing specialist assessment, diagnosis and intervention services for the region and
- providing initial ‘assessments’, reviews, maintenance, specialist referrals to the Regional CDC and an outreach service to Limerick City & East Limerick at a Satellite Service incorporated into the Regional Centre.

The regional assessment and intervention model at the Regional CDC would focus on the child within all his environments - family, pre-school, school and community and the perceptions of the child and his/her family/carers on his/her problems and potential outcomes. Following comprehensive assessment an Individual Care Plan (ICP) that would integrate all elements of intervention would be agreed between the child, family and the team. In order to ensure that intervention is appropriately focused, progress monitored and resources deployed optimally each ICP would be reviewed at agreed intervals.

Regional Services Envisaged for the Regional Child Development Centre include

- **Specialist Medical Consultations:** by paediatricians with a major interest in child development. Psychiatric consultations will also be provided on a sessional basis by the Health Board’s Consultant Child/Adolescent Psychiatrists.
- **Consultations by Therapists:** As part of the interdisciplinary team approach to service provision, consultations will be provided by Physiotherapists, Occupational Therapists and Speech & Language Therapists.
- **Access to Specialist Secondary Services:** in the MWRH such as, specialist Radiology, Pathology, Ophthalmology, Paediatric Dentistry, Orthopaedic Surgery and ENT. The location of the Regional Child Development Centre on the campus of the Mid-Western Regional Hospital will facilitate access to these services.
- **Specialist Tertiary Consultation:** including, paediatric neurology, paediatric neurosurgery, paediatric gastroenterology, paediatric ophthalmology, paediatric surgeons specialising in neuropathic bladder, neurophysiology, paediatric cardiology, clinical genetics, on a visiting sessional basis.
- **Regional Assistive Technology Service**
The objective of the regional AT Service would be to provide a regional consultancy and support service for local centres/services in the region.
- **Sensory Integration Programme**
A Sensory Integration Programme would be provided for children with coordination, sensory and motor difficulties.
- **Regional Paediatric Feeding Service**
One of the most common and significant problems in Cerebral Palsy is a very high rate of feeding problems. These include, dysphagia, oral motor problems, risk of aspiration, reflux and developmental problems.
- **Chiropody/Podiatry Service**
- **Counselling Service**
- **Social Work & Community Welfare Service**
- **Pre- School Support Service**
- **Active Liaison & Input from Education Sector**
- **Regional Information Resource Centre**
- **Referrals to Regional Audiology Service**
- **Referrals to Seating Clinics**
- **Referrals to Orthotic Clinics**

Satellite Services for Limerick City & E. Limerick Envisaged for the Regional Child Development Centre include:

- Initial 'paediatric assessments'
- Reviews
- Maintenance of ongoing interdisciplinary interventions
- Specialist referrals to the Regional CDC (as required)
- Outreach early intervention service.
- Family support services
- Referrals to Regional Audiology Clinics
- Referrals to Seating Clinics
- Referrals to Orthotic Clinics

Satellite Child Development Centres

Satellite Services of the Regional CDC, require to be strategically located throughout the region in recognition of the need to provide locally-based centres close to the community and home of the individual user of the service and in pursuance of the Board's commitment to geographic equity of service provision. The Satellite Services would act as the first point of access to the Regional Child Development Service by providing an interdisciplinary 'paediatric assessment'.

The range of services envisaged for these Satellite Services is the same as envisaged for the satellite service for Limerick City/ East Limerick incorporated into the Regional Child Development Centre.

Specialist sessional staffing would be provided from the Regional CDC, as required, to assist in the 'paediatric assessment' process. Although much of the activity of the team would take place in the Satellite Services, the team would also provide home based services as required. This would particularly be the case with the delivery of the area early intervention services that would operate out of the Satellite Services. The early intervention services will be developed from the model of pilot early intervention service, currently being developed in West Limerick by the Brothers of Charity.

Recommendations

1. The development of an integrated Regional Child Development Service, which would address the needs of all children with developmental delay in the Mid-West Region, is an essential development of service provision.
2. The model of service provision best suited to the needs of the region is one which is similar to the model developed in the United Kingdom, which involves development of a central Regional Child Development Centre and outlying Satellite Child Development Services in order to serve the needs of local populations.
3. The Regional CDC should also incorporate a Satellite CDS for Limerick City/ East Limerick, for reasons of economies of scale and synergy between staffing grades.
4. The Child Development Services should be located close to acute hospital centres in order to facilitate ease of access to diagnostic facilities and specialist consultant services.
5. The regional services envisaged for the Regional CDC should be as comprehensive as possible and include a wide range of secondary and tertiary consultant services, together with specialist dedicated developmental and disability services.
6. The Satellite Services should serve as the first point of access to the regional child development service, with children only going to the Regional CDC if specialist input that was not available locally was required.
7. A lead clinical role in the operation of the Satellite Services should be taken by the Consultant Community Paediatrician, with a special interest in children with a disability.
8. The interdisciplinary model of service provision should characterise the delivery of service.
9. The ethos of the service should reflect the guiding principles of the UN Convention on the Rights of the Child i.e.
 - The best interests of the child should be the primary concern of decision-making
 - The views of children must be taken into account in matters affecting them.
 - The child with a disability has a right to special care (Article 23).
10. The implementation of the model should proceed on a project management basis, with the initial appointment of a Project Manager, whose role would be to drive the implementation and development of the service.

Conclusions

The development of a Regional Child Development Service is timely with the current policy emphasis on integrating child health services, mainstreaming services for children with a disability and the regionalisation of services closer to regional populations, where feasible. The centre/satellite model offers the structure of service most in accordance with the Board's values of equity, accessibility, effectiveness and responsiveness, without compromising the need for efficiency. Structuring the service so that the Satellite Services will serve as first (and main) point of contact for most users of the service facilitates local populations, particularly those with a disability, to access the services they need close to their local communities. Striving to attract specialist tertiary consultant services to the Regional CDC will serve the provision of much needed regional specialisations in the Mid- West Region.

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Personal and Social Services

Title

An analysis of the Documentation used by Ambulance Service Crews providing Pre-Hospital Emergency Care Services.

Authors

Fleming, M., and Callaghan, P.
Ambulance Service, Mid-Western Health Board

Introduction

The Ambulance Service is in the process of developing a service culture that is based on evidence and in that context there is a policy of questioning the systems in use to collect, store and retrieve data. A variety of systems are in use to collect a range of data relevant to pre-hospital emergency care. An initial examination of the data recording systems revealed that there was duplication in the recording of the data collected. The focus of this research is on operational data with some key elements of patient data included for reference and continuity purposes.

Objectives

The objectives of the study are to:

- Document and analyse the data recording systems in use by EMTs
- Develop a manual recording system (daily worksheet and computer based data input and retrieval process) that would facilitate the recording and retrieval of appropriate data in order to remove unnecessary duplication, reduce complexity and improve the quality of data collected.

Methodology

A study of the current manual data collection systems was undertaken. Based on the results of this study a prototype format for data collection was designed in consultation with a variety of Ambulance Service personnel working in different parts of the service.

Three crews were randomly selected to use the prototype work sheet for a period of one month starting on the 1st December 2001 and running to the 31st December 2001. The data as collected was inputted and stored at the control room in MS Excel format.

Results

The systems in use were vehicle logbooks and station (base) logbooks. The survey of this documentation revealed that there was considerable duplication leading to unnecessary complexity. The prototype "Daily Work Sheet" provided greater space for recording data and reduced the amount of data recording and unnecessary duplication. As data was now available from one source, inputting was less complex and time consuming and data could be stored centrally thus facilitating retrieval. Cross-referencing with patient report forms on a daily basis was also made easier. The feedback from users has led to improvements in the design and layout of the form. The form will now be put into service on a trial basis subject to review and further development.

Conclusions

The new daily work sheet was well received by all personnel using it and no major problems were encountered. The forms lead to a reduction in duplication and unnecessary complexity. In addition, the inputting and retrieval of data was made easier. The ongoing review process is necessary to produce a final document that will be introduced during Summer 2002 in the Limerick City station on a trial basis subject to review and further feedback in three months.

Introduction

Clinical studies have shown that approximately 40% of hospital patients display signs of malnutrition and that 60% lose weight during their stay (McWhirter & Pennington, 1994). Malnutrition results in impaired wound healing, decreased resistance to infection, muscle wasting and longer length of hospital stay (Bistrian et al, 1975; Leonard-Jones, 1992). A number of factors identified by Allison (1995) and Goodwin (1989) prevent people from eating in hospital: problems in ordering food, poor menu choice, disruption to meal times and communication breakdown.

Objectives

- 1) Assess patient satisfaction with food choice.
- 2) Review the suitability and availability of snacks.
- 3) Evaluate if nutritional products/extra snacks prescribed, are being received.

Methodology

A survey was carried out on selected adult wards over a period of two months. 82 patients completed the questionnaire with assistance from Dietitians where necessary.

Results

89% of those surveyed felt that the meals provided were appropriate to their needs and 85% felt there was adequate variety of food provided. A number of suggestions were made to increase variety at breakfast and to introduce more fruit and vegetables. On questioning about various choices that should be offered to all patients, it would appear that these options are not always offered. 25% of patients were not offered snacks, 77% were not offered a choice of fat spread and 84% were not offered low fat dairy alternatives. Of those who were recommended extra foods or drinks, 15% reported that they did not receive the products as recommended by their dietitian.

Recommendations

1. Use of menu cards.
2. Employment of a diet clerk.
3. Use of supplement prescription charts.
4. Offering varied bedtime snacks.
5. Offer low fat and wholegrain products and more choice at breakfast.
6. Alter meal times to suit the patients.

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Biological Day-to-Day Variability and Critical Differences in the Serial Measurement of Two Biochemical Markers of Bone Turnover in the Sera of Healthy Young Adult Males

Carroll P.¹, Jakeman P.M.¹, Barrett E.², Murphy N.³, Donnelly R.³, McLoughlin M.³ & Murphy M.³
Human Science Research Centre, University of Limerick¹
Clinical Biochemistry Department, Mid-Western Regional Hospital, Limerick²
Human Behaviour Research Centre, Waterford Institute of Technology³

Introduction

The study outlined here is part of an overall project, which aims to identify the optimum marker of bone resorption for both healthy young males and post-menopausal, non-osteoporotic women, and is as yet ongoing¹. The purpose of this investigation was to quantify the biological day-to-day variability in serum levels of N-Mid Osteocalcin (OC; ng/ml) and CrossLaps (ng/ml) in healthy males (n=14). From this biological variation (CV_i: individual biological variability), the critical difference (CD) or least significant change was calculated as previously described². This value represents the minimal difference between two measurements of a biochemical marker that indicates a medically significant alteration of homeostasis (and is not due to normal biological and/or analytical variability alone). Given the CD of these markers the viability of using them in the assessment and/or monitoring of bone metabolism will be considered.

Methodology

14 males, 28 ± 4 years with no known clinical disorder of bone or calcium metabolism participated in this study. All subjects were inactive, non-smokers and had not experienced a fracture or period of immobilisation in the six-month period prior to participation. Normal calcium intake was regulated by a prior 5 consecutive day dietary intake record (800mg/day) and alcohol consumption was not permitted for 3 days prior to and for the duration of the study.

Blood (venepuncture, 8am-9am) samples were collected following an overnight fast (22h00) for 5 consecutive mornings. Serum was analysed for N-Mid Osteocalcin (OC; ng/ml) and CrossLaps (ng/ml) as measured by immunoassay (Roche Diagnostics, Elecsys 1010).

Results

	5d	4d	3d	2d
Mean ±SD	0.640± 0.265	0.642± 0.264	0.645± 0.256	0.660± 0.256
Mean CV _i	8.3%	8%	7.4%	5.9%
Range	1%-13%	1%-13%	1.2%-14%	1.4%-11.8%
Mean CD	22%	23%	22%	18%
Range	5.6%-33%	7%-36%	7%-38%	8%-34%

Table 1. Summary of Analysed CrossLaps Data: Mean ± SD Data, Biological Variability and Critical Differences for the First 2, 3, 4 and 5 Consecutive Days of the Study (n=14)

	5d	4d	3d	2d
Mean±SD	32.72 ± 10.35	32.78 ± 10.52	32.71 ± 10.53	32.58 ± 10.51
Mean CV _i	4.2%	3.5%	3.7%	3.2%
Range	2%-6.8%	1%-6%	1%-6.8%	1%-9%
Mean CD	12%	10.8%	11.3%	10.3%
Range	6.5%-19%	3.4%-19.5%	4%-19.2%	3%-26%

Table 2. Summary of Analysed Osteocalcin Data: Mean ± SD Data, Biological Variability and Critical Differences for the First 2, 3, 4 and 5 Consecutive Days of the Study (n=14)

Conclusions

1. Mean circulating levels of CrossLaps and N-Mid OC are $0.640 \pm 0.265\text{ng/ml}$ and $32.72 \pm 10.35\text{ng/ml}$ respectively, in this population.
2. The mean intra-individual CV_i for N-Mid OC is lower ($\sim 4\%$) than that for CrossLaps ($\sim 8\%$), which would indicate that N-Mid OC is a more stable marker. Inter-individual CV_i , however, as represented by the range of CV_i data in Tables 1 & 2, is high for both markers.
3. The mean intra-individual CD is also lower ($\sim 12\%$) for N-Mid OC than that for CrossLaps ($\sim 22\%$), while again the inter-individual CD is in the region of 4 fold for N-Mid OC and 6 fold for CrossLaps.
4. The CV_i of serum CrossLaps is lower ($\sim 8\%$) than that previously reported for both urinary Pyr (21%) and dPyr (24%) in male and female subjects over 5 consecutive mornings³. The estimated CD for Pyr and dPyr would therefore be 64.4% and 72% respectively. The impact of such biological variation on the viability of these markers of bone resorption in an acute setting has yet to be determined. This group is currently investigating this question and hope to report their findings in the near future.
5. According to Ginty et al (1998)³ urine sampling for the pyridinium crosslinks necessitates at least a 3 consecutive, preferably 5, day collection to ensure that day-to-day effects are not a significant source of variation included in data analysis. For both serum CrossLaps and N-Mid OC, no reduction in CV_i was seen after 2 consecutive days of sampling.

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Introduction

The process whereby different families of molecules critical in metastasis interact with each other is poorly understood. We have previously reported the results of our research on how activation of the CD44 adhesion molecule on colorectal tumour cell lines induces upregulation of matrix metalloproteinases (MMP)-9 and -2 and is involved in regulation of CD44v6 and ICAM-1 expression.

Objectives

We wished to further explore these interactions by investigating the effect of CD44 activation on CD44 variant mRNA transcript expression and on specific protein production. The effect on adhesion molecule expression and MMP production by supplementing media with soluble extracellular matrix (ECM) components instead of specific antibody was also assessed.

Methodology

Colorectal cell lines SW480 and SW480-9 (genetically modified to produce MMP-9) were used in the study. CD44 variant mRNA expression in total RNA extracts from cell lines grown with and without specific CD44 antibody was analysed using RT-PCR. Protein extracts were also prepared from these cell lines, separated by SDS-PAGE and investigated for specific protein expression using Western immunoblotting. Cell lines were supplemented with soluble hyaluronate, fibronectin or BSA(control), adhesion molecule expression analysed by flow cytometry and MMP production by gelatin zymography in order to compare with effect of specific CD44 antibody.

Results

Soluble hyaluronate caused a marked upregulation in ICAM-1 levels in SW480 cells (30%-57%) in contrast to the minor alterations seen using specific antibody to activate. Hyaluronate-supplemented SW480M cells demonstrated increased expression of MMP-9. No difference in expression of CD44 variant mRNA transcripts was observed between control and CD44-crosslinked cells. This would suggest that CD44 exerts its effect at the protein translation level rather than transcriptionally. When Western blots with protein extracts of CD44 or $\alpha 1$ integrin crosslinked cells were probed for CD44-specific protein, a dominant band at 80kD and a weaker band at 120kD were detected. CD44v6 protein expression was not altered in activated cells but was down-regulated in cells from hyaluronate-supplemented media. Expression profiles of other adhesion molecules are under investigation.

Conclusions

Natural ligands of CD44 ie hyaluronate, have a marked effect on expression of other families of adhesion molecules, whereas activation by specific antibody, while causing upregulation of MMP's, does not have as profound an effect on the adhesion molecules investigated to date.

Research In Progress

Title

A Prospective Study to Determine the Efficacy of Standard Management of Vomiting in Patients with Malignant Bowel Obstruction and to Assess the Role of Ondansetron in the Management of Refractory Nausea

Authors

*Ryan K., Donnelly S.
Milford Care Centre, Limerick*

Rationale

The medical management of malignant bowel obstruction was first described in 1985 in Baine's landmark study. Although there is much published confirming the overall efficacy of this approach, there is variation in clinical practice between different centres due to differences in drug availability, drug cost and clinical practice. There are however no randomized controlled trials comparing particular drug efficacy and it is therefore the purpose of this study to remedy this lack. This prospective trial will also assess the role of ondansetron in the management of refractory bowel obstruction.

Research In Progress

Title

**Assessing the Mental Health Status of Adults with Intellectual Disability:
An Irish Total Population Study**

Authors

*Coughlan, B.J., Noonan Walsh, P.,
Mental Health Services, Mid-Western Health Board, Limerick.*

Rationale

The issue of mental health in persons with intellectual disability has been receiving increasing interest in recent years, not only in terms of theoretical and research paradigms but also in terms of service provision and clinical practice. The present study seeks to address a number of key areas within the field of mental health and intellectual disability. It aims to review briefly, and draw on existing research, but more importantly the present study seeks to address some of the gaps which exist in our current knowledge of mental health/intellectual disability. The authors are currently undertaking a total population study, which will assess and identify the mental health needs of adults with intellectual disability attending services in a Health Board region in the Republic of Ireland. This study will run parallel to an identical study being conducted in the greater Glasgow region in Scotland. Phase two of the present proposal seeks to undertake a qualitative study investigating current levels of service provision for this population of clients, and how services aim to develop specific mental health services in the future. By undertaking these studies, it is hoped to gain a greater understanding of the area of mental health and intellectual disability and to contribute significantly to the existing body of literature in this area, which will ultimately improve service provision and quality of life for clients with a dual diagnosis.

Research In Progress

Title

**Evaluation of Clinical Psychology Service, Tipperary NR,
Mid-Western Health Board**

Authors

*Butler, E., Murray, J., O'Hara, E., Ryan, P.
Tipperary NR Mental Health Service, Mid-Western Health Board*

Objectives

The objectives of this study are threefold. Firstly, it aims to evaluate consumer satisfaction with the service. Secondly, it aims to assess, through audit data, the clinical efficacy of the service. Thirdly, it also aims to assess service demand, source of referrals, treatment duration, drop-out, completion, etc.

Rationale

The Clinical Psychology Service was introduced to the Tipperary NR Mental Health Service in 1993. The catchment area comprises two sectors, Nenagh and Thurles. The intention of the study is to assess the efficacy of the Clinical Psychology Service on the target population. User's views will be incorporated, as appropriate, into Service Plans.

Methodology

The methodology employed in this study encompasses two major features: quantitative analysis of audit data and qualitative enquiry of consumer experiences. A total sample of service users between 1993 and 1995 were asked to participate in the study. Fifty-five clients of two-hundred and eighty approached agreed to take part in the study. Those agreeable were interviewed by a Psychology Research Assistant. The quantitative variables measured include: self-report measures of anxiety and depressive symptomatology, client estimates of subjective distress, therapist estimates of client distress, client estimates of improvement, therapist estimates of improvement, number of clinical sessions, duration of attendance, etc. Data collected using Priority Health Connection (PHC) are to be analysed using SPSS-X. The qualitative enquiry focuses on client responses to a thirty-five-item semi-structured interview. Interviews are recorded and transcribed for later analysis.

Results

The data resulting from the qualitative enquiry has undergone preliminary analysis. Seven superordinate and 182 subordinate categories of experience were identified. These data will be further analysed with the intention of constructing a consumer satisfaction questionnaire.

It is intended to proceed with analysis of the quantitative data using SPSS-X.

Research In Progress

Title

Evaluation of the Crisis Intervention Nurse Service within the Limerick Mental Health Service (Mid-Western Health Board)

Authors

*Moore, L., O'Keeffe, B.
Mental Health Directorate, St. Camillus' Hospital, Limerick*

Introduction

The Crisis Nurse Intervention Service commenced on August 30th, 1999 initially as a six-month research project funded by the Department of Health. The project was undertaken in the Limerick Region as this area was thought to have the facilities most conducive to implementation of the service. The service arose as part of the Mid-Western Health Board's 'community-oriented approach' to service provision as outlined in the Mental Health Strategy (February, 1998, Mid-Western Health Board). The ethos of this approach is to "treat people with psychiatric illness as close as possible to their own community thereby avoiding the further trauma associated with admission to an in-patient facility."

Fitzpatrick et al (1994) evaluated this approach for one regional service Sector and reported that 57% of admissions to the Acute Psychiatric Unit (5B) from that sector, occurred when the day hospital was closed i.e. after 5pm or at weekends or bank holidays. It was also noted that no activity records were kept by the on-call team who saw 'out of hours' admissions, unless the patient was admitted. Thus patients who were seen but not admitted were not formally recorded anywhere in the system.

It was decided to extend the existing on-call team, which consists of the NCHD on call and the Consultant Psychiatrist on call, to include a Nurse who could first screen any patients who were referred to A & E and decide on the best option for them.

The Service consists of a psychiatric nurse employed at acting CNM 2 level, working as part of the on-call psychiatric team. Prior to this the Psych. NCHD on call saw all referrals through the A & E Department. The service comprises of the Consultant Psychiatrist on call, the NCHD on call and one nurse on duty during the following hours: Monday to Friday 4 pm to 3 am, Saturday and Sunday 9.30 am to 3 am. The nursing element of the service is not available during bank holidays or other national holidays. The nurse is based in the Acute Psychiatric Unit attached to the Mid-Western Regional Hospital in Limerick. S/he is not part of the nursing complement and carries a bleep.

Objectives

The study had the following objectives:

1. To accurately measure the demand for service during the hours when Day Hospitals were closed.
2. To assess the impact of the new element of the service (the nursing input) in terms both of activity generated and stakeholder satisfaction with the service.
3. To assess whether the introduction of the new service element impacted on the general service (e.g Admission Rate, Patient Satisfaction)

Methodology

The Crisis Nurse Team recorded the activity data for each presenting crisis contact. Variables recorded included age, gender, sector, time and source of referral, mode of contact, reason for contact, action taken and outcome. Stakeholder satisfaction was measured using both qualitative (focus group and semi-structured interview) and quantitative (questionnaire-survey) research methods. A multi-sample survey design generated several separate satisfaction scores (Service - users n=450, Psychiatric Staff in Unit 5B n=60, Day Hospital Staff n=24, G.P.s n=106, A & E Staff n=54). Service-users were selected by random systematic sampling of the P.H.C. system. Each sample group was requested to attend a focus group discussion. Analysis of the qualitative and quantitative data was conducted via descriptive statistics (S.P.S.S.) and content analysis (NUD*IST qualitative research package) respectively.

Expected Results

Previous studies have conveyed improved care of patients presenting to A &E with mental health problems due to a reduction of the waiting time between 4.00p.m. and 3.00a.m. The Crisis Nurses' knowledge of alternative services, statutory and voluntary, was cited as helping patients avoid admission. It is expected that the Crisis Nurses' availability to and familiarity with regular/'revolving door' attendees will result in greater use of alternative options to avoid inappropriate admission, leading to high levels of service-user satisfaction. It is anticipated that other stakeholders will express high satisfaction with this improved method of crisis assessment as it is expected to reduce patient waiting time while offering a smoother out of hours service.

Research In Progress

Title

Using the “PPS Number” for the Irish Cervical Screening Programme

Authors

*Gloria Waldmann, Senior Systems Analyst, Irish Cervical Screening Programme,
Mid-Western Health Board*

Objective

To explain the different approach taken by the Irish health service to cervical screening and the use of the PPSN (Personal Public Service Number).

Introduction

A Cervical Screening Programme is designed to reduce the incidence of death from cervical cancer through early detection and treatment. Cancer of the cervix is the third most common cancer after lung and breast cancer. Such screening programmes have been established in many developed countries and Ireland is at the forefront in having developed a centralised national programme which is designed to link to cytology, colposcopy clinics and histology.

Approval was given to fund a central office in conjunction with the Mid Western Health Board and a phased national programme commenced in October 2000. The roll out of the Irish Cervical Screening Programme (ISCP) is in two Phases. Phase 1 covers women in the Mid Western Health Board area. Preparatory work for Phase 2 has commenced in 2002 and a roll out process would take place in full co-operation with each health board.

Methodology

The degree of close inter-working required with other health organisations and the practical problems encountered in recording and matching client health data where staff have differing information management practices and differing information needs is compared to the more centralised and standardised approach that the ICSP has developed to support a national cervical screening programme.

From Phase 1 a number of valuable lessons have been learned. In particular the need to improve the ICSP matching process and the increasing importance of having a unique personal identifier such as the PPSN. This unique identifier could be used by GPs and other staff and in IT systems in the cytology, colposcopy clinic and histology and perhaps on the associated paperwork. The practical problems encountered by the ICSP in using the Personal Public Social Number (PPSN) will be examined.

Conclusion

This study recognises the need to overcome problems in matching health information from a number of sources in the Irish health setting and the contribution to the establishment of an Electronic Health Record.

Introduction and Definition of Terms

This study seeks the views of parents/carers and children who experienced professional intervention when child sexual abuse was suspected.

By 'professional intervention' is meant that of Mid-Western Health Board community care professionals in the main. For example, area based social workers, public health nurses, specialist child sexual abuse workers, psychologists, paediatricians etc. Other professional intervention experienced by parents and children includes for example, that of An Garda Síochána and/or the legal system, school personnel and general practitioners.

The study is regional in focus, thereby looking at the experiences of parents and children from within the Mid-Western Health Board region, i.e. Clare, Limerick and North Tipperary.

'Child sexual abuse' in this study refers to both intra-familial and extra-familial child sexual abuse. The author employs Faller's (1988) distinction of these terms ie, as that between related and non-related sexual abuse.

Rationale and Research Context

A research study of this nature and scope has not been undertaken in Ireland, to date.

Previous Irish research in the field of child protection has been dominated by a methodology that analyses data from case files where outcomes are already known. For example, McKeown and Gilligan, 1991; Buckley et al, 1997.

In addition, Irish research in the area of child welfare and protection practice has tended to examine the efficacies of child protection procedures and practices as they exist within health boards, largely from the perspectives of the professionals involved in their operation. For example, Buckley et al, 1997; Ferguson and O'Reilly, 2001. When the 'consumer' view is sought, there is an under-representation of father's/male carer's views (including those who are alleged to be perpetrators of abuse) and children's views, particularly those of younger children.

Gallagher (1996) undertook a study of intra-familial child sexual abuse in the North Western health board. Data was predominantly collected from the social workers involved in the cases, a small sample of mothers were interviewed. The latter sought to examine how mothers respond to the discovery that their child has been sexually abused by looking at their reporting behaviours.

Irish child abuse inquiry reports and those specifically in relation to child sexual abuse cases, focused predominantly on the deficiencies within the relevant child protection systems and institutions which rendered a particular child(ren) vulnerable. For example, McGuinness, 1993; North Western Health Board, 1998; Department of Health, 1996.

There have been some clinical studies undertaken in Ireland in relation to treatment issues for children and adolescents with sexual behaviour problems, as well as for imprisoned sex offenders. For example, O'Reilly et al, 1998; Murphy, 1998. Travers (1999) aimed to challenge popular societal myths about child sexual abuse in Ireland in her book, which is aimed at the general reader. In doing so, she highlighted case studies from her treatment work with adult male sex offenders.

Irish literature concerning child sexual abuse has, in the main, focused on exposé and retrospective adult accounts of abuse. For example, Raftery and O'Sullivan, 1999; Doyle, 1988; Moore, 1995; McKay, 1998.

The present research proposes to fill the gaps in the knowledge base that are identified above.

Methodology

The study utilises both qualitative and quantitative approaches in order to examine it's subject.

The quantitative piece looks at broader patterns of cases for example, the socio-demographic characteristics of families who are referred to the Mid-Western Health Board for child sexual abuse assessment. This is to set the context for the interview study.

The qualitative piece looks in depth at the experience of families, via semi-structured interviews with key individual family members.

Preliminary Findings

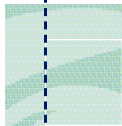
Thirteen interviews have taken place at the time of writing. Interviews have been with nine mothers/female carers, three fathers/male carers, one alleged perpetrator (who was also a male carer) and one child.

- The majority of family members had no prior knowledge of the child sexual abuse assessment service that the Mid Western Health Board provides. This was described by some adults as compounding their sense of powerlessness as they attempted to locate appropriate help for their children.
- There were mixed feelings about health board professional intervention; some people expressed positive comments, others were highly critical. Some adults expressed confusion about what the purpose and function of the child sexual abuse assessment process was.
- Factors associated with a positive experience of intervention include, style of professional behaviour i.e, empathic, non-judgemental responses together with a supportive stance and good working relations with the children.
- Factors associated with a negative experience of intervention include, feelings of not being believed; feelings that they (parents) were perceived as 'difficult' and thus a thorn in the side of professionals; disagreement from the outset as to the need for professional intervention; and assessment outcomes that were disputed between professionals and parents.
- Some parents expressed clear un-met therapeutic needs both on behalf of themselves and their children, post assessment. For some parents, these needs remain outstanding.
- The key role that some non-statutory organisations played in providing the kind of support to parents that they did not perceive as receiving from the statutory bodies designed to provide such support.
- The profound effect an allegation of child sexual abuse had on the entire family, (including extended family) irrespective whether the concern was intra-familial or extra-familial in origin.
- The deleterious impact that an allegation of child sexual abuse had on father-daughter relations in cases where the alleged perpetrator was not the father.
- The importance attached by some parents to the legal system in which they hoped to achieve justice for their children, and vindication for their own positions. This was seen most notably in cases of alleged intra-familial abuse where various family members adopted opposing stances.

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