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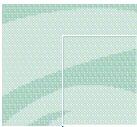
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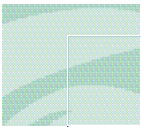
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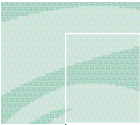
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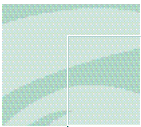
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Foreword

The variety of research activity which is being generated across specialities and service sectors is a testimony to reflective practise and learning in this organisation.

The professional commitment to this type of enterprise is a clear declaration of the pursuit of knowledge and excellence in practise.

Our editorial team and I acknowledge and appreciate the time and effort of the busy practitioners who have contributed to this publication.

We invite and encourage others to join them in this necessary venture.

Stiofán de Búrca,

Príomh Oifigeach Feidhmeacháin

Editorial

This issue of the NIHS Research Bulletin includes for the first time, exclusive contributions from health related research activities at University of Limerick. This most welcome development clearly demonstrates that a vibrant health related research agenda prevails, not only amongst healthcare professionals, but also amongst academics in the mid-west region.

As we continue to reveal the extent and depth of health science research activities, opportunities to expand upon the scope and extend the boundaries of current research will necessarily emerge, through mutual collaboration across the practice and academic arenas. To facilitate and encourage such cross-fertilisation of ideas and thought, the coming months will see the construction of a cross-institutional research register. This register will not only describe the research activities, expertise and interests, but will also provide detailed contact information. Through simple interrogation of the proposed database, such specific information will become readily accessible to all. In turn it is anticipated that collaboration will necessarily stimulate more consistent multidisciplinary approaches towards research in the health sciences.

As the steadily increasing funds for health sciences research come on stream, it is reasonable to expect that the competition for such resources will intensify. The broader the approach, inclusive of cross-institutional and multidisciplinary aspects, the more possible it will become to introduce a significant competitive edge to future research proposals emerging from the mid-west region.

All future research capacity enhancements will be delivered through the competitive process. Consequently, our ability to compete effectively will be of paramount importance and fundamental to the expansion of current research capacity, at all levels. Developing competitive advantages around research activities will therefore be critical to success. This process will involve exploring sources of differentiation, firstly through identifying and exploiting specific regional expertise and specialities, and secondly through routinely adopting a multidisciplinary approach towards our research activities. The probability of success of future proposals will necessarily increase, when coupled with such competitive differentiation.

Aidan J. Hickey

Director

National Institute of Health Sciences

Title

Managing issues associated with the transfer of Abbott CA15-3, CA19-9 and CA125 Tumour Marker Assays to the Immulite 2000 System

Authors

Comber, P., Galvin, F., Barrett, E.J.
Department of Clinical Biochemistry, Mid-Western Regional Hospital, Limerick

Introduction

Recommendations on managing the transfer of tumour marker assays from one analytical platform to another are scarce. In general, laboratories compare the analytical performance of existing and new methods, examine the findings of national and international External Quality Assessment Schemes and evaluation studies and determine if there is need to change the reference values. The transfer of CA15-3, CA19-9 and CA125 assays from the Abbott Axsym to the Immulite 2000 involves changes in tumour marker names in addition to changes in assay performances.

Methodology

All laboratory users were informed of the transition arrangements and of changes in tumour marker names of CA15-3 to BR-MA, CA19-9 to GI-MA and CA125 to OM-MA. A transitional overlap period of 90 days with dual reporting was undertaken. Trends in tumour marker values for individual patients were carefully monitored during the transition. Regular communication was maintained with the Medical Oncology Team. Requesting doctors were reminded that while results from the Immulite 2000 assays would differ in numerical value when compared with the Abbott assay results, both would respond to treatment in a similar manner.

Results

During the transitional overlap period BR-MA and CA15-3 assays correlated closely [(Immulite) =1.21(Abbott) +9.22; $r^2=0.98$, n=96, range 10-1260 U/mL]. GI-MA and CA19-9 assays correlated closely [(Immulite) =1.06(Abbott) +0.95; $r^2=0.97$, n=327, range 2.5-3021 U/mL]. OM-MA and CA125 assays correlated very closely [(Immulite) =0.85(Abbott)-5.1; $r^2=0.98$, n=513, range 2.1-13360 U/mL]. Upper reference limits were set at the 99.5% centile giving values of 38 U/mL for BR-MA and 48 U/mL for GI-MA and OM-MA.

Conclusion

Communication with users facilitated the transfer of these three tumour marker assays to the Immulite 2000 system. The transitional overlap period with dual reporting provided a learning opportunity for users. The overall process encouraged discussion on the appropriate use of these assays. There were no reports of any adverse impact on patient treatment and care.

Presented

At the UK National Meeting of the Association of Clinical Biochemists in Manchester on 13th May 2003 by Dr. Ned Barrett.

Title

Acute Effects of Anaerobic Exercise on Bone Turnover in Healthy Post-menopausal Women

Authors

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Clinical Biochemistry Department, Mid-Western Regional Hospital, Limerick ³
Human Science Research Centre, University of Limerick ⁴

Introduction

Skeletal tissue is in a constant state of flux, remodelling itself to changing physical demands via the bone multicellular unit (BMU). At any one time there are approximately 2m BMUs active on the mature skeleton that individually remodel over a time-course of about 3 months. Physical activity is a known prophylactic to many bone disorders and can perturb the remodelling process, either mechanically¹ or metabolically². Using specific biochemical markers for bone resorption and renewal, this study sought to investigate whether acute (9 days) changes in bone turnover could be observed following a discrete anaerobic exercise challenge.

Methodology

With ethical approval and informed consent, 10 healthy, post-menopausal women, who were not on HRT were recruited (age; 54±1.5; height, 1.64±1.5; weight, 67.0±2.6; BMI, 25.1±1.2, mean ± SE). Following a 5 consecutive day baseline period, subjects completed an anaerobic (20mins @ >AnT) cycle ergometry exercise challenge. The exercise period was 10-days in duration comprising 3 days of anaerobic exercise followed by 7 days of recovery. Blood (venepuncture 8am-9am) samples were collected following an overnight fast (22h00) for both the control and the exercise period of the study. Samples were analysed for N-MID osteocalcin, a marker of bone renewal, and C-terminal fragment of pyridinium crosslinks (CrossLaps™), a marker of bone resorption, by electrochemiluminescence (*Roche Diagnostics*). The within-subject biological variation (CV_I) and individual critical difference (CD_I) for the baseline period were calculated for each subject according to Fraser and Harris (1989)³. Relative changes of post exercise data from the baseline mean concentration were normalised for CD_I and any deviation greater than ±1.81 (P<0.10) was considered to reflect a significant perturbation in cellular function.

Discussion

Mean circulating values of serum CrossLaps™ and N-MID osteocalcin were 0.60±0.18 ng/ml and 30.65±8.20 ng/ml respectively for this population. The mean intra-individual CV_I of N-MID osteocalcin was approximately 2 fold lower (5.5±4.8%) than that for serum CrossLaps™ (11.9±10.1%). As CD_I is predominantly influenced by CV_I, the CD_I was greater for the marker of bone resorption also (19.6±8.3% v 8.8±3.8%). The inter-subject variation in CD_I for both markers was quite large (OC, 3.6%-33.6%; CrossLaps™, 6.7% - 37.8%: CD_I) which would indicate that a group mean CD cannot be applied to each individual within that group. In response to the exercise bout, a biologically significant change occurred in 40% of the N-MID OC data. Notably 70% of the observed changes were in a positive direction, which would suggest that osteoblast activity, increased in this population in response to the anaerobic challenge. Changes were demonstrated on at least 3 occasions in 7 of the 10 subjects studied although there was no consistency between subjects with respect to the timing, the magnitude and the direction of the responses observed. The anaerobic exercise intervention significantly perturbed the rate of bone resorption as evidenced by a significant change in 27% of the data. The predominant response was a reduction in bone resorption in this population in response to this exercise challenge. As for N-MID osteocalcin, there was no uniformity in the nature of the response between subjects.

Conclusion

It is evident from the current study that anaerobic exercise significantly perturbs the bone remodelling cycle over an acute period. Based upon the frequency and direction of responses it would appear that the net effect of this exercise challenge was an uncoupling of the remodelling cycle in favour of formation. This interpretation should be viewed with caution as the between subject variation in the data was large. It is the author’s opinion that while biochemical markers can detect acute changes in bone turnover, the physiological relevance of those changes cannot be resolved in such a short time period. Future work should focus on assessing long-term (3-6 months) changes in biochemical markers (k~5) and equating these changes to modifications in BMD.

Presented

Accepted for presentation at the 9th Bath International Conference on Osteoporosis, June 23rd-26th, 2003 by Ms. Mairead Loughnane and Dr. Paula Carroll.

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Funding

This work has been supported by Strand III Technological Funding and by Roche Diagnostics.

Title

Tilt Table Testing and Carotid Sinus Massage in Unexplained Syncope: Results From a Dedicated Syncope Laboratory

Authors

Moore, A., Hilton, D., O'Mara, G., Pillay, I., Walsh, T., Watts, M., Donnelly, T., Costelloe, A., Sheehy, T., Clinch, D., Lyons, D.
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Introduction

Head-up tilt table testing with beat to beat (phasic) blood pressure (BP) monitoring has been reported to be useful in the evaluation of patients with unexplained syncope (Kenny R.A. et al, Lancet 1986). We report on the outcome of 1,412 patients who underwent testing.

Methodology

Consecutive patients who had experienced at least one syncopal episode were considered eligible for syncope studies (head-up tilt ± carotid sinus massage (CSM)). BP changes were recorded using digital artery photoplethysmography (Portapres Model 2, TNO Instruments, Amsterdam). All patients were studied at least two hours post prandially in a dedicated temperature-controlled syncope laboratory.

Results

1,412 initial studies (560 M, 852 F, Mean age 69 yrs s.d.17) were analysed. 1,395 patients underwent three minute head-up tilt, 796 patients carotid sinus massage and 172 prolonged head-up tilt. Symptom reproduction rate: 23% head-up tilt, 5.2% CSM, 15% prolonged head-up tilt. Diagnostic criteria for orthostatic hypotension (OH) i.e. a 20mmHg systolic BP drop within three minutes of head-up tilt were present in 709 patients (50.8%). When a 10mmHg diastolic BP drop was regarded as diagnostic 1,233 patients (88.4%) met the criteria for OH. 112 patients (14%) met the diagnostic criteria for carotid sinus syndrome of which 98 (87%) were vasodepressor, 7 (6.5%) were cardio-inhibitory and 7 (6.5%) were mixed. 37 patients (22%) met neurocardiogenic syncope diagnostic criteria.

Conclusions

Systematic assessment of patients with tilt table testing ± CSM in a dedicated syncope laboratory provides a powerful diagnostic means of assessing patients with unexplained syncope.

Presented

At the Spring Scientific Meeting of The British Geriatric Society in Aberdeen on April 11, 2003 by Dr Allan Moore.

Title

Outcome of Pregnancy of Women in 5th Decade

Authors

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Objective

To evaluate pregnancy in women in their 5th decade.

Methodology

Study design

Retrospective case-note review July 2001-June 2002.

Setting

St. Munchin's Regional Maternity Hospital, Limerick.

Outcome Measures

Early pregnancy, antenatal, intrapartum and postnatal complications. Mode of delivery. Neonatal outcome.

Results

203 cases were identified. 153 (72%) case notes were available for review. All cases of ectopic pregnancy and miscarriage were identified. There was a 31% (74/203) miscarriage rate and a 4.9% (10/203) ectopic pregnancy rate. Of the 79 delivered women whose case notes were available, 32.9% were admitted in the antenatal period. There was a 100% livebirth rate. 35.4% were delivered by caesarean section and 60.7% had spontaneous vaginal deliveries. 0.8 % of women had post-partum complications. 12% (9/81) of babies were admitted to the special care baby unit. Three babies had preterm delivery. Three babies were small for gestational age. One baby had Down's syndrome.

Conclusion

Early pregnancy complications were common in this group of women. The antenatal admission rate and caesarean section rate were high. The neonatal complication rate was low. This study may prove beneficial in counselling pregnant women who present during their fifth decade.

Presented

At Junior Obstetrician and Gynaecologist Society Meeting in the Royal College of Physicians in Ireland by Dr. Nausheen Nabeel in March 2003.

Title

Antenatal Clinic Patient Satisfaction Survey

Authors

*Gleeson, A.
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Rationale

To determine patient satisfaction with the Antenatal Clinic

Objectives

- 1 To determine current satisfaction with the antenatal clinic.
- 2 To identify areas of improvement/change.
- 3 To make staff aware of the clients' needs

Methodology

A survey was given to all women attending clinic for the first time i.e. booking clinic, with 25 women completing the questionnaire.

A follow-up survey was given to women who were more than 36 weeks pregnant, and had attended clinic at least on 4 previous occasions. 65 women completed the questionnaire.
This occurred over a period of 1 week.

Results

Booking Visit

- 100% were satisfied with their first visit.
- 100% felt the staff were friendly and approachable.
- 40% smoked cigarettes.
- 100% of these were informed on how smoking damages both mothers' and babies' health.
- 90% were given advice on how to cut down on their smoking.
- 60% of doctors introduced him/herself by name.
- 56% spent between 2 and 2½ hrs in clinic for their first visit
- 12% spent between 2½ and 3 hrs.
- 8% had special needs which were not catered for.

Follow-up Visit

- 95% felt staff were friendly and approachable.
- 86% were given a clear explanation of their care.
- 75% were seen within 1 hour.
- 56% would like to see educational videos instead of TV.
- 22% found the waiting area uncomfortable.
- 92% were given enough time to ask questions.

Recommendations

- More time should be spent on health promotion.
- Provide a wider variety of educational videos.
- Inform women of hospital policy on routine scanning.
- Examine the appointment system, thus reducing waiting times.
- Inform administration of car parking problems.
- All staff to be made aware of the findings to include both medical and midwifery staff.
- Assess seating and recommend action if appropriate.

Conclusion

Overall there was general satisfaction with clinic care.

A few areas must be looked at more closely i.e. waiting times for first visits, seating in the waiting area, staff introducing themselves and more educational videos.

Overall, the exercise of conducting the Patient Satisfaction Survey was very positive for staff morale as the majority of women felt the staff were friendly and approachable and provided a high standard of care.

Introduction

We currently run five Antenatal classes per course to aid expectant parents in preparation for matters relating to pregnancy, childbirth, breast-feeding and the early days post partum for both mother and baby. The five areas covered are as follows:

- 1 The first class is an introductory class on the background to the hospital, changes that occur in pregnancy, coping mechanisms and help to deal with “minor disorders” of pregnancy. Advice is given on obstetric conditions/emergencies that may arise. Both midwife and physiotherapist cover topics between them.
- 2 The second class on breastfeeding deals with the advantages of this approach and management of the early days.
- 3 The third class covers all aspects of labour.
The second and third class physiotherapy component deals with labour.
- 4 The fourth class covers puerperium.
Physiotherapist deals with relaxation in this class.
- 5 The fifth class focuses on the newborn baby.
Physiotherapist deals with postnatal exercises and baby massage.

Objectives

The objectives of the questionnaire were as follows:

- To provide better service.
- To change format of classes if necessary.
- To assess clients’ analysis of relevance of each subject.
- To evaluate clients’ preference for length of class.
- To evaluate clients’ preference for number of classes.
- To include needs of client versus class content;
 - e.g. more physiotherapy/relaxation.
 - e.g. more video/slides.
 - e.g. more speakers.
- To welcome any comments from mothers.

Results

- No. of completed forms - 62
- 48% (n=30) heard about antenatal classes from obstetricians:
This may reflect a large % of private patients included in survey. It probably reflects the status of the majority of women attending the sessions. (This is in line with research, which indicates that women of higher socio-economic status tend to derive the maximum benefit from health services while having the lowest health need).

- Midwife, GP and friends were sources of making the remainder aware of classes.

Content of Classes

- Majority (n=55) placed emphasis on significance of “labour” information which is in line with evidence relating to antenatal education.
- 50% considered the breast feeding class very relevant, reflecting current breast feeding initiation rates. The relevance attributed to the “breastfeeding” sessions may indicate womens’ concerns with regard to success in breastfeeding as the evidence supports that women doubt their ability to breastfeed in the antenatal period.
- A question requesting the least relevant class indicated by almost 50% (n=29) that the first class was the least relevant. We questioned the validity of wording of the questions.
- The majority of those surveyed favoured 4-5 classes of 1½ - 2hrs duration, with a variety of teaching techniques, videos, slides and speakers.

Other comments included:

- Uncomfortable chairs - 1
- Class too long - 2
- Physiotherapy too long - 3
- No partners at physiotherapy - 6
- Smaller classes - 1
- Double registration at first class too long - 4
- New mothers at classes - 2
- Nice tea - 1
- Second mothers - Different format - 1
- Different intellectual needs - 1

Limitations

- Some questions if phrased differently would yield more information.
- Some bias in questions.
- Relevant demographic details not included.

Conclusions

- The findings were in line with National and International research.
- Discussion with all members of the team conducting antenatal classes led to more insight and communication between midwives and physiotherapists.
- Topics covered by both midwife and physiotherapist were discussed to reduce any unnecessary repetition. Aim to shorten length of classes.
- New method of registration devised to avoid duplication of name checking.
- New curtains and a water cooler were provided in the room to enhance the environment somewhat. New chairs are being sourced.
- As part of Baby Friendly Hospital Initiative (BFHI) breast feeding components are included in each class. The BFHI is a global campaign by the World Health Organisation and UNICEF which recognises that implementing best practice in the maternity service is crucial to the success of programmes to promote breastfeeding.

Overall, there was a very positive response to the classes. A more detailed questionnaire would probably have yielded more information.

Title

Experience with Laparoscopic Appendicectomies for Pain Relief in an Acute General Hospital

Authors

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Our Lady's Hospital Navan, Co. Meath ²

Introduction

Laparoscopic surgery began in 1983 and has since continued to gain in popularity all over the world. Laparoscopic appendicectomy [la] has many advantages over open appendicectomy [oa]. Acute appendicitis is the commonest surgical finding in the acute abdomen. False positive diagnosis occurs in about 10-30% of cases. Other common causes of Rt lower quadrant pain are complicated ovarian cyst, pelvic inflammatory diseases, salpingitis, endometriosis, ectopic pregnancy especially in the women of child bearing age.^{1,7} Non-gynaecological causes include meckels diverticulum, diverticulosis, adhesions, mesenteric adenitis. In all of these cases laparoscopy has high diagnostic value due to accurate localisation of appendics and other pathologies. Laparoscopic appendisectomy is relatively easy to perform and has less wound infection rate. Short hospital stay, reduced analgesic requirements, rapid post operative recovery, early return to normal and minimum scarring leads to maximum patient satisfaction.

Objective

Laparoscopic appendicectomy was introduced at Our Lady's Hospital, Navan in 2000. A retrospective study was conducted over a period of one year from July 2000 to July 2001. A total number of 85 patients underwent laparoscopy for pain in right lower quadrant over this period. The aim of the study was to analyse the rate of positive appendicectomies, the rate of negative appendicectomies, the rate of conversion to open appendicectomy, the rate of infection, the length of time for which pain killers were taken, the duration of post operative stay in the hospital, the length of time to return to normal acitivity, the patient's comments about the scar and the patient's recommendation of the procedure for others.

Methodology

We retrospectively studied all the patients admitted with Rt lower quadrant symptoms over a period of 12 months between July 2000 and July 2001. A total number of 85 patients underwent laparoscopy for acute appendicitis. Criteria for investigating the patient with Rt lower quadrant pain included clinical assessment and routine blood and urine studies. All specimens of appendices went for histopatological examination. Patients were contacted to get their views about the procedure and the scar.

Results

Table 1 - Results

1. Total number of Patients	85
Female	50
Male	35
2. Total number of Laparoscopies	85
3. Total number of Appendicectomies	69/85 = 81.85%
4. Total number of Laparoscopic Appendicectomies	66/69 = 95.65%
5. Total number of Open Appendicectomies (Conversion Rate)	3/69 = 4.50%
6. Total number of Positive Appendicitis	63/69 = 91.20%
7. Total number of Negative Appendicectomies	6/69 = 8.70%
8. Total number of Negative Laproscopies for Acute Appedicitis (false positive)	16/85 = 18.00%

Other diagnosis included gynaecological problems in 11 patients (rectus sheath haematoma in 1, carcinoid appendicitis in 1, hydronephrosis in 1, diverticular disease in 1, Crohn's disease in 1.

Post operatively the wound was infected in 5 [5.8%] patients and ooze from the wound was reported in 3 [3.5%] patients. Only 2 [2.3%] patients developed pelvic abscess. 1 [1.2%] patients complained of a painful scar and 1[1.2%] patients complained of urinary frequency. Post operatively the mean hospital stay was 3.2 days. However, patients stayed in the hospital for a minimum time of 1 day and a maximum time of 11 days [includes 3 converted into open]. Regarding post operative pain relief we included complaint of pain from early post operative period to the point when patient was totally pain free. The mean duration after which the patient was pain free was 8.5 days. However mean time for laparoscopic converted to open was 10.5 days. The mean time to start normal activities was 13.6 days for laparoscopic appendicectomies and 14.6 days for those who were converted into open appendicectomies. Post operative scar of the procedure is very important in this age of plastic surgery. To collect the views of patients regarding wound outcome, scar and satisfaction about 53 patients were contacted. A total of 47 [94%] patients had almost no scar. However, 3 [6%] patients said that they had only a moderate scar and only 3 [6%] patients had a very bad scar [inclusive of 3 converted into open].

As far as patient satisfaction is concerned, 40 [75%] of patients said the procedure was excellent, 9 [18%] rated it as good, 1 [1.9%] called it satisfactory and only 3 [5.3%] rated it as a very bad procedure [which includes the 3 converted to open]. Lastly, 48 [90.6%] out of 53 patients recommended the procedure for other patients but only 5[9%] did not recommend the procedure for others.

Conclusion

Thus our experience with laparoscopic appendicectomy is very encouraging. Laparoscopic surgery decreases the incidence of negative appendicectomies.^{2,6} In female patients it has added diagnostic value in the assessment of Rt lower quadrant pain¹. It decreases the rate of post operative infections,^{3,4,8} the duration of post operative hospital stay and the time to return to normal activity^{2,5,6} and gives excellent satisfaction to the patient with regard to cosmetic outcome. Our results with laparoscopic appendicectomy compare favourably with other reports in the literature⁹. Our study showed positive results and approximated international standards.

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Title

Tuberculosis of the Head and Neck

Authors

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Objective

Tuberculosis of the head and neck or scrofula has been called the ‘Great Masquerader’ and there have been recent reports that the incidence is on the increase. The aim of this paper is to present a series of cases with head and neck tuberculosis recently diagnosed at the Department of ENT / HNS at the Mid-Western Regional Hospital in Limerick.

Methodology

Retrospective chart review.

Results

Eight cases were diagnosed during the three years 1998 to 2001. There were four females and two males with an age range of 14 - 56 (mean 35) years. One patient had a past history of pulmonary tuberculosis. None of the patients were immunocompromised and there were no immigrants in the series. Six patients presented with a neck mass, two in the submandibular area and remainder in the posterior triangle or supraclavicular region. One of the cases with a submandibular mass presented with a discharging sinus. One patient presented with hoarseness, otalgia and odynophagia and was found to have a lesion involving the larynx. The remaining patient complained of a cheek swelling. A presumptive diagnosis of malignancy was considered in seven patients and actinomycosis in the eighth. Fine-needle aspiration cytology (FNAC) was inconclusive in all cases and diagnosis was made by excision biopsy. A successful outcome was achieved using antituberculous therapy.

Conclusions

Tuberculosis of the head and neck still occurs and can present in many different forms. Isolated infection without pulmonary manifestations are the more common presentation and it should be considered in any case of neck swelling. Surgical management is advised if the diagnosis cannot be made using FNAC or in cases that fail to respond to antituberculous therapy.

Title

Management of Sudden Sensorineural Hearing Loss: A National Survey

Authors

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Introduction

The management of Sudden Sensorineural Hearing loss is a controversial issue and there is no universally agreed protocol in its treatment.

Objective

The aim of this study was to ascertain the referral trends, treatment strategies, and outcome of treatment adopted by the Consultant Otorhinolaryngologists in this country.

Methodology

A postal questionnaire was sent to all 32 ENT Consultants in the Republic of Ireland, which achieved 22 responses (65.62%).

Result

It was estimated by 61.9% of the respondents that patients were generally referred within two weeks of the onset of symptoms and that 18.18% attended to patients within twenty four hours of the onset of sudden hearing loss.

All Consultants routinely performed full blood count and erythrocyte sedimentation rate. Fasting blood glucose was regularly ordered by 71% and a further 23% investigated fasting lipids and performed a syphilis screen. MR imaging to outrule an underlying vestibular schwannoma is performed by 52.63%.

Triple therapy with oral vasodilators, oral steroids and Carbogen inhalation was favoured by 42.85%. Oral steroids were recommended by all respondents and were the sole therapeutic modality utilised by 19.04%. An optimistic treatment outcome was expected by 95% when patients were seen within two weeks of the onset of hearing loss and considered probable by 44% if treated more than two weeks after the beginning of the symptoms.

Conclusion

The investigations and management protocol for sudden sensorineural hearing loss is not uniform which is consistent with the treatment strategies worldwide.

Presented

To the Royal Academy of Medicine in Ireland at Inchedoney, Co. Cork during April 2002 by Mr Ishteaque Ahmed.

Title

**Shoulder Hemiarthroplasty For Acute Fractures of Proximal Humerus:
Factors Influencing Outcome.**

Authors

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Introduction

The management of three or four-part fractures, of proximal humerus remains difficult. Controversy still persists concerning the preferred treatment of these fractures.

Objective

The aim of our study was to review the functional outcome and factors influencing the outcome after shoulder hemi arthroplasty in acute fractures of the proximal humerus.

Methodology

Retrospective review of a consecutive series of 23 patients with three / four part proximal humerus fractures, treated with shoulder hemiarthroplasty between 1999 and 2002. Nineteen patients (one bilateral) were available for the study. The mean follow-up period was 12 months. All fractures were classified according to Neer’s classification. Three cases were three part fractures, sixteen cases were Neer’s four part fractures and one case was fracture with posterior dislocation. Post operative pain, range of motion and function was evaluated using Visual analogue score, Pain scale and UCLA functional score. The average age was 64 years (range 50-85).

Results

At follow-up pain relief was satisfactory in 15 of 20 cases. Patient satisfaction was 75%. Functional evaluation was good / fair in 14 cases. One patient developed chronic inferior subluxation postoperatively. We have found that age (75 years +) at the time of surgery, securing of tuberosities to the implant and compliance with the postoperative rehabilitation program are significant factors affecting the outcome.

Conclusion

We recommend careful patient selection, proper positioning of patient during surgery, use of x-ray screening of the implant prior to cementing and meticulous surgical technique to achieve optimal results.

Presented

Accepted for presentation at Irish Orthopaedic Association Meeting in Galway in June 2003.

Title

Economic Analysis of Four-Layer Compression Bandaging for Venous Ulcers in a Randomized Clinical Trial

Authors

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Department of Epidemiology and Public Health, University College Cork ²
Department of Mathematics and Statistics, University of Limerick ³
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Introduction

The treatment of choice for venous leg ulcers is believed to be compression bandaging. Yet, conclusions from published studies which examined healing rates and cost effectiveness of treating venous leg ulcers with the four layer compression bandaging system (4LB) were varied and not definitive in the benefits of this treatment. The lack of sound evidence has led some budget-holders to question the wisdom of financing the relatively expensive 4LB package in Ireland.

Objective

The aim of this study was to compare the cost-effectiveness of 4LB with that of alternative dressings available for venous leg ulcers in a randomized controlled trial.

Methodology

This trial recruited patients with venous leg ulceration from April 1999 to August 2000, when the required sample of 200 patients was achieved. In this pragmatic trial, 200 patients with venous leg ulceration were randomized either to 4LB (intervention group; n=100) or to continue their usual system of care (control group; n=100). The follow-up for each patient was 12 weeks. Analysis was by intention to treat; the main outcome measures were time to healing and cost to the Health Board per leg healed.

Results

Baseline characteristics were well matched in the two groups. The Kaplan-Meier estimate of the healing rate at 3 months was 54% with 4LB and 34% in the control group. Leg ulcers treated with 4LB were 1.8 times (95% confidence interval (CI): 1.2,2.9) more likely to have healed by 3 months than those which had control treatments.

Throughout the 3 months, 4LB healed leg ulcers significantly earlier (log rank test p=0.006). Just over half of the ulcers in the trial healed within three months using 4LB, almost twice the rate observed for alternative dressings.

There was a significant reduction in the median cost per leg healed with 4LB (€210 vs €234 p=0.04). The median cost of dressing materials was higher in 4LB patients. Lower median nursing and travel expenses defrayed this extra cost when comparisons were made with findings for the control group.

Conclusion

The findings of this trial support the hypothesis that four layer compression bandaging is the most effective treatment for venous leg ulcers at no additional cost to the health service.

Presented

At the Ulster Surgical Club Meeting, Sylvester O'Halloran Post-Graduate and Medical Centre, Mid-Western Regional Hospital, Limerick on May 1st, 2003 by Ms. Mary Clarke Moloney.

Title

A Study of 100 Consecutive Patients: New Patient Admissions to a Specialist Palliative Care Unit

Authors

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Introduction and Rationale

Patients with advanced cancer often experience multiple symptoms (Dewys et al, 1980 and Reuben et al, 1988). These symptoms can significantly impair patients’ quality of life. In advanced cancer, when cure is no longer possible, symptom control and optimizing quality of life should be the aim (Donnelly and Walsh, 1995).

Objective

The aim of this prospective study was to determine if patients with cancer presenting to a Specialist Palliative Care Unit have multiple symptoms and their performance status (ECOG).

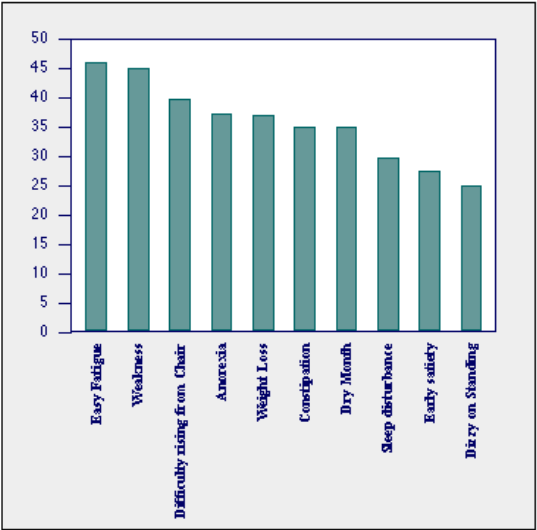
Methodology

100 consecutive patients’ admissions from July 2002 to January 2003 were assessed by the admitting doctor. 58 symptoms and patients’ age, gender, disease status, survival time and performance status were analysed.

Results

55 patients all had their symptoms recorded. The other patients were excluded because the charts were not available or symptoms were not elicited, not recorded or incorrectly recorded. 31 men and 24 women were included. The mean number of symptoms for the remaining 55 patients was 15 with a range of 5 to 29. The median was 14. The table shows the 10 most common symptoms, surprisingly these do not include pain.

Table 1: 10 Most Common Symptoms.



Recommendations

Education and regular meetings with the data collectors (i.e. doctors) might have improved data collection. Similarly, secretarial and Information Technology support from the planning stage of this study would have improved data collection.

Conclusion

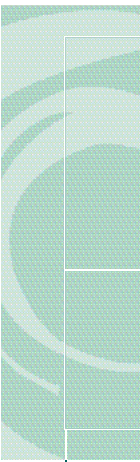
This study demonstrated that patients with cancer are polysymptomatic and that each symptom should be addressed clinically. This study emphasized the difficulties in performing studies in Palliative Care. Conscious of the limitations of this study, the ranking of symptoms differs markedly from other symptom studies with easy fatigue and weakness the most common. This supports the multidisciplinary input to pain control.

Presented

At the International Palliative Medicine Conference in Milford Care Centre, Limerick on May 10th, 2003 as a Poster Presentation.

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Available on request.



Title	The Schizophrenia DTNBP1 Gene: The Familial/Sporadic Divide Revisited
Authors	Morris, D.W., ¹ McGhee, K.A., ¹ Schwaiger, S., ¹ Scully, P., ² Quinn, J., ² Meagher, D., ³ Waddington, J.L., ² Gill, M., ¹ Corvin, A.P. ¹ Neuropsychiatric Genetics Group, Department of Genetics, Trinity College Dublin ¹ Department of Clinical Pharmacology, Royal College of Surgeons, Dublin ² Department of Adult Psychiatry, Mid-Western Regional Hospital, Limerick ³

Introduction and Rationale

A recent family-based association study identified a putative association between variants in the dystrobrevin binding protein 1 (dysbindin) gene (DTNBP1) and schizophrenia.

Methodology

This study used a sample of 270 Irish pedigrees multiply affected with schizophrenia. We attempted to replicate these findings in an independent Irish sample of 219 schizophrenia cases and 231 controls.

Results

No evidence was found to suggest an association between the DTNBP1 gene and schizophrenia in our sample.

Conclusion

Reasons for these findings are discussed, including the intriguing possibility that the DTNBP1 association may be specific to a familial subtype of schizophrenia identified in multiply affected pedigrees.

Title

A Multifaceted Intervention to Improve Adherence to Evidence-Based Prescribing Guidelines in an Adult Community Mental Health Service

Authors

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Introduction and Rationale

Everyday prescribing practices frequently deviate from evidence-based guidelines. Previous work compared prescribing in a community mental health service to evidence-based guidelines and identified factors related to sub-optimal prescribing. This study reports the impact of a multifaceted educational strategy on six key areas of psychotropic prescribing.

Methodology

A Prescribing Practice Quality (PPQ) score was generated from six key aspects of prescribing [polypharmacy, high-dose antipsychotic treatment, use of thioridazine / maintenance benzodiazepine / maintenance hypnotic / routine anticholinergic treatment] at initial assessment and one year later after the implementation of a multifaceted intervention to reduce suboptimal prescribing practices [education, consensus guidelines, regular reminders, provision of non-drug treatments, and service alteration to allow greater input of senior medical staff to prescribing decisions across the service].

Results

At baseline, 505 (79%) patients were receiving psychotropic medication. Mean Prescribing Practice Quality (PPQ) score was 0.75 ± 0.99 . PPQ score was higher in older patients ($p<0.01$), those receiving depot antipsychotic treatment ($p<0.01$), and those whose principal medical contacts were with junior doctor ($p<0.001$). At follow-up, mean PPQ score was 0.53 ± 0.90 . 259 patients were attending the service during both the initial and follow-up phase and were thus exposed to the prescribing intervention. In this population, PPQ scores had decreased by an average of 0.28 ± 0.83 . A greater reduction in PPQ score was evident in those patients whose principal medical contact was with the consultant compared with senior registrar or registrar ($P<0.01$).

Conclusion

The quality of prescribing in real world settings can be effectively improved with multifaceted interventions that target multiple aspects of service provision. Consultant-driven change is the key to improving practice.

Employers Attitudes to Employing People with Mental Health Issues

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Introduction and Rationale

A survey was commissioned by West Limerick Mental Health Association on employer attitudes to employing people with mental health issues. The survey has provided the impetus for the development of employment support services in the area.

Methodology

Fifty employers in the West Limerick area participated in the survey, the objective of which was to assess the necessity and feasibility of introducing a specific employment programme for people with mental health difficulties in the area. Many people in the area experience particular difficulties in accessing employment and the survey has provided relevant data for the commencement of a consultative process between West Limerick Mental Health Association, the Work Access-Supported Employment Programme based in Limerick, the Occupational Guidance Service and local employers. The consultative process included the local Mid-Western Health Board Mental Health Services at Churchtown Day Hospital.

Results

The key findings of the survey are outlined below:

- Employers were asked to describe their knowledge of mental health issues - 24% had a “poor” knowledge of mental health issues, 48% described their knowledge as fair, and 28% of employers said they had a “good” knowledge of mental health issues.
- Seventeen employers (34%) had previously employed an individual with mental health problems. While employers report the positive aspects of supporting someone in the workplace a number of employers did express difficulties related to productivity and had experience of other employees being unsupportive and unsympathetic.
- Twenty employers surveyed (44%) would consider employing someone with mental health difficulties, with almost all employers (96%) recognising the benefits of a supported employment programme. Notably, however, only 6 employers (12%) were aware of the existing supported employment programme funded through FÁS.

Conclusion

The findings of the survey highlight that while many employers have experience of working with people with mental health difficulties, and are willing to consider doing so in the future, there remains a significant need to increase employer awareness and understanding of mental illness and to ensure adequate support to employers and employees.

Presented

- The document was formally launched in Courtney Lodge Hotel, Newcastle West, Co. Limerick on November 29th, 2002 by Mr John Cregan, T.D.
- Also presented at Work Access (FÁS) Information Day in Macroom, Co.Cork during January 2003 by Ms. Rose McAuliffe.

Funding

The study was funded by West Limerick Resources Ltd. under the Limerick Social Capital Programme.

Title

Ischaemic Heart Disease, Deprivation and Smoking:
A Small Area Study in Tairawhiti

Authors

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Introduction

Ischaemic heart disease (IHD) inflicts an enormous burden on individuals, whanau (kinship networks), communities and the New Zealand Health Service. IHD is the leading cause of years of life lost (YLL) in NZ for both males (38,570 YLL) and females (25,526 YLL). In addition IHD is also a significant cause of years of life lost to disability (YLD) in NZ. It is the 7th leading cause of YLD in men (5,412 YLD), and the 8th leading cause in women (4,296 YLD). The burden of IHD in terms of hospitalisations is significant. In 1997 over 4% of day and inpatient hospitalisations were for the treatment of IHD.

This study sought to investigate the relationship between IHD, deprivation and smoking in Tairawhiti by gender and ethnicity.

Methodology

Hospital discharge data relating to residents in TeTairawhiti, for the financial years 1996-1999 citing ICD code 410-414 (Ischaemic Heart Disease), in any of the first five diagnosis columns, were accessed from the New Zealand Health Information Service. Age and gender standardised hospital discharge rates were calculated for both the Maori and NZ European / Pakeha ethnic groups (based on the total population for the district). Deprivation in this analysis was measured using an area-based measure called NZDep96, while data relating to current and former smoking status were obtained from the 1996 census.

Results

Maori male and female discharge rates are almost identical, at almost 7.5 per 1000, per year (7.48 and 7.47 respectively). However among the Pakeha population there is no such convergence, with male rates being over 60 percent higher than female rates. The Pakeha female rate is 5.97 per 1,000 per annum, while the Pakeha male rate is 9.75.

Area based (ecological) analysis was conducted to investigate the relationship between discharge rates citing IHD, current smoking rates, ‘ever smoked’ rates and deprivation. No significant relationship was observed between ‘ever smoked’ rates and hospital discharges citing IHD for any gender/ethnic group.

Stepwise multiple regression analysis revealed no significant predictive relationship between either deprivation or smoking rates and hospital discharge rates citing IHD, for either Pakeha males or females. However stepwise multiple regression analysis of the predictive relationship of deprivation and current smoking rates on Maori male and female hospital discharge rates identified deprivation as the sole significant predictor. Among Maori males, 22.8% of the variance in hospitalization rates citing IHD was predicted by NZDep96 raw scores, while among females this factor predicted 14.3% of the variance.

Conclusion & Recommendations

The relationship between deprivation and hospital discharges citing IHD for Maori, seems clear. However further analysis is required to determine significant predictors among the Pakeha population.

Published

Houghton, F. & Duncan, B. (2003) “Ischaemic heart disease, deprivation and smoking: a small area study of Te Tairawhiti”, *New Zealand Medical Journal*, 116 (1169): U337

Introduction

It is widely acknowledged that both adults and children in lower socio-economic groups are at an increased risk from communicable infectious diseases, particularly respiratory infections. An examination of respiratory infections can therefore provide a valuable, albeit crude, measure of deprivation related illness in an area, and among population sub-groups. In addition, respiratory illnesses can provide an indication of the negative consequences of smoking, which is in turn influenced by socio-economic position. The importance of respiratory diseases ought not to be underestimated, as they represent 6.1 percent of all public hospital day and inpatient discharges in New Zealand. Thus they constitute almost as many discharges as those caused by cancer (6.6 percent), and the same proportion as all neuropsychiatric conditions. The relative risk among Maori and Pacific Islands People of being hospitalised for a respiratory disease is substantially higher than for Pakeha.

Respiratory diseases are of vital importance in Tairawhiti, because of their association with both deprivation and smoking. It should be remembered that Gisborne District had the highest smoking rate of any territorial local authority in the 1996 census, as well as being a severely economically deprived area.

This study sought to investigate the relationship between respiratory disease, deprivation and smoking in Tairawhiti by gender and ethnicity.

Methodology

Hospital discharge data relating to residents in Tairawhiti for the financial years 1996-1999 citing ICD codes 460-519 (Diseases of the Respiratory System) in any of the first five diagnosis columns were accessed from the New Zealand Health Information Service. Age and gender standardized hospital discharge rates were calculated for both the Maori and NZ European / Pakeha ethnic groups (based on the total district population). Deprivation in this analysis was measured using an area-based measure called NZDep96, while data relating to current and former smoking status were obtained from the 1996 census.

Results

Results indicate a substantially higher rate of hospital discharges citing respiratory disease among Maori. Pakeha rates for both genders were approximately 30 per 1000, per year (male - 31.42, female - 30.65). However Maori male rates were roughly 50 percent higher (46.31), while Maori female rates almost double (57.82).

Area based (ecological) analysis of the region's 22 Census Area Units highlighted the importance of deprivation and respiratory illness in Tairawhiti. Stepwise multiple regression analysis (using both current group smoking rates and NZDep96 raw scores as potential predictors) revealed that for Maori of both genders, deprivation was the only significant predictor of hospital discharge rates citing respiratory disease. Among Maori males NZDep96 raw scores predicted 22.7% of the variance in hospitalization rates for respiratory illness, while it predicted 32.9% of the variation among Maori females.

However, among Pakeha females current smoking rate was the only significant predictor of hospital discharge rates citing respiratory disease (predicting 70.3% of the variance). Among Pakeha males deprivation was the most significant predictor of hospital discharge rates citing respiratory disease (predicting 35.6% of the variance).

Conclusion

These finding suggest that attention needs to focus on alleviating poverty to improve respiratory health in Te Tairāwhiti.

Published

Houghton, F. & Duncan, B. (2003) “Respiratory illness, deprivation and smoking: a small area study of Te Tairāwhiti”, *New Zealand Medical Journal*, 116 (1168): U313

Title

Asthma, Deprivation and Smoking: A Small Area Study in Tairāwhiti

Authors

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Introduction

The increasing prevalence of asthma in developed countries has led many commentators to use the term ‘epidemic’ to describe the phenomenon. New Zealand cannot afford to be complacent on this issue, as it has one of the world’s highest rates of asthma, second only to the UK. It is estimated that over 550,000 people in NZ suffer from asthma. Asthma also has a substantial impact on the health services. Asthma is the leading reason for visiting a GP, and in 1997 10,539 New Zealanders were hospitalised for asthma. It has also been estimated that in 1996 134 people died from asthma in NZ.

Asthma is a particularly important issue in Tairāwhiti for three reasons. Firstly, asthma is more common among Maori than Pakeha. As 46.2% of the population of Tairāwhiti are Maori, compared with only 14.7% nationally, asthma is of added importance to the region. Poverty is the second reason why asthma is of particular concern in Tairāwhiti, as the area is severely economically disadvantaged. Recent research has clearly identified a relationship between deprivation and asthma rates. High rates of smoking in Tairāwhiti are the third reason why asthma is such an important issue in the area.

This study sought to investigate the relationship between asthma, deprivation and smoking in Tairāwhiti by gender and ethnicity.

Methodology

Discharge data for the financial years 1996-1999 citing asthma (ICD code 493) in any of the first five diagnosis columns, relating to residents of Tairāwhiti, were accessed from the New Zealand Health Information Service. Age and gender standardised hospital discharge rates were calculated for both the Maori and Pakeha / NZ European ethnic groups (based on the total district population). Deprivation in this analysis was measured using an area-based measure called NZDep96, while data relating to current and former smoking status were obtained from the 1996 census.

Results

Results show two clear patterns of hospital discharge rates. First, females have a substantially higher discharge rate than males. Second, Maori have a discharge rate clearly elevated over Pakeha. The standardized discharge rates were 9.14 among Pakeha males, 13.47 among Maori males, 12.29 among Pakeha females and 21.18 among Maori Females (per 1,000 per annum).

Area based (ecological) analysis showed significant relationships between discharge rates citing asthma and current smoking rates, as well as between discharge rates and deprivation (using NZDep96 raw scores). Stepwise multiple regression analysis using these variables indicated that deprivation was the sole significant predictor of hospital discharge rates for Pakeha males and Maori of both genders (predicting between 25% and 33% of the variance in current smoking rates). For Pakeha females however, current smoking rate was found to be the only significant predictor of hospital discharge rates citing asthma (predicting 63% of the variance).

Conclusion

Combating smoking remains an important priority. However these findings suggest that attention also needs to focus on alleviating poverty to improve asthma health in Tairāwhiti.

Published

Houghton, F. & Duncan, B. (2002) “Asthma, deprivation and smoking: a small area study of Te Tairāwhiti”, *New Zealand Medical Journal*, 115 (1167): U281

Title

Diabetes and Deprivation: A Small Area Study in Tairāwhiti

Authors

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Introduction

Diabetes is a disease that can disable, maim and kill. The impact on individuals and their whānau (kinship network) should never be underestimated. Diabetes is the ninth leading cause of Years of Life Lost (YLL) in NZ (accounting for over 6,500 YLL in 1996). Of more concern however from both a financial and quality of life perspective, is the impact of diabetes on Years of Life Disabled (YLD). In 1996 diabetes was the third and fourth leading cause of YLD among males and females respectively in NZ accounting for a total of 14,684 YLD.

The impact of type II (NIDDM) diabetes has been described as reaching epidemic proportions throughout the world. It has been suggested that the burden of “*diabetes mellitus is becoming unsustainable*”. This international trend has not left NZ untouched, and disquiet over the prevalence of diabetes here is long standing. Current concerns over the threat of NIDDM have been fuelled by the increasing prevalence of obesity in NZ.

Although diabetes is recognized as a major public health problem in NZ, it is an issue of particular importance in Tairāwhiti given the increased risk among groups such as older Europeans and Māori, and its association with deprivation. Poverty related issues associated with diabetes also include factors such as treatment and diagnostic costs, as well as increased dietary costs.

This study sought to investigate the relationship between NIDDM and deprivation in Tairāwhiti by ethnicity.

Methodology

Discharge data for the financial years 1996-1999 citing diabetes mellitus (ICD code 250) in any of the first five diagnosis columns, relating to residents of Tairāwhiti, were accessed from the New Zealand Health Information Service. Age standardised hospital discharge rates were calculated for both the Māori and Pakeha / NZ European ethnic groups (based on the total district population). Deprivation in this analysis was measured using the raw values of an area-based measure called NZDep96.

Results

Analysis revealed that Māori hospital discharge rates citing diabetes are substantially higher than those for the Pakeha population. The age standardised hospital discharge rates citing diabetes per 1000, per year, among Pakeha was 8.63, while among Māori the rate was 23.70. Area based (ecological) analysis of the 22 Census Area Units in Tairāwhiti revealed a significant relationship between deprivation and the Pakeha discharge rate for Diabetes Mellitus ($r = .432$, $P < .05$). Surprisingly however no such significant relationship was found for Māori.

Conclusion & Recommendations

It is important to note that under-diagnosis of diabetes is a significant and variable problem, and that hospital discharge summaries universally under-record diabetes. This analysis highlights the need for significant further work. Future initiatives should establish alliances with primary care providers to examine and tackle this issue.

Published

Houghton, F. & Duncan, B. (2003) “Diabetes and deprivation: a small area study of Te Tairāwhiti”, *New Zealand Medical Journal*, 116 (1170): U371

Title

**Determining factors influencing Traveller Men to access or avail of Health Services:
An Exploratory Study.**

Authors

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Introduction

Travellers are an ethnic minority in Irish society with their own value systems, customs, language and traditions. Their traditional nomadism combined with social, economic and environmental deprivation has historically created deficits in their health status, resulting in higher rates of illness, infant mortality, and difficulties accessing and availing of health service provision. Traveller men live approximately 10 years less than their settled counterparts and only 1.5% of the total Traveller population are aged over 65 years.

Rationale

The purpose of this exploratory study was to investigate determining factors influencing Traveller men to access or avail of health services.

Methodology

The study was situated within the qualitative paradigm. Data was collected using focus groups and one to one semi-structured interviews with Traveller men. Raw data was analysed using thematic analysis.

A number of themes, which were particularly salient to the findings of the study, were identified. These were: life expectancy and perceptions of health; accommodation as a barrier to accessing health services; discrimination as a barrier to accessing health services; lifestyle behaviour and other barriers which exist within the health services.

Findings

The findings of this study highlight that Travellers experience many adverse life circumstances, which ultimately impinge on their health status. While it is acknowledged that Travellers have not enjoyed an equitable outcome from the current health service provision, it is recognised that achieving improvements in Traveller men’s health status is not solely dependant on the provision of health services, owing to the effects of the multi-factoral determinants of health.

Recommendations

Recommendations for overcoming some of these barriers are put forward. These include: the promotion of multi-sectoral liaison and partnerships which address the broader determinants of health; the provision of culture awareness and literacy awareness training for health service personnel; the adoption of a community development approach to Traveller men’s health while exploring the feasibility of replicating a peer-led Primary Health Care Programme; the development of culturally appropriate health education materials for Travellers in the areas of mental health, entitlements and appropriate use of medication.

Conclusions

On a macro level, political will, multi-sectoral liaison and partnerships are essential to provide supportive healthy public policy which address the broader determinants of health. The development of a national system to identify Travellers on health records is crucial, as baseline data on Traveller health status is required, against which progress can be measured, monitored and evaluated.

Multi-sectoral innovative intervention is also required at micro level, if improvements in Traveller men's health status are to be achieved. Local initiatives are an important part of the process of changing attitudes and behaviours, and contribute to the overall success of national strategies. A community development approach to Traveller men's health is an essential component of addressing health inequalities. Such an approach would facilitate the involvement of Traveller men and lead towards their empowerment and effective engagement in improving equality in health within the context of social, economic and human development.

The analysis of the current lifestyle behaviour of Traveller men has special relevance to the development of any future policy development or health promotion initiatives targeted at this population group. A number of suggestions for further research are recommended such as the use/abuse of illicit drugs amongst Travellers, a national Traveller men's health study, Travellers and mental health, and compliance with the medication amongst Travellers.

Title

Traveller Health: A Research Project to Develop an Action Plan for the Mid-Western Health Board

Authors

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Introduction

Research has shown that Travellers do not share similar health status to the settled population. The 1996 Population Census showed that only 1.3% of Travellers were over 65 years compared to 11.4% of the general population while 75% of the Traveller population was aged under 25 years. This compares to an age pyramid of a developing country. Other alarming statistics of note include:

- Traveller men live on average 10 years less than settled men;
- Traveller women live on average 12 years less than settled women;
- Infant mortality rate is 18.1 per 1000 live births compared to 7.4 per 1000 live births in the settled population;
- The still birth rate in the Travelling Community is twice the national average;
- The Sudden Infant Death rate is 12 times the national average.

Thus, Travellers are now only reaching the life expectancy that settled Irish people reached in the 1940s.

The importance of improving the health status of Travellers in Ireland has been placed high on the government’s agenda with the recent publication by the Department of Health and Children of ‘Traveller Health - A National Strategy 2002-2005’. While past government policy has advocated assimilation of Travellers into the settled community, this resulted in a culturally inappropriate health service to meet the substantial health needs of Travellers. The new national strategy provides a new approach to dealing with Traveller health which is based on a community development approach which aims to empower Travellers to look after their health.

Objective

The key strategic objective of the Mid-Western Health Board’s Action Plan is to improve the health and social gain of Travellers in the Mid-West region comparable to that of the general population.

Methodology

The Action Plan was based on a consultative process which took place over a period of six months (July-December 2002). The following three key groups were consulted for their perspectives:

i) Travellers and local Traveller Organisations

The Traveller Groups consisted of both men’s and women’s groups which varied in size from 3-16. Consultation took place via group sessions which were jointly facilitated by the local Community Development Worker and the Research Officer both of the Mid-Western Health Board. Ten Traveller Groups were consulted in each of the three main geographical areas of the Mid-Western Health Board region. One-to-one interviews were also conducted with managers, facilitators and co-ordinators of local Travellers groups.

ii) Service providers in the Mid-Western Health Board

Service providers were consulted across the disciplines and these were either nominated by their head of discipline or volunteered to offer some of their time to discuss their experiences of providing services to Travellers. Fifty service providers in the Mid-Western Health Board (MWHB) who deliver services to Travellers were consulted individually or within a group.

iii) Services providers employed by agencies external to the Mid-Western Health Board

Eight service providers employed by agencies external to the health board who deliver services to Travellers were also consulted. These agencies included Limerick County Council, Limerick County VEC, two Senior Training Centres for Travellers, the Visiting Teacher for Travellers Service and a Women's Refuge.

Findings

Research showed that many successful initiatives had been developed since the Traveller Health Unit of the Mid-Western Health Board was established in 1998. Thus, the Mid-West Regional Action Plan for Traveller Health builds on these initiatives and is focused on four main areas that have proved to be beneficial in helping to meet the health needs of Travellers:

i) Complementary health services

This includes a special annual Triage Clinic in Rathkeale, Co. Limerick during the Christmas season to complement local General Practitioner services. As this has proved so successful over the last few years this will continue to form part of the Mid-West's Action Plan for Traveller Health. Rathkeale is an area that has the highest number of Travellers in the region with many more relatives visiting the town during the Christmas period.

ii) Appointment of designated workers

Three Community Development Workers have been appointed for each of the three catchment areas in the Mid-Western Health Board region to assist Travellers in identifying their health needs and developing responses to meet them.

Additionally there will be four designated Public Health Nurses for Travellers and one Family Support Worker for Travellers employed by the Mid-Western Health Board. The appointment of specially designated Public Health Nurses is in response to a recommendation contained in the National Traveller Health Strategy.

iii) Peer-led Initiatives

As noted in the introduction, the National Traveller Health Strategy promotes a community development approach to improving Traveller Health. To incorporate this into practice a permanent role has been developed for peer-led service provision. Training for Traveller women to deliver health services to their community has been established through the development of Primary Health Care Programmes in Limerick City and Roscrea, Co. Tipperary. Pre-development training has also been developed in areas where Primary Health Care Programmes have not yet been developed.

iv) Traveller Cultural Awareness and Sensitivity In-Service Training Programme

The Action Plan will continue to deliver a Traveller Cultural Awareness and Sensitivity Training Programme for all front-line staff delivering health services. A core group of Traveller women form part of the team who deliver training to the region.

Recommendations

While much has already been accomplished by the Traveller Health Unit in the past few years as noted in the on-going initiatives above, research demonstrated that further initiatives were needed in the following areas:

- the need for the development of local, county and regional Traveller Networks to enable informed and meaningful participation at Traveller Health Unit meetings;
- the need to develop accurate data collection methods around Travellers which would be greatly assisted by an ethnic identifier on medical records;
- the need for the development of a Dental health promotion initiative in line with National Traveller Health Strategy recommendations;
- further development of the Training for Trainers Programme in the areas of Violence Against Women and Alcohol/Substance Abuse for trainers working with Travellers;

- the need to develop a module for the Training of Trainers Programme on the appropriate use of health services by Travellers;
- the need to develop an information programme regarding Travellers accessing Mental Health Services;
- the need to develop links with Childcare services;
- the need to enhance inter-agency collaboration around issues such as accommodation, discrimination and illiteracy which impinge on Traveller Health.

Conclusions

Many improvements in Traveller Health have taken place since the Traveller Health Unit was established in 1998 especially regarding raising awareness around Traveller Health issues. The Mid-West region has met with success largely due to developing initiatives in successful partnership with Travellers and Traveller Organisations.

Finally, when considering Traveller health other complex determinants of health need to be considered which are currently outside the remit of the Mid-Western Health Board. Such factors include Traveller accommodation, literacy skills and discrimination which all need addressing through enhanced inter-agency collaboration especially as the National Traveller Health Strategy acknowledges the impact of these factors on Traveller health status.

Presented

At Traveller Health Unit Meeting in Glenbevan House, Limerick on March 6th, 2003 by Dr. Caroline Healy.

Title

Traveller Children: Speech & Language Therapy Service Delivery

Authors

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Introduction and Rationale

This thesis sets out to assess how existing Community Care Speech and Language Therapy Services in Co. Meath relate to the needs of Traveller children and to identify barriers to gaining access to this specific health service. It focuses on the speech and language abilities of four and five year old Traveller children, their parents understanding of speech and language development and their perception and utilisation of the health service available to them.

It commences with a discussion on Travellers in Ireland: their historical background, demographic profile and their lifestyle and culture. Speech and language therapy is defined and the provision of this service in Ireland, and more specifically in Co. Meath, described.

In the literature review the link between need, demand and supply is considered. Similarities of health needs and developments in service provision to other ethnic minority groups is explored through a review of the international literature. A description of significant developments since the Report of the Task Force on the Travelling Community in 1995 follows.

Methodology

The research methodology is described including the context and limitations of the research. In order to gain an understanding of service provider’s perspective on speech and language therapy service provision to Travellers, a small sample of key personnel from the Health Board, local authority and schools were interviewed. The viewpoints of Traveller women on the importance of speech and language development and the service available to their children were also obtained. The results obtained from the speech and language therapy assessments of the sixteen Traveller children in the study clearly indicated that a significantly high proportion of them required intervention. The majority of parents’ perceptions of their child’s speech and language abilities were unrealistic.

Furthermore, half of those who had been referred to the speech and language therapy service were dissatisfied with it. Suggestions made by service providers, parents and Traveller women on ways of improving the speech and language therapy service to meet the needs and acknowledge the cultural diversity of Travellers were recorded.

Observations to be drawn from the interviews such as the lack of information held by parents and service providers on speech and language, its link with educational achievement and the importance of developing a database on Traveller children is then discussed in the light of previous literature.

Conclusion and Recommendations

The implications of all of this, for both policy-makers and service providers, specifically Speech and Language Therapists is then considered. It is of fundamental importance that the speech and language therapy service develops a more proactive rather than reactive approach to service delivery. An understanding and acknowledgement of cultural diversity through education should inform all policy, service planning and practice in relation to Travellers. The recognition of Travellers as members of an ethnic minority group should gradually lead to culturally appropriate provision of speech and language therapy services to Traveller children in Co. Meath.

Presented

At Irish Association of Speech and Language Therapists Annual Conference at Tallaght Hospital in the autumn of 1999 by Ms. Paula Cregg.

Title

An Evaluation of an Intervention to Improve Attendance Rates for Cancer Screening in the Irish Cervical Screening Programme (ICSP).

Authors

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Introduction and Rationale

Cervical cancer is one of the most preventable cancers and in 90% of cases can easily be identified and treated in its early stages in a simple outpatient procedure. Despite technological advances in its detection and treatment, over 100 women die in Ireland each year from this disease. There is substantial evidence that mortality from cervical cancer can be reduced by screening and that reductions in incidence and mortality seem to be proportional to the intensity of the screening efforts. The Irish Cervical Screening Programme (ICSP) was set up recently in the Mid-Western Health Board area (funded by the Department of Health) with the intention of becoming a nationwide initiative. Early studies on the predictors of the uptake of cervical screening focused on sociodemographic and physical factors as the main potential predictors.

More recent research has taken a broader view, examining potential biopsychosocial factors that may contribute to the poor uptake of screening services within frameworks such as the Theory of Planned Behaviour (Fishbein and Ajzen, 1975). The main problem for researchers has been to bridge the gap in our understanding of the processes that occur between the intention to attend for a smear test, and actually attending (e.g. Gollwitzer’s 1993 implementation intentions).

Objectives

The present research examined the physical and psychological factors that predict attendance for cervical screening, using the framework of the Theory of Planned Behaviour (TPB), in a sample of over 1,000 women aged between 25 and 60 years. The study evaluated the effectiveness of an intervention that encourages women to form implementation intentions as a mechanism to increase uptake rates.

Methodology

Participants were randomly selected (N = 3,000) from the Irish Cervical Screening (ICSP) database of all women aged between 25 and 60 in the Mid-Western Health Board region. Selected participants were sent the study questionnaire and a letter inviting them to attend for a free cervical smear test. Attendance was measured by computerised records sent from the cytology laboratories. Half of the sample was asked to specify the details of their attendance (i.e. form implementation intentions) in their questionnaires.

Results

The response rate to the questionnaire was 41%. Results show that overall uptake of the free smear test invitation was poor within 3 months of receiving the invitation (17%). The results demonstrated that a number of factors influence women’s intention to attend for a smear test, including their attitudes and potential feelings of regret about not attending. The intervention was effective, with women who formed implementation intentions significantly more likely to attend for a smear than those who did not (32% vs 25%) ($\chi^2 = 5.77$, $df = 1$, $p < 0.02$).

Recommendations

These factors should be taken into consideration in the review of the ICSP and slight changes in procedure may improve the uptake rates in the national rollout of the programme.

Conclusion

The results of this study demonstrate that a simple intervention was highly effective in increasing attendance for a smear test and has implications for the national rollout of the ICSP.

Presented

- At the European Health Psychology Conference in Lisbon, Portugal in October 2002 by Dr. Jane Walsh
- At the Psychological Society of Ireland Annual Conference in Waterford in November 2002 by Dr. Jane Walsh
- At the All Ireland Social Medicine Conference in Newcastle, Co. Down in April 2003 by Dr. Jane Walsh

Funding

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Anticoagulation of Patients with Atrial Fibrillation: Audit in a Rural General Practice

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Introduction

Atrial fibrillation affects an estimated (2-4%) of the population over sixty years of age. Incidence increases with age. The prevalence rises to about (11%) in those over seventy-five.

Objectives

This study involves an audit of the anticoagulation protocol being used to treat patients with atrial fibrillation in a General Practice in Ennistymon Co. Clare.

Methodology

Firstly, a comprehensive review of literature was done to see what the generally accepted criteria were for commencing patients with atrial fibrillation on anticoagulation therapy.

The next step involved identifying the number of patients in the practice with atrial fibrillation. These patients were then to be categorised into either low, moderate or high-risk groups for thromboembolic stroke.

It was then planned to see how many of the patients were on Warfarin, aspirin or neither and whether their treatment was appropriate.

Then it would be attempted to commence those patients who fitted the criteria for treatment on warfarin and aspirin.

Data Collection

To identify the patients in the practice with atrial fibrillation a search was done on the computer database of patient records. A new file was then created in G.P. Clinical, allowing patients to be categorised into low risk, moderate risk or high risk for thromboembolic stroke.

Results

19 patients were documented as having atrial fibrillation in this Practice as follows:

- 11 were male (58%) and 8 were female (42%).
- 3 patients (16%) were below the age of sixty-five.
- 2 of these 3 patients suffered from cardiomyopathy and the third suffered from valvular disease secondary to rheumatic heart disease.
- All 3 were being followed by cardiology services and were on warfarin.
- 15 (79%) of the patients fitted into the high risk group.
- 4 (21%) fitted into the moderate risk group and none of the patients could be documented as being of low risk for thromboembolic stroke.
- 4 (21%) of the total group were already on warfarin. (This included the group just mentioned above. All were in high risk group).
- 10 (53%) of the total group were already on aspirin.

Thus, (27%) of the high risk group were on warfarin therapy.

- 9 (60%) of the high risk group were on aspirin therapy.
- 2 (13%) of the high risk group were not on either warfarin or aspirin.

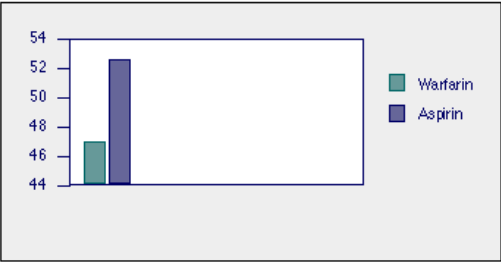
Each of the patients was contacted either opportunistically or by telephone to discuss their current treatment and where appropriate to try and implement change.

Three of the high-risk group had contraindications to starting warfarin therapy. It was decided that these patients should stay on aspirin.

One of the high-risk group had been hospitalised over a long period of time due to ill health. It was not possible to assess him or implement any change in his treatment.

Since the assessment of this group of patients there are now 7 (47%) of the high-risk group on warfarin therapy which is an increase of three. The remaining 8 (53%) are on aspirin therapy which is a reduction of three. The moderate risk group were treated on an individual patient basis and are all on aspirin treatment.

Table 1: On Implementing Change



Conclusion

Implementing change in order to make improvement in care for patients is easier said than done.

In the practice audited a machine had recently been purchased where one can check the INR using a capillary blood sample. In theory this major advance should make the process of checking INRs very simple. However it is not without its problems. The cost of the test strips is almost five euros each. The GMS do not cover these. Hence it was necessary to pass on the cost of these to the patients. This resulted in some patients opting for the traditional method of a venous blood sample. It is interesting that even though more sophisticated technology is now readily available in General Practice that theoretically makes life much easier, there are many problems associated with using it.

In the practice where this project was done there now exists a protocol for treating patients with atrial fibrillation. Patients that are coded for atrial fibrillation will now be monitored regularly to assess whether they meet the correct criteria for a particular risk group regarding thromboembolic stroke. A review of this group of patients should be done annually to ensure that the patients are getting the optimum treatment for their particular risk of thromboembolic stroke.

Presented

At Meeting of the Mid-West Specialist in General Practice Programme at University of Limerick in December 2002 by Dr. Micheal Lynch.

References

Available on request.

General Practitioner's Knowledge of Drug Use in Sport

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Introduction

The use of prohibited substances in sport is a universal and widely publicised problem. Athletes deliberately taking performance enhancing drugs face severe penalties. However, a problem facing athletes is the inadvertent prescribing by medical practitioners of substances which are banned in their respective sports disciplines. This study was undertaken with a view to establishing the prescribing practices of General Practitioners in the management of their athlete patients. This study also sought to examine what factors influence the GP and their prescribing patterns.

Methodology

A questionnaire comprising ten questions was distributed among one hundred and eighty seven General Practitioners in the Mid-Western Health Board region. This questionnaire assessed the GPs knowledge of the list of prohibited and permitted substances and examined any possible contributing factors, such as age, sex, personal participation in sports, presence of elite athletes on panel and further training in sports medicine.

Results

One hundred GPs responded. Seventy-one percent (71%) of GPs who personally participate in competitive sports had a good awareness of the list of prohibited substances, compared to forty seven percent (47%) of those who do not participate in sports. Sixty-two percent (62%) of GPs who have elite athletes on their panel have a good knowledge of the banned list, compared to thirty percent (30%) of those who have no such athletes. Seventy-five percent (75%) of GPs who have higher training in sports medicine have a greater awareness of the list of prohibited substances, compared to forty-six percent (46%) of GPs who have no further training.

Conclusion

General Practitioners in the Mid-West have a good knowledge and understanding of the prescribing guidelines for athletes involved in competitive sports. Factors contributing to a higher awareness were higher training in the field of sports medicine, personal participation in competitive sports and also the presence of provincial and/or international level athletes on their panel.

Presented

At Meeting of the Mid-West Specialist in General Practice Programme at University of Limerick in December 2002 by Dr. Ruth Leslie.

A Survey of Antenatal Knowledge and Attitudes on Breastfeeding

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Introduction

Breast milk is an ideal source of nutrition for babies. It is valuable for their growth and development. It is readily absorbed and protects against numerous infections, allergies, asthma, obesity and gastrointestinal illness. Breastmilk contributes to motor and intellectual development, helps bonding and exclusive breastfeeding for 6 months is said to reduce risk of diabetes mellitus. There are also benefits for the mother with a reduced risk of pre-menopausal breast and ovarian cancer. It helps mother to return to normal weight more rapidly and it is economical and convenient. The uptake of breastfeeding however has been poor and in a study done in the Mid-Western Health Board (MWHB) in 1997, only 34.2% initiated breastfeeding and this fell to 25.7% at 2 weeks, 21.8% at 6 weeks and 12.7% at 4 months. The Baby Friendly Hospital Initiative (BFHI) was introduced in the MWHB in 2000 with the aim of promoting breastfeeding and is currently in progress.

Objective

The aim of this study was to explore a group of antenatal mothers' knowledge and attitudes on breastfeeding.

Methodology

This is a prospective study. An anonymous questionnaire was handed out at random to 40 pregnant women at antenatal clinics at St. Munchin's Maternity Hospital in Limerick City. It consisted of a set of questions which inquired about age of mother, intention to breastfeed, sources of advice on breastfeeding, knowledge of any benefits for baby as well as mother, reasons given for not planning to breastfeed and for those considering to do so, how long they planned to breastfeed for.

Results

The patients ranged in age from 16yrs to 42yrs. It was established that only 35% planned to breastfeed, the number increasing with increasing age as in other studies. The main sources of advice were from antenatal classes (55%), antenatal clinic (45%), Public Health Nurse (40%), family and friends (30%) and books and leaflets (30%). Only 5% stated that they had received advice from their GP and 5% from their Obstetrician. 75% knew of benefits for the baby which included better nutrition, bonding, protection from infection, convenience and cost effectiveness. 65% knew of benefits for mother including bonding and getting back to shape faster. The main reason given not to breastfeed was commitment and being tied down. Others were embarrassment in public, nipple soreness and one antenatal mother from the 16-20yr age group said it was old-fashioned. Of those planning to breastfeed most planned to do so for less than 1 month.

Conclusion

Breastfeeding knowledge was found to be vague in this study and only 35% planned to breastfeed. There is however a bias in the survey in that it is based in a public patient setting and it does not take into account the stage of gestation or whether the mother is from a rural or an urban area. The numbers are also small. The BFHI only began in October 2000 and a study is currently in progress to see if it improves breastfeeding rates. According to La Leche League, breastfeeding is a learnt skill and encouraging antenatal mothers to attend breastfeeding classes could increase interest. An article in the Irish Medical Journal, 1998, Volume 91, Number 3 suggested that promotion in schools may be beneficial to reach young people before they initiate pregnancies. General Practice is also an ideal setting to promote

breastfeeding. With time the BFHI and the breastfeeding training programmes provided for all health care staff may help the situation and promote breastfeeding to the high level it deserves.

Presented

At Meeting of the Mid-West Specialist in General Practice Programme at University of Limerick in December 2002 by Dr. Marguerite Madigan.

Introduction

With advances in medicine Irish people are living longer. However, an increasing proportion are spending their latter years suffering from a variety of conditions, some of which are directly related to lifestyle.

Smoking is the greatest preventable cause of death in Ireland. Approximately 31% of the Irish population smoke. In the EU, Ireland's alcohol consumption ranks second only to Luxemburg. It is estimated that alcohol related problems cost Irish society approximately €2.4 billion per year. Recreational drug use is on the increase.

The aim of this study is to ascertain if participation in exercise has a positive influence on these lifestyle habits.

Methodology

A qualitative questionnaire was carried out in an urban General Practice over a two-week period. Patients between the ages of eighteen and thirty were asked to complete the questionnaire.

Results

- 65 people in total completed the questionnaire.
- There were 28 males and 37 females.
- 40 people (62%) exercised.

Smoking

- 42% of males and 33% of females who exercised smoked. In comparison, 77% of males and 62% of females who didn't exercise smoked.
- 37% of males and 14% of females claimed to have decreased or stopped smoking secondary to their participation in regular exercise.

Alcohol Consumption

- An equal number of males in both groups consumed alcohol on a weekly basis (89%). However 38% in the non-exercising group exceeded the weekly sensible intake compared to 6% in the exercising group.
- In the female group, 67% in the exercising group compared to 87% in the non-exercising group consumed alcohol with 7% exceeding the weekly sensible intake compared to none in the exercising group.
- 47% of males and 14% of females claimed to have reduced or stopped their alcohol consumption secondary to their exercise participation.

Recreational Drugs

- 50% of males had taken recreational drugs (50% within the last year) compared to 8% of females.
- 58% of exercising males compared to 33% of non-exercising males had taken recreational drugs.
- 21% of females compared to 6% of non-exercising females had taken recreational drugs.
- 18% of males and no females claimed to have reduced or stopped using them secondary to their participation in exercise.

Conclusion

In addition to the benefits exercise itself bestows, it is clear that participation in exercise also has a positive influence on an individual's smoking habits and level of alcohol consumption. It also results in a percentage of people reducing their recreational drug use.

The rates of those engaged in regular exercise declines markedly with age, and there is little hope of re-adoption of exercise in later life.

Recommendations

For this reason we must consider our promotion of exercise in the school-going years.

With investment in this area we could hopefully prevent many health problems in later life.

Presented

At Meeting of the Mid-West Specialist in General Practice Programme at University of Limerick in December 2002 by Dr. Maria Quille.

Disability Services

Title

Survey into Respite Services to Persons with Physical & Sensory Disabilities in North Tipperary

Authors

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Introduction

Respite care has long been seen as a priority need for persons with physical and sensory disabilities. In its report, *Towards an Independent Future*, published in December 1996, the Review Group on Health and Personal Social Services for People with Physical and Sensory Disabilities recognises that “*residential respite care, by providing emergency and planned breaks for families and those caring for people with disabilities, is a vital support towards maintaining people with disabilities in their home and that the availability of regular respite can reduce the number of people seeking long-term residential care.*”

Similarly, in *Promoting Independent Living* (adopted by the Mid-Western Health Board in 1999), the Working Party on Services to the Young Chronic Sick in the Mid-West recommended the development of a number of purpose built respite units in each of the Health Board’s community care areas. The proposed developments would encompass six-bed respite facilities that would enable persons with physical and sensory disabilities to avail of a holiday while also having all their physical needs catered for. The Respite facility would provide a holiday break for the client in a community setting; an opportunity to avail of community-based facilities, an opportunity for socialisation and an opportunity to live away from home in an environment which fosters independent living. In addition, the respite facility would have the capacity to respond to “crisis respite” when the carer becomes temporarily and suddenly unable to continue to provide care, e.g. due to illness or other emergency situations.

Rationale

The Mid-Western Health Board, in accordance with its Strategy Statement on Physical and Sensory Disability, invited proposals for the development of a Community-based Residential Respite Facility for Persons with Physical and/or Sensory Disabilities residing in the Tipperary North Riding area. The North Tipperary Advisory Committee for Physical and Sensory Disabilities recognised the need to consult with potential service users and obtain their views on the preferred location, structure and operation of the proposed Respite Centre. The survey’s recommendations formed the basis of the tender specification document for the development of the Respite Centre.

Objective

The objective of the survey was to consult with potential users on the preferred location, structure and operation of a proposed Respite Centre for North Tipperary.

Methodology

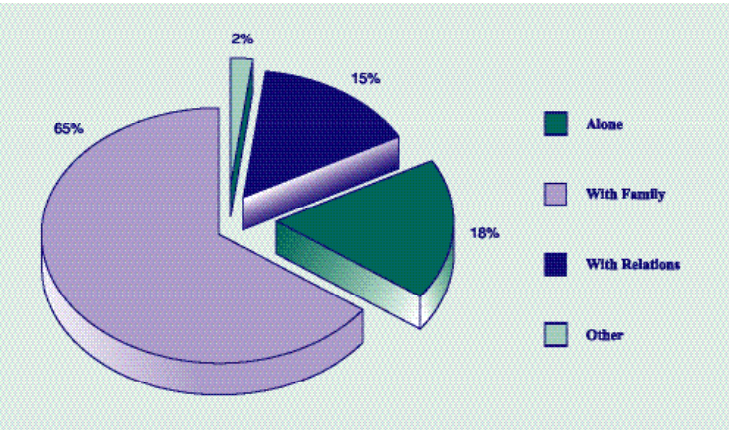
The survey initially took the form of a postal questionnaire to 180 persons identified as having significant physical or sensory disabilities within the North Tipperary area. Recipients were asked to complete the questionnaire and return by post. In addition, a follow up Information Day was held in Thurles to provide further details about the survey and the proposed Respite Centre and to provide guidance on completing the questionnaire. A total of 62 completed questionnaires were received.

Results

The first section of the questionnaire dealt with the personal details of respondents. Information was sought on living arrangements; description of disability and other medical conditions; degree of mobility and personal care needs.

Living Arrangements

Figure 1: Shows the living arrangements of respondents.



It is clear that the vast majority of respondents (72%) do not live by themselves. Only 11 persons (18%) live alone, while 41 respondents (66%) live with family members or other relations and a further 9 persons (14%) indicated that they have other living arrangements.

Description of Disability and other Medical Conditions

Figure 2 describes the primary disability of respondents, while figure 3 provides a list of other medical conditions experienced by respondents in addition to their primary disability.

Figure 2: Type of Disability.

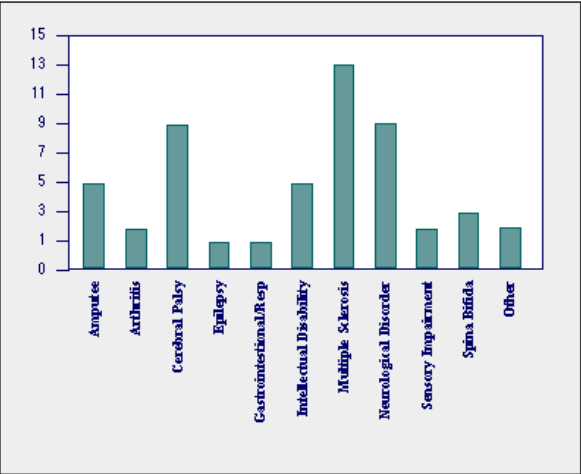
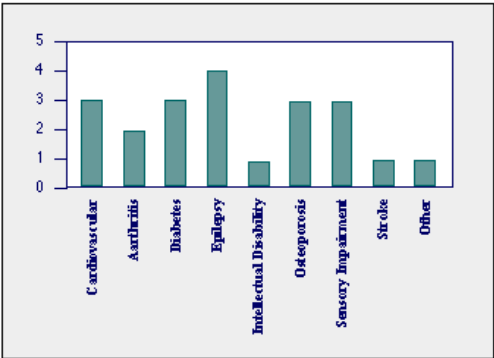


Figure 3: Other Medical Condition



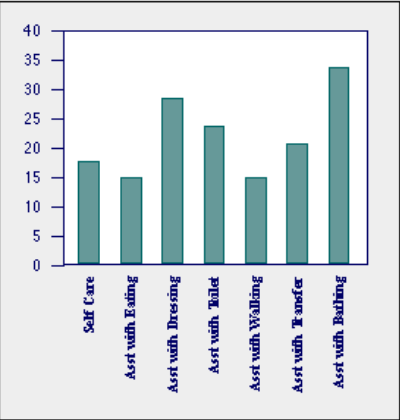
Respondents describe a variety of disabilities ranging from Arthritis to Spina Bifida. The most common disability is Multiple Sclerosis, accounting for 25% of respondents, followed by Cerebral Palsy and Neurological Disorders. The list of other medical conditions includes Epilepsy, Diabetes and Osteoporosis.

It may be implied from the above lists that a proposed respite centre would need to cater for a variety of disabilities and medical conditions that need a high level of nursing care.

Personal Care Needs

Figure 4 shows the personal care needs of respondents, who were asked to indicate whether they could care for themselves or required assistance with a number of functions such as eating, toilet, walking, transfer and bathing.

Figure 4: Personal Care Needs



Although 18 respondents indicated they could take care of themselves, it is clear from figure 4 that a considerable number require assistance with a variety of functions, particularly bathing and dressing. This would indicate that a proposed respite centre would need to offer a high support environment and would need to employ very well trained care assistants or qualified nursing personnel.

Location of Respite Centre

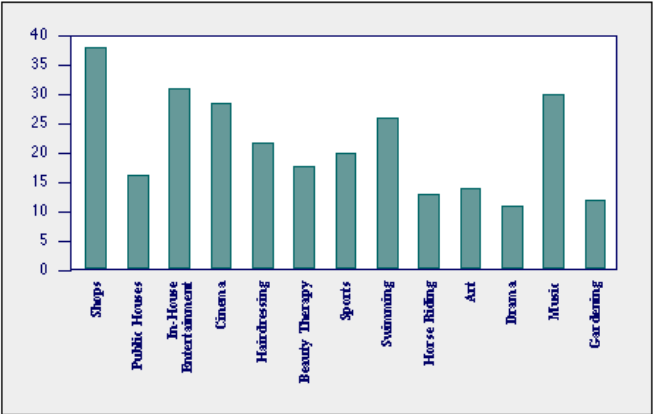
A total of 35 respondents (out of 62) indicated either Thurles or Nenagh as the preferred location for the proposed respite centre. Thurles came out marginally ahead of Nenagh (19 against 16), but the fact that the Open Day took place in Thurles may account for the slight bias in favour of Thurles.

From the analysis it would appear that there is little to choose between either towns as a suitable location for the proposed respite centre. Over half the respondents who opted for either Thurles or Nenagh indicated that they had previously travelled to other respite centres outside the region. It is perhaps more important for the proposed service to have access to an adaptive vehicle to transport clients to and from the centre and to and from external facilities.

The real choice, however, may lie in which town offers the best access to a wide range of leisure and social activities. Figure 5 shows a list of leisure and social activities that respondents wished to have access to as part of the proposed respite service. The results indicate that respondents have considerable interest across a range of activities with access to shops, cinema, swimming and music as well as in-house entertainment, featuring strongly.

It would appear from this analysis that there is an expectation from respondents that the proposed respite centre will offer a planned holiday respite with access to a wide range of in-house and external activities, as opposed to offering a crisis respite facility. (This assumption should be tempered with the caveat that the views of the 64% of persons with a significant physical disability in the region who did not participate in the survey are unknown. It is possible that some of these may prefer a different kind of respite service).

Figure 5: Leisure and Social Activities



A preference for planned holiday respite is also clearly indicated by the response to the section dealing with how often and for how long respondents would like to access the proposed respite service. The majority of respondents indicated they would prefer to access the service yearly, half yearly or quarterly and for a week or two weeks at a time.

In addition to leisure and social activities, respondents were asked to indicate their interest in accessing therapy services and complimentary therapy services as part of the proposed respite centre.

Figure 6 shows a high interest in all therapy services among respondents, particularly physiotherapy (39), Occupational Therapy (28) and Chiropody (24). This perhaps reflects the difficulty in accessing these services in the community due to the number of unfilled posts in the therapy services.

Figure 6: Therapy Services

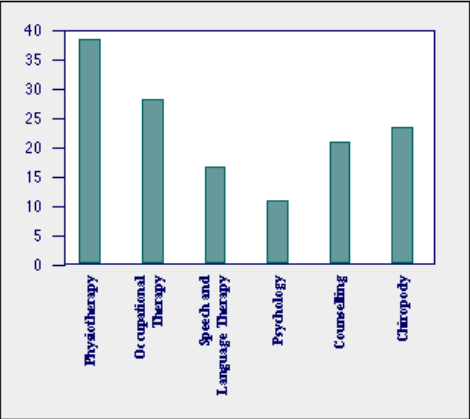
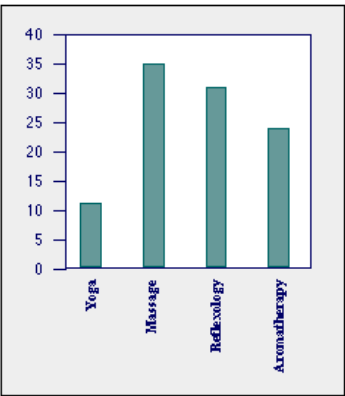


Figure 7 shows considerable interest among respondents in complimentary therapies such as massage, reflexology and aromatherapy and to a lesser extent yoga. This reflects the fact that these therapies are not funded by the Health Board. It is also further indication of the preference for planned holiday respite where clients can access a wide variety of services and activities in a relaxing, non-medical environment.

Figure 7: Complimentary Therapy Services



Physical Structure of Respite Centre

Although not many respondents answered this question, the survey indicates a preference for a communal type structure for the proposed respite centre. Presumably this is so that clients can socialise and integrate with other clients.

Recommendations/Conclusions

In summary, a pattern emerged from the survey, indicating the following:

- Respondents would like the proposed service to offer planned holiday respite. i.e. a low-high dependency environment, but should also have the capacity to cater for emergency “crisis respite”.
- Respondents would like access to a wide variety of leisure and social activities as well as therapy and complimentary therapy services.
- The majority of respondents require assistance with a number of functions such as bathing, dressing, eating, therefore the proposed respite service would need to offer a high supportive environment. The medical profile of respondents to the survey would indicate that the Respite Facility would need to cater for a variety of disabilities and medical conditions that require a high level of nursing care such as Multiple Sclerosis, Cerebral Palsy, Neurological Disorders, Epilepsy, Diabetes and Osteoporosis.
- There is a clear preference for either Thurles or Nenagh as the preferred location for the proposed respite centre, although there is very little difference between the two as the better location.
- A communal structure is the preferred option for the type of centre.
- Transport is a major issue for respondents as very few can use a non-adaptive vehicle. A significant number of respondents, when asked what changes they would make to improve their experience of respite services, indicated a desire for access to better transport facilities.
- The survey also highlighted how little respondents actually take for granted. When asked what physical structure they would like the proposed respite centre to have, many indicated that they would merely like it to be “accessible”.

Library and Information Needs Assessment Survey

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Introduction

In the provision and management of health care services, it is clearly recognised that clinical practitioners and managers have a daily need for up to date, accurate and evidence-based information to support informed decision making at every stage of service planning and delivery. *Quality and Fairness: A Health System for You* (National Health Strategy 2001) emphasises the core value of information as one of its main strategic goals: “Health information is fundamental to assessing and implementing quality programmes. It is also vital to the wider areas of value for money, information for management, information for the public, knowledge management systems and knowledge bases.” The healthcare library and information service maintains an essential role in providing access for all staff to their knowledge base. Therefore it is vital that Health Boards and other health service organisations develop, resource and implement a strategic, proactive policy for the continuing development of their library and information services.

Objective

The main objective of this study was to assess the library and information needs of employees of the Mid-Western Health Board (MWHB). The study was undertaken to inform the formulation of a Strategy and Implementation Plan for the development and co-ordination of Library and Information Services.

Methodology

A survey was carried out which used a stratified sample of 600 Mid-Western Health Board staff (approximately 10% of the Board’s workforce), representing each care group, professional discipline and catchment area. Participants were asked to complete a detailed questionnaire on their experiences of using library and information services and their future needs in relation to information provision. The survey was overseen on behalf of the MWHB by an external consultant in order to facilitate objectivity.

Results

There were a total of 339 respondents to the survey giving a response rate of 57%.

The main findings of the Summary highlight the needs of MWHB healthcare staff in the key areas of :

- Access to information resources
- Need for assistance from a librarian
- Need for training in information handling skills

The main reasons for accessing information were:

- To keep up to date 90%
- For research purposes 54.3%
- For teaching purposes 41.1%

Access is a key issue:

- 74% of respondents require information quickly ie. within 24 hours and 39% require information out of office/library hours.
- 79.6% of users rely primarily on colleagues within the MWHB for information while 61.7% rely on existing library facilities to get the information they require.

- 40.1% rely on external library facilities and 62.8% rely on colleagues outside the MWHB.
- 76.7% rely on the Internet for information.
- 69% have access to the Internet.
- 61% indicated that they satisfied their information needs most of the time while 33% satisfied them just half of the time.
- Over half of all respondents (56%) indicated that they buy books or journals because they have no access to them at their place of work.
- 29.5% have access to advice from a librarian.
- 39.5% do not have access to advice from a librarian

Information is hard to access due to:

- Lack of time 55%
- Lack of Training 35%
- Restricted access to library facilities 30%
- Absence of advice from a librarian 29%
- No Internet Access; The majority of respondents have access to computers in their place of work 89.2%. However, a significant number (31%) indicated that they had no access to Internet facilities.
- 69% have no training in library use or information handling skills and the same percentage would like this.
- With regard to the features that users would like to see in MWHB Library and Information Services resulting from this initiative:
- Introduction of Online Catalogue 84%
- Training 81.4%
- Access to a Librarian to assist with information queries 77%
- Development of a centralised library service 73%

Conclusion

It was perhaps predictable that the overwhelming majority of respondents would indicate that they needed information to keep up to date with developments in their field. Nonetheless, this clearly emphasises the crucial role that access to the latest, specialised, evidence-based information plays in the provision of an effective and efficient health care service. The rapid growth in healthcare specialities and related literature suggests that resources need to be made available to extend access for staff to specialist areas of knowledge. The survey also indicates a preference among respondents for both traditional and electronic sources of information.

Recommendations

Therefore, the main recommendation from the survey is for the development of an integrated library and information infrastructure for the Mid-Western Health Board to include the creation of a hybrid library environment where traditional library facilities merge with the provision of electronic resources. This would include the further development of the e-library, established by the National Institute of Health Sciences as an essential tool for access to the growing knowledge base of health care and the further development of library facilities in Nenagh and Ennis and the establishment of a new Corporate Library.

The survey also indicates that even where access to both traditional and electronic resources is available, there are still many barriers to successful information retrieval. Some of these identified by respondents include lack of time at work, lack of training in informational handling skills and lack of access to advice from a librarian. The role of the librarian and information specialist is crucial in addressing these issues.

When asked to identify what they would like from a new MWHB Library and Information Service, respondents clearly indicated a strong preference for access to librarians and information specialists, both in terms of advice and assistance in satisfying information requirements and in training in information handling skills. This suggests that what is also required is the creation of a distinct library and information services function staffed by several professional and paraprofessional librarians and information specialists together with the development of a comprehensive information handling skills programme for all library users in both traditional and electronic resources.

The survey findings also point to the need to streamline the acquisition of library and information materials and to introduce an online catalogue of library stock housed in collections throughout the Board.

The findings of this Information Needs Assessment Survey were used to underpin the formulation of the Strategy and Action Plan for Mid-Western Health Board Library and Information Services 2003-2008, presented to the Corporate Team in November 2002. The Strategy addresses each of the key areas highlighted by the survey: Access to library services (physical and remote) and to the Internet, assistance from suitably qualified and experienced library staff, access to an online library catalogue, user education and training in information handling skills and a centralised service which provides for a wide range of information needs.

Presented

To the Corporate Team of the Mid-Western Health Board in Limerick on November 18th, 2002 by Ms. Catherine Kennedy.

Title

Effects of Dietary Camelina Oil on Fatty Acid Distribution, Serum Cholesterol and Triglycerides of Porcine Blood Lipids.

Authors

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Introduction

The effects of dietary supplementation with camelina oil on porcine plasma fatty acid composition, serum cholesterol / triglyceride concentrations and porcine haematology were investigated and compared with the effects of fish oil. Oil extracted from *Camelina Sativa* seeds contains high levels (29-40%) of α -linolenic acid (C18:3 ω -3, ALA), an omega-3 essential fatty acid. Studies have shown that populations that consume diets rich in fish oils, which contain the omega-3 fatty acids, eicosapentaenoic acid (EPA, C20:5 ω -3) and docosahexaenoic acid (DHA, C22:6 ω -3), have lower rates of cardiovascular disease and that increasing dietary intake of fish oil decreases CVD deaths, reduces serum triglycerides, reduces blood pressure and reduces platelet aggregation.

Materials & Methods

Pigs were used in this investigation as they are considered to be a good model for studying human lipoprotein metabolism. Groups of ten male pigs were fed one of four diets: control, 5% camelina oil, 10% camelina oil or 5% fish oil. For the three experimental diets, part of the wheat in the control diet was substituted with 5% camelina oil, 10% camelina oil or 5% fish oil.

Blood samples were taken after an overnight fast (14 - 15 hours) on Days 0, 12 and 33 of the study. Plasma fatty acids were quantified using gas chromatography at the University of Limerick. Serum cholesterol and triglyceride concentrations were analysed at the Regional General Hospital, Dooradoyle, Limerick. Haematological analysis was carried out by the Regional Veterinary Laboratory, Knockalisheen, Limerick.

Results and Discussion

Feeding camelina oil or fish oil resulted in an increase in 3 fatty acids and a concomitant decrease in 6 fatty acids (Table 1). The most striking effects of camelina oil or fish oil intake were those on plasma eicosapentaenoic acid (C20:5 ω -3, EPA): levels of plasma EPA were dramatically increased by all three experimental diets (Table 1).

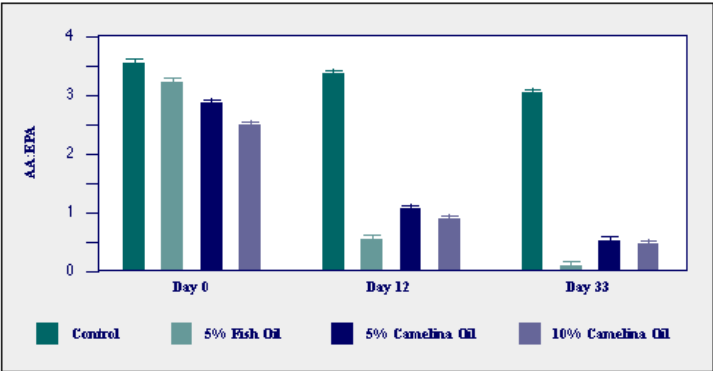
Table 1: Changes in percent fatty acids in pig plasma after 33 Days dietary supplementation with camelina oil or fish oil.

Changes in Percent of Fatty Acids (%)						
Diet	LA	ALA	AA	EPA	DPA	DHA
Control	↑ 7.7	↓ 2.8	-	↑ 11.1	↑ 12.5	↓ 7.7
5% Fish oil	↓ 3.1	↓ 20.1*	↓ 63.3**	↑ 722.2***	↑ 25.0	↑ 190.0***
5% Camelina oil	↓ 17.4*	↑ 18.1	↓ 41.4*	↑ 220.0***	↑ 22.2	↑ 108.3**
10% Camelina oil	↓ 19.5*	↑ 31.3*	↓ 40.0*	↑ 260.0***	↑ 12.5	↓ 72.7**

Values are means for each dietary group. ↑ = increase, ↓ = decrease.
* indicates that the change was significant, (p<0.05)
** indicates that the change was highly significant, (p<0.01)
*** indicates that the change was very highly significant, (p<0.001).
ALA = α -linolenic acid, C18:3 ω -3; AA = arachidonic acid, C20:4 ω -6; EPA = eicosapentaenoic acid, C20:5 ω -3; DPA = docosapentaenoic acid, C22:5 ω -3; DHA= docosahexaenoic acid, C22:6 ω -3.

The 5% fish oil diet contained 0.48% EPA accounting directly for the increase in plasma EPA levels due to fish oil ingestion. However, the camelina oil diets did not contain EPA, and the increase in plasma EPA on camelina oil ingestion must have been due to elongation and distortion of ALA *in vivo*.

Figure 1 - Ratio of AA:EPA



In relation to improved cardiovascular health, it is the substitution of AA with EPA in tissues that alters eicosanoid metabolism and reduces production of pro-aggregatory and pro-inflammatory eicosanoids. The ratio of plasma AA to EPA was reduced by the camelina and fish oil diets in this study (Figure 1).

Table 2 - Effect of feeding camelina oil & fish oil on porcine total serum cholesterol levels

Serum Cholesterol Concentration (mmol/l)			
Diet	Day 0	Day12	Day33
Control	2.09 ± 0.19 ^a	1.94 ± 0.21 ^a	1.96 ± 0.18 ^a
5% Camelina oil	2.07 ± 0.21 ^a	2.01 ± 0.27 ^a	2.03 ± 0.26 ^a
10% Camelina oil	2.45 ± 0.21 ^b	2.46 ± 0.26 ^b	2.14 ± 0.35 ^a
5% Fish oil	2.08 ± 0.21 ^a	2.08 ± 0.18 ^a	2.20 ± 0.26 ^a

Values are means for each dietary group ± standard deviation.

^{a,b} Values in the same column/ row with different superscripts are significantly different (p< 0.05)

The results indicate that the 10% camelina diet reduced (p<0.05) serum cholesterol levels in pigs with high starting serum cholesterol concentrations. However, on Day 33 there were no significant differences between the four dietary groups. In the present study, because cholesterol values were higher (p<0.01) on Day 0 in the pigs fed 10% camelina oil diets, the cholesterol reducing effects are difficult to interpret.

Table 3 - Effect of feeding camelina oil and fish oil on porcine serum triglycerides.

Serum Triglyceride Concentration (mmol/l)			
Diet	Day 0	Day12	Day33
Control	0.52 ± 0.15 ^{a, y}	0.49 ± 0.17 ^{a, y}	0.55 ± 0.12 ^{a, y}
5% Fish oil	0.46 ± 0.11 ^{a, y}	0.47 ± 0.12 ^{a, y}	0.46 ± 0.07 ^{a, y}
5% Camelina oil	0.56 ± 0.12 ^{a, y}	0.52 ± 0.08 ^{a, y}	0.46 ± 0.18 ^{a, z}
10% Camelina oil	0.66 ± 0.32 ^{a, y}	0.62 ± 0.14 ^{b, y}	0.50 ± 0.14 ^{a, z}

Values are means for each dietary group ± standard deviation.

^{a,b} Values in the same column with different superscripts are significantly different (p< 0.05)

^{y,z} Values in the same row with different superscripts are significantly different (p<0.05)

Serum triglyceride concentrations were significantly reduced by the 5% and 10% camelina oil diets, by 17.86% and 24.24% respectively, but not by the 5% fish oil diet (Table 3).

Haematological analysis

The 5% camelina oil, 10% camelina oil and 5% fish oil diet did not significantly alter white cell count, red cell count, haemoglobin, packed cell volume, mean corpuscular haemoglobin, mean corpuscular haemoglobin concentration or platelet count in pig blood (data not shown).

Conclusions

Given the similarity of porcine and human lipid metabolism, and data on effects of ALA in humans, it is likely that daily ingestion of ALA from camelina oil would increase plasma ω -3 fatty acids, have beneficial effects on serum triglyceride concentrations and possibly have an effect on cholesterol levels in individuals with high initial serum cholesterol concentrations.

Published

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Title

Changes in Bone Remodelling as Measured by the Biochemical Markers and Bone Mineral Density in Response to a Longitudinal Osteogenic Exercise Intervention in Post-Menopausal Women

Authors

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Introduction

At any moment in time there are approximately two million groups of bone cells active on the mature skeleton that individually regenerate skeletal tissue. This regeneration is done via a coupled process termed *remodelling*, whereby bone is degraded (by osteoclast cells) and subsequently formed (by osteoblast cells). The strength and therefore health of skeletal tissue is ultimately determined by the activity of and balance between these cells¹. Currently the preferred method of assessing skeletal health is to measure the *density* of bone tissue (BMD) and while a very accurate and useful measure, it does pose a number of fundamental limitations. BMD at any moment in time represents the *lifelong remodelling profile* of the bone cells mentioned above. It does not give any indication as to the present activity of or balance between them. Furthermore, BMD measurement lacks sensitivity and in most circumstances it may take up to two years to see any changes in this measure². Consequently, the monitoring of interventions using BMD measures alone is quite slow. Over the past decade, however, advances have been made in the measurement of biochemical markers, which measure the activity of the osteoblast and osteoclast cells. To date a number of specific and sensitive markers have been identified, such as serum CrossLaps™ (degradation) and serum N-MID Osteocalcin (formation). These markers have been shown to be more sensitive than BMD changes in response to intervention strategies. However the main limitation of these markers are that they vary considerably in the absence of any intervention³. Physical activity is a known prophylactic to many bone disorders, namely osteoporosis and it has been well documented that physically active people have stronger bones than their sedentary counterparts⁴.

Accounting for the natural variation in the markers of bone remodelling, this study sought to measure long term changes in bone remodelling and BMD in post-menopausal women following a long term (12 month) osteogenic exercise programme. To the best of the author’s knowledge, no such study has previously been undertaken.

Objectives

The specific objectives of this study are as follows;

- 1 To measure long-term variation in biochemical markers of bone remodelling and to validate the use of these markers *in an individual* to monitor long-term changes in bone remodelling.
- 2 To investigate the effect of physical activity on the remodelling process over a 12-month period.
- 3 To define the relationship between changes in bone remodelling and BMD in response to a long-term osteogenic exercise programme in post-menopausal women.

Methodology

With ethical approval and informed consent 43 healthy post-menopausal women, aged 45-65 years, who are not on HRT were recruited from the Waterford area. All volunteers completed health, dietary and physical activity screening questionnaires satisfactorily before being invited to participate in this trial. Subjects did not suffer from a known clinical disorder of bone or calcium metabolism, were not immobilized for 12 months prior to participation, and were at least 36 months post-menopause. Sixteen subjects were assigned to the control group while the remaining subjects (n=27) participated in a 12-month osteogenic exercise programme. The exercise programme was designed to load the bones and to particularly impact the femoral hip and lumbar spine (predominant sites of fracture). Each class was an hour in duration and, following screening, pulse check, warm-up and pre-stretch, included the following phases: *Phase 1- Bone Loading* - jumping, stepping, skipping, heel-drops, squatting; *Phase 2 - Resistance Work* - using hand weights and dynabands; *Phase 3 - Torsion & Twisting Work* - exercises specifically designed using brush handles, physio-balls and medicine ball partner work; *Phase 4: Floor-work* - back extension lying supine or using physio-ball, hip extension using

ankle weights. Subjects were asked to attend two supervised classes and perform a third one at home. All equipment and training guidelines were provided for the home based session. Qualified personnel delivered all supervised classes and attendance at the exercise classes was recorded. The control group was offered 3 * 10 week night classes in alternative medicine (reflexology, aromatherapy, massage, reiki, colour therapy & meditation), basic computing & assertiveness. Other social events were also organised to maintain contact with this group.

For a one-week period for each of the 12 months both exercise and control subjects were asked to log physical activity (activities outside of scheduled classes) and daily calcium intakes. Measurements of bone remodelling and density were taken at baseline, 6 months and 12 months. Blood (venepuncture, 8am-9am) samples were collected following an overnight fast (22h00) for 3 consecutive mornings. Serum was analysed for N-MID Osteocalcin (OC; ng/ml) and CrossLaps™ (ng/ml) as measured by electrochemiluminescence (ECL; Roche Diagnostics, Basel, Switzerland). Subjects were asked to refrain from physical activity for 10 days prior to and for the duration of the blood-sampling period. Alcohol consumption was also prohibited for 3 days prior to and for the duration of the blood-sampling period. Femoral and lumbar bone density were measured using a Norland XR46 DEXA scanner (Norland, Medical Systems, NY, USA) at baseline, 6 months and 12 months by a qualified radiographer.

Progress to Date

- 1 The data collection at the baseline and 6 month time points has been completed.
- 2 To date there are no reported dropouts.
- 3 The attendance and compliance rates are satisfactory.
- 4 The 12-month exercise programme is due for completion in April 2003.
- 5 The final data collection (12 months) is scheduled for April 2003 upon completion of the exercise programme.
- 6 The results of this study are expected in June 2003.

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Title

An Audit of the Evaluation and Management of Urinary Incontinence in Older Female In-Patients in the Mid-Western Regional Hospital Limerick

Authors

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Introduction

Urinary incontinence is a common yet under-reported problem in older females. It may be worsened by the presence of concurrent acute medical illness. We undertook an audit of all older (>75) female admissions to two acute general medical wards for a one month period in order to examine documentation of the presence of and the basic investigation of urinary incontinence in this group during the first week of admission.

Methodology

The admission proforma sheet and medical notes of all patients admitted to two acute general medical wards for a one month period were retrospectively examined. Completion of the urinary incontinence section of the admission proforma was taken as indicating enquiry into symptoms of incontinence. Where recorded the presence or absence of incontinence was compared to similar documentation in the patients' nursing notes. The performance of basic investigations was ascertained from medical and A & E department records.

Results

Records from 65 patients (mean age 81 (s.d. 4), mean number of co-morbidities 4 (s.d. 2), mean number of medications 5 (s.d. 2) were obtained. 19 patients (29%) did not have the continence section of their admission proforma completed. 35 patients (76% of completed proformas) were reported to be continent, 11 (24% of completed proformas) were documented as being incontinent. 9 patients were catheterized. There was concurrence between nursing and medical notes in only 30 (66%) patients. 75% of patients had urinalysis performed at admission however a formal urine culture result was available for only 41% of patients. Only 17 (26%) patients underwent a digital rectal examination. 14 patients (21%) had a plain abdominal X-ray. Only 1 patient had a post voiding residual bladder volume measurement documented.

Conclusions

Urinary incontinence is a common condition in older female patients admitted to acute medical wards. Admitting Senior House Officers frequently failed to enquire into its presence at the time of admission. Medical and nursing assessment of a patients' continence did not concur in almost one third of patients. Basic medical investigations of this common disorder were under-performed. The second loop of the audit cycle will be performed after all admitting Senior House Officers and interns have been circularized with the results of this audit.

Title

Prescribing Post Stroke: Secondary Vascular Prevention in Patients Discharged from the Limerick Stroke Unit

Authors

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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. We previously examined how modification of vascular risk factors was carried out in the first 91 patients discharged from the stroke unit. We now report on the following 83 patients.

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 that we identified included prescription of anti-hypertensive drugs, ACE inhibitors & use of anti-platelet agents.

Results

Records of 83 (M=43, F=40, mean age 73 years, s.d. 9 years) patients were examined. 56 patients (64%) had hypertension noted on 24 hour monitoring. 54 of these patients (96%) were prescribed an ACE inhibitor. Atrial fibrillation was present in 25 patients of whom 3 had suffered a haemorrhagic event. 6 of the 22 eligible patients were warfarinised (64%); 9 were treated with an appropriate dose of aspirin; 5 patients received aspirin and clopidogrel; 2 were treated with clopidogrel. 42 patients had an ischaemic stroke and were in sinus rhythm. All received anti-platelet treatment. 21 patients had an ischaemic stroke having previously had a TIA or stroke and thus were potential candidates for clopidogrel or dipyridamole and aspirin. 8 (38%) received aspirin and clopidogrel, 4 (20%) received aspirin and dipyridamole, 6 (29%) received high dose aspirin only, 3 (14%) received clopidogrel alone.

Conclusions

The principal findings of this audit of the second year's prescribing from the stroke unit show a higher rate of ACE inhibitor prescription but a lower rate of warfarin prescription for patients in atrial fibrillation compared to the first year of prescribing. On-going audit of drug prescription for stroke patients will be carried out during 2003.

Title

Reconstruction of Pelvic Discontinuity in Revision Total Hip Arthroplasty

Authors

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Introduction

Acetabular reconstruction with severe bone loss after failed total hip replacement is a difficult problem. In cases with massive structural failure, the acetabular rim, quadrilateral plate, and associated columns become nonsupportive and deficient. In the worst case scenario, this deficiency can be combined with “pelvic discontinuity” in which structural integrity of the ilium with the ischium is disrupted (AAOS type IV defect).

Methodology

We retrospectively reviewed the results of 9 cases with pelvic discontinuity who underwent Revision Hip Arthroplasty. The mean age of the patient was 66 years.

There were 2 male and 7 female patients. The average time interval between primary hip arthroplasty and Revision surgery was 18 years. Trochanteric slide approach was used in all cases. Burch-Schnieder Antiprotusio cage and cancellous allograft bone was used for acetabular defects. Mean follow-up period was 12 months. Radiographic analysis included a detailed study of implant migration and the degree to which the hip center and bone stock were restored.

Results

The average Oxford hip score pre-operatively was 38 which improved to 81 at follow-up ($p < 0.05$). One patient had fatigue fracture of the cage and subsequently had girdle stone procedure because the broken cage was causing pressure on the rectum. One case needed revision of the femoral component. For revision of acetabular components associated with massive bone defects, Burch-Schnieder cage reliably reconstruct the hip joint center and acetabular bone stock.

Moment of Death: A Qualitative Enquiry in the Home Care Setting

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Introduction

Palliative care is care primarily concerned with the quality of life of people who have advanced progressive disease such as cancer: it is dedicated to a form of treatment that is designed to ensure that patients and their families are enabled and encouraged to live their lives to the greatest possible extent, in the manner and setting of their choice. We have already analysed the moment of death of patients in a Palliative Care Unit, as perceived by relatives. We now study families' experience of patient care and death at home.

Objectives

- 1 To analyse the accounts of the experience of the moment of death on family and friends of patients dying at home.
- 2 To examine the differences between deaths of patients in the home setting to those who die in the Palliative Care Unit.
- 3 To provide a greater awareness of the needs of dying patients and their relatives in their homes in the physical, emotional, spiritual and social domains.
- 4 To compare these needs with those of the dying and their families in the Palliative Care Unit.
- 5 To identify specifically those needs close to the moment of death in the home care setting where greatest sensitivity is required of professionals.
- 6 To examine the presence of ritual and tradition around death in caring for the dying at home.
- 7 To highlight for health professionals the issues surrounding death, enabling them to care more effectively.

Methodology

This qualitative study began in December 2002 and is on-going.

Each patient and his/her family were contacted by the researcher in liaison with the home care nursing team. The catchment area for the study included Limerick city and county. One to two weeks after the death, interviews were arranged by the researcher with family or friends of the deceased. A full explanation of the study was given and written consent obtained prior to the interview. Four interviews have been recorded and transcribed. Themes or codes were identified by two researchers independently. The interview process focused on relative's observations and experiences at the time of death. Interventional ongoing bereavement support was offered.

Results

A total of 4 patients and their families were included in the study. The number of referrals to palliative home care services during the period of the study totalled 89. We noted how difficult it was to include patients in the study due to: patients not being close to death, consent not given by family or family doctor, no available relative suitable for interview and many home care patients died eventually in the palliative care unit due to difficulty for families in coping at home. The average duration of the interviews was 45 minutes. The major themes identified were as follows:

- 1 The exposure family carers had to the reality of death as expressed by their detailed graphic descriptions of the dying process.
- 2 The exposure of caring families to the practicalities of death and dying, promoting self-reliance, greater control and an intimate loving relationship with the dying person.
- 3 The spontaneous, profuse praise of professional carers.
- 4 The comforting and reassuring role of ritual and the presence of a strong religious faith.

- 5 The spontaneous expression of grief, reminiscent of the keening at wakes long ago.
- 6 The defining presence of family and community as a support and comfort.

Conclusion

It is strikingly difficult to recruit interviewees in a qualitative, palliative care study of this nature, requiring sensitivity, skill, knowledge and resilience by the researcher. For home deaths there is a marked difference in the reality of dying and death for relatives as carers. We need to identify qualities required of non-professional carers which enables care until the moment of death at home. Professionals, for example, family doctors in the community, need the knowledge, skill and understanding of death to facilitate care of the dying at home.

Presented

At Qualitative Research Workshop in Milford Care Centre, Limerick in February 2003 by Dr. Sinéad Donnelly and Dr. Clíodhna Donnelly.

Title

Review of Symptoms in 141 Patients Referred to Palliative Medicine in the Mid-Western Regional Hospital, Limerick

Authors

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Introduction

Management of symptoms forms an integral part of the work of palliative medicine. Review of symptoms is a well-established research tool in this field. The aim of this study is to look at the pattern of symptoms in patients referred to our service in the acute hospital and to identify correlations between symptoms and gender, symptom type, symptom severity and time spent with patients.

Methodology

In this prospective study 40 symptoms were assessed and graded on first contact with patients by a clinical nurse specialist using a standardised form listing patient details, diagnosis, whether first referral, referring physician and documented metastatic disease, reason for referral, quality of information on referral and overall symptom distress. Time spent with patients was documented on first and subsequent referrals. Correlations were sought between these areas.

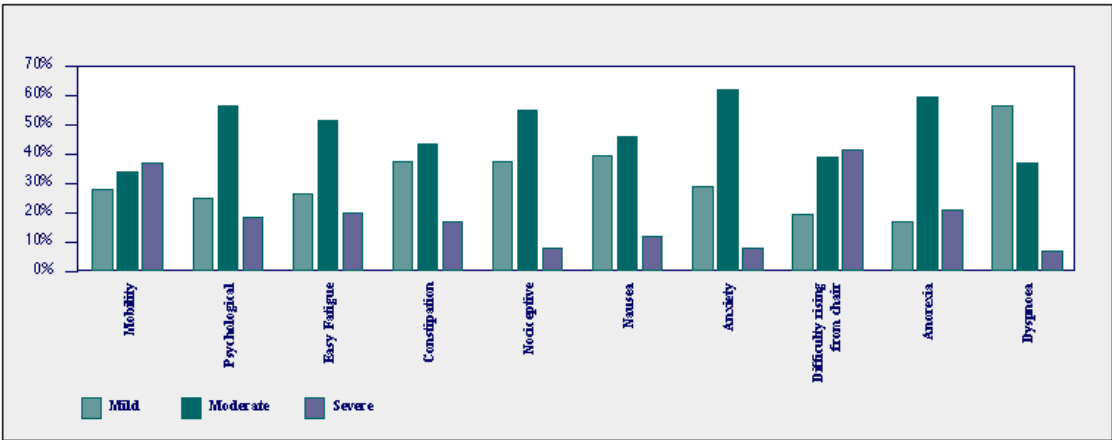
Results

Of the 141 patients referred 75 were men (52%) and 66 were women (46.8%). Five patients were under the age of 16 years. The median age was 66 years. Eleven patients referred had non-malignant conditions. The top five carcinomas were as follows: lung, colorectal, breast, pancreas and prostate. This does not necessarily reflect the national prevalence figures with breast, lung and prostate the most common cancers. This may reflect the presentation of malignant disease in the acute setting. The ten most common symptoms graded by severity are listed in the table below. Our findings differ from previous but larger published studies on symptoms in advanced cancer where pain was ranked the most prevalent symptom. We are surprised that reduced mobility and psychological distress rank higher than pain.

This finding has implications for rehabilitation of palliative patients within the acute setting where limited resources exist in physiotherapy, occupational therapy and social work. The mean number of symptoms was six. The mean time spent with patients on referral was 27 minutes (range 5-270 minutes), the mean for all daily contact was 34 minutes. Fifty-seven patients (40.5%) had moderate to severe pain on first assessment.

Correlations were difficult to establish possibly because of sample size. There was a correlation, however, between symptom severity and time spent with the patient which one would expect.

Table 1: 10 Most Common Symptoms Graded by Severity



Conclusion

From this symptom profile, patients referred to Palliative Care require input from a multidisciplinary team in the hospital. Palliative care requires a substantial time input on a daily basis which has implications for medical and nursing resources. Moderate to severe pain was present in 40% of patients and of such severity that it needed to be addressed immediately. Patients referred to palliative care have multiple symptoms each of which requires attention.

Presented

At the International Palliative Medicine Conference, in Milford Hospice, Limerick, May 2003.

References

Available on request.

Title

Overgeneral Memory and Depression

Authors

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Rationale

Research has demonstrated that people who suffer from depression have a tendency to retrieve significantly more overgeneral (non-specific) memories than non-depressed control participants, even during remission. Clinically, overgeneral memory retrieval has been linked to impaired social problem solving and poor prognosis. Research has also suggested that mood related memory biases are influenced by the degree to which the stimulus material is self-referential. However, the influence of referential set on autobiographical memory retrieval in clinically depressed individuals has not been determined. In addition, recent research has suggested that reducing analytical self-focus may reduce overgeneral memory retrieval in chronically depressed individuals (Watkins and Teasdale, 2001), but requires further evidence from controlled studies to substantiate this finding.

Objectives

The present study proposes to replicate an unpublished study by Bogue and Davidson (1997) that examined self and non-self referential memory retrieval characteristics in depressed individuals and non-depressed controls using a modified autobiographical memory test (AMT; Williams and Broadbent, 1986), with minor methodological modifications. A second part of the study proposes to investigate the influence of a brief distraction procedure, manipulating analytical thinking, on self and non-self referential memory retrieval characteristics.

Methodology

Participants will be twenty individuals with an ICD-10 diagnosis of severe depressive episode, recruited from a MWHB outpatient clinic, and twenty non-depressed controls. Participants will complete the AMT in the conventional manner and will also be asked to retrieve biographical memories on behalf of a significant other in response to the stimulus words before and after attentional manipulation. Results will be compared to Bogue and Davidson's findings of no differential effects for non-self-referential memory retrieval and longer memory retrieval times in depressed individuals. Post-manipulation results will be examined in light of Watkins and Teasdale's (2001) findings of the efficacy of low-analysis distraction in reducing overgeneral memory retrieval in depressed individuals, and compared to non-depressed control results. The influence of manipulation on self and non-self-referential overgeneral memory retrieval will be compared. Finally the study proposes to utilise results in discussing clinical implications of the influence of distraction on overgeneral memory retrieval.

Quality of Life Project on Long-Term Psychiatric Patients Leaving a Psychiatric Hospital to Relocate into the Community

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Introduction

"We need to realise that if we can 'only' improve the quality of life of these patients and make them feel comfortable living low-energy but satisfying lives in non-hospital environments, we have taken a great step forward in the management of the long-term mentally ill and in making real the benefits expected of deinstitutionalisation (Lamb, 1981).

As the focus of rehabilitation of psychiatric patients has shifted from the institution to the community, interest in improving services and patient satisfaction has continued to grow. Many studies have attempted to measure the satisfaction of patients in their new living arrangements and many such studies have sought to develop and explore the concept of Quality of Life.

"Quality of Life" (QOL) offers a broad perspective for assessing the needs and outcomes of long-term psychiatric patients (Lehman, 1982). A general QOL model is ultimately a subjective matter, reflected in a sense of global wellbeing. This experience in turn depends on three variables; personal characteristics, objective QOL in various domains of life, such as social contacts and subjective QOL in these same life domains such as satisfaction with social contacts. Therefore in carrying out a study on quality of life of patients, each of these variables must be individually assessed in order that the QOL concept be measured satisfactorily.

Over the past fifty years there has been a drive to normalise the lives of psychiatric patients by relocating them from their wards in the psychiatric hospital into the community. Shepherd et al (1996) found in a study comparing quality of life of hospital and community patients that hospital residents were more dissatisfied with their living conditions, their isolation and their greater levels of dependency. There was however a confounding variable in that the most able patients were discharged to the community leaving the most disabled behind. This is a problem in many of these research studies but with this particular piece of research, the group of patients being studied serve as their own control group. In doing so, there will be a direct comparison between the time before the patient was discharged and then one year after relocation.

One of the largest and most comprehensive studies carried out was by the TAPS, (Team for the Assessment of Psychiatric Services). This group monitored the progress of long-stay patients (n=494) from two large psychiatric hospitals before they left the hospital, one year in the community and five years after discharge. They adopted a case-control design, comparing patients that were discharged with those who remained in hospital (n=279). Long-stay patients were defined as those hospitalised for more than a year who, if they were age 65 or older, did not have a primary diagnosis of dementia (Leff, 1996). In general, after one-year the leavers benefited from their placement in the community. Although there were no changes in their clinical state or social behaviour compared with matched controls, they reported living under much less restrictive conditions and having more friends enriched their social network. For the five-year follow up where patients acted as their own controls (n=114) and the results both confirmed and augmented the results of the one-year follow up study.

Rationale

The Quality of Life study of the Clare Mental Health Services involved the assessment of patients on a number of assessment instruments before they left Our Lady's Hospital (from December 2001-January 2002 onwards) and then one year later (December-January 2003), the assessment of the patients in the new community dwellings was repeated.

Objectives

- 1 To examine the Quality of Life of long-term hospitalised psychiatric patients using a number of assessment instruments.
- 2 To examine the Quality of Life of these same patients after they have been relocated into the community for a period of one-year using the same assessment instruments.
- 3 To explain any differences between the patients scores on the assessments in terms of their living environments.

Methodology

This study had a longitudinal design with each patient assessed at baseline (before discharge) and then assessed again one-year after discharge when the patients had been relocated into the community. Patients (N=90) had been assigned to one of a number of community hostels depending on their scores on the Community Placement Questionnaire (CPQ) and the proximity of the hostel to their original home. The mean age of the sample was 61 years. A number of assessment instruments were used in the study:

1 Patient Attitude Questionnaire

The PAQ is concerned with the patient's subjective evaluation of their living environment and their wishes for the future. Two variables from this schedule can be analysed: the patient's wish to stay in their current residence and their view of how helpful they found their medication.

2 Community Placement Questionnaire

This questionnaire will provide demographic information for each patient along with objective information on the patient's level of functioning with regard to domestic skills, social contacts, information about their medication and a number of questions about their being 'difficult to place' or not.

3 Social Behaviour Schedule

This interview of proven reliability is used with a member of staff to determine the areas of social behaviour in which the patient is exhibiting problems. It covers the previous three months.

4 Mini-Mental State

The Mini-Mental is a standardised instrument used to assess mental state by patient interview. A number of variables were analysed from this assessment. They are total score, scores for hallucinations, negative symptoms and behaviour, observed affect and speech.

Results

It was hypothesised that there would be some significant increases in patient's quality of life after one year living in the community. From the assessment measures there should be improvements after one-year made in the following:

- Patient satisfaction with their living environment
- Carer perception of patient satisfaction with living environment
- Amount of medication needed
- Domestic skills
- Social contacts
- Symptoms and behaviour

Given the high average age of the sample population, it may be optimistic to expect significant improvements to be made with regard to domestic skills and perhaps behaviour but patient satisfaction, medication and social contacts should improve. At the moment the research team are analysing the data that has been collected and the results are now being analysed.

Conclusions

This closure of the hospital and the relocation of the remaining patients into the community is an ideal opportunity to examine and monitor the effects of this move on the patients' quality of life.

Presented

At the Social and Rehabilitation Psychiatry Conference in Boston, USA in January, 2003 by Dr. Susan Finnerty.

Title

Diabetes Mellitus in Irish General Practice; prevalence and factors affecting control

Authors

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Introduction

Diabetes mellitus is an increasingly common and important chronic disease. Its exact prevalence in the community is not known but is thought to be widely underestimated. In a recent general practice based Irish study the prevalence of Type 2 diabetes alone was almost 4%. Thirty percent of these were undiagnosed before the study began. The prevalence of diabetes mellitus in the developed world is increasing. The importance of strict management of diabetes has been highlighted. This study looked at the prevalence and factors affecting control of diabetes mellitus in eight practices attached to the Mid-Western Health Board Training Programme in General Practice.

Methodology

Between January and April 2002, questionnaires were distributed to each practice. Diabetic patients were identified from electronic searching of computerised records, disease registers and repeat prescriptions for diabetic drugs. Each practitioner was asked to fill out the questionnaire, and then to look at each record of the known diabetic patients in the practice over the previous 2 years i.e. from 1st January 1999 to 1st January 2002. The total number of HbA1c measurements taken on each patient during this period was counted, and the results averaged. The degree of computerisation, practice population and the distances from localized specialized centres in the study was typical of the national figure. HbA1c measurements were all estimated at the same laboratory during the study period. The day to day imprecision of the HbA1c assay in this laboratory is less than 2.2%. The methodology used in estimating the overall practice population was recommended by the Irish College of General Practitioners. The numerical data was analysed using SPSS stepwise linear regression analysis.

Results

The results for each practice studied are summarised in Table 1.

Table 1: Results from each Practice

Practice	Voc. Trained	Year Qualified	Computer Full/Part	Practice Group/Single	Distance (Miles)	Pract. Pop	%>50Yr Old	Known Diabetics	Prevalence (% prevalence)	Regular Checks
No.1	Yes	1981	Partial	Single	0-3	2,200	35%	16 (0.73)	0.73%	Yes
No.2	Yes/Yes	1981/1986	Partial	Group	0-3	3,100	40%	59 (1.90)	2%	No
No.3	Yes/Yes	1990/1975	Partial	Group	0-3	3,500	36%	48 (1.37)	1.37%	Yes
No.4	Yes	1982	Full	Single	4-6	1,700	35%	65 (3.82)	3.82%	Yes
No.5	Yes	1978	Full	Single	> 10	2,300	25%	39 (1.69)	1.69%	No
No.6	Yes	1978	Partial	Single	> 10	2,500	30%	13 (0.52)	0.52%	No
No.7	No	1977	Partial	Single	> 10	2,000	68%	28 (1.40)	1.4%	No
No.8	No	1977	Full	Single	> 10	2,000	66%	85 (4.25)	4.25%	No

Voc. Trained = Doctor vocationally trained. Pract. Pop = Population of practice studied.
%> 50yrs = % of the practice population aged greater than 50 years. Distance = of each practice from the local diabetes centre in miles. Known diabetics (% prevalence) = Total number of known diabetics in the practice with the % of known diabetics in the practice in brackets.

Table 2: Factors found to be associated with a lower HbA1c level in the final regression model

Use probability of F:	Entry -> 0.05	Removal -> 0.10	
	P-Value	Beta	t
The practice being fully Computerized	0.001	-0.309	-3.347
The closeness of the local Diabetic service	0.048	0.153	1.986
The number of diabetic Patients in the practice	0.065	0.136	-1.852

Table 3: Factors that did not affect the HbA1c level significantly are as follows:

	P-Value	Beta	t
Number of times HbA1c average is checked for each patient	0.116	0.085	1.577
Number of diabetics in a practice who have their HbA1c average tested	0.260	0.710	1.127
Percentage of patients aged greater than 50 years in the practice	0.376	-0.149	-0.886
Whether or not the doctors are vocationally trained	0.708	-0.073	-0.375
Prevalence of diabetes in practice (percentage)	0.862	0.036	0.174
Whether or not the practice carries out regular checks	0.902	0.008	0.123
Year of qualification of the doctor	0.916	-0.006	-0.106
Total practice population	0.972	0.004	0.035

Discussion

It appears that having a fully computerised, and being closer to a local diabetic service may result in lowering of HbA1c levels.

We found that full computerization in the practice had a four times greater effect than practices being close to the local diabetic service, in reducing the average HbA1c level. Practices which had a larger number of diagnosed diabetic patients had lower average HbA1c levels. This may have been due to detection of patients at an earlier or less severe stage of diabetes or to better care of patients. More frequent checking of HbA1c values was not associated with lower levels.

Conclusion

The measured prevalence of diabetes mellitus varies widely from practice to practice.
Factors in general practice which favourably affect its control as shown by lower levels of HbA1c are having a fully computerised practice, being close to the local diabetic service and having a large number (though not necessarily a larger prevalence) of diabetic patients in the practice.
The most important of these factors is having a fully computerised practice.

Presented

At the Irish College of General Practitioners Winter Scientific Meeting in Leopardstown Pavillion on November 23rd, 2002 by Dr. Ray O'Connor.

References

Available on request.

Antimicrobial Susceptibility Testing of Clinical Isolates of Salmonella and Campylobacter Over a Two-Year Period in the Mid-West Region of the Republic of Ireland

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Introduction

Salmonella is one of the leading causes of infectious diseases in the Republic of Ireland. Over the last number of years *Salmonella enteritidis* and *Salmonella typhimurium* have accounted for the majority of all salmonella serotypes isolated. Despite a decrease in the number of reported cases of campylobacteriosis in the year 2000, Campylobacter remains the primary cause of bacterial gastroenteric infection in the Republic of Ireland. The fluoroquinolones are presently one of the most important classes of antibiotics available, and have had a major impact on the medical management of many forms of moderate to severe gastroenteritis.

Methodology

Salmonella and Campylobacter isolates from patients suffering from gastroenteritis were obtained from the stool bench in the Microbiology Laboratory, at the Mid-Western Regional Hospital in Limerick from June 2000 to May 2002. All strains were tested for antimicrobial susceptibility to 15 antimicrobial agents by disk diffusion according to NCCLS guidelines.

Results

During the 2-year study period 51 salmonella strains including 7 different salmonella serotypes were collected, these were; *S. enteritidis*, *S. typhimurium*, *S. agona*, *S. brandenberg*, *S. heidelberg*, *S. infantis* and *S. virchow*. A total of 60 Campylobacter strains were collected including 3 different serotypes, these were; *C. jejuni*, *C. coli* and *C. upsaliensis*. Of the 51 salmonella strains examined 37.25% (19) were susceptible to all antimicrobials tested, 62.75% (32) were drug resistant i.e. resistant to one or more antimicrobial agent. Of these drug resistant strains, 75% (23/32) were multi-drug resistant i.e. resistant to 4 or more antimicrobial agents. These multi-drug resistant strains were attributable to *S. typhimurium* of which the majority expressed the distinguishing pentaresistant phenotype of ampicillin, chloramphenicol, streptomycin, sulphonamide and tetracycline resistance (ACSSuT). Nalidixic acid resistance was expressed in 11.76% (2/17) of *S. enteritidis* strains only. All salmonella isolates were sensitive to all fluoroquinolones tested.

Of the 60 Campylobacter strains examined 35% (21) were susceptible to all antimicrobials tested. Quinolone resistance including one or more of the antimicrobials, nalidixic acid, cinoxacin, ciprofloxacin, ofloxacin, norfloxacin, enrofloxacin and perfloxacin were expressed in 16.7% (10/60) of all Campylobacter strains examined, of these 40% (4/10) were multi-quinolone resistant. Erythromycin resistance was observed in 6.7% (4/60) of strains.

Discussion

Multi-drug resistance observed in Salmonella and Campylobacter can limit the therapeutic options available to physicians for clinical cases that require treatment. Unlike fluoroquinolone sensitivity observed in Salmonella strains, Campylobacter isolates express resistance to the fluoroquinolones as well as erythromycin. Such resistance is a cause for concern in Irish hospitals as the fluoroquinolones, ciprofloxacin and ofloxacin are used as first line defence against salmonellosis and in combination with erythromycin against campylobacteriosis

Title

**Effect of Sterilisation on the Biocompatibility and Biodegradation of SIS
(Small Intestinal Submucosa)**

Authors

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SIS (Small Intestinal Submucosa) is an exogenous 3D extra cellular matrix (ECM) material of porcine origin. It has a complex composition which is predominantly composed of collagens type I, III, IV, V and VI. Studies have shown that SIS is rapidly absorbed, supports early and abundant new vessel growth, and serves as a template for the reconstructive modeling of several body tissues including skin, body wall, urinary bladder and blood vessels.

Currently commercially available SIS products are sterilised using ethylene oxide, gamma irradiation and e-beam irradiation. It is not know how these sterilisation methods affect the materials properties such as structure, mechanical strength and biocompatibility.

This study investigated the influence of each sterilisation method on the biocompatibility and biodegradation of SIS using L929 mouse fibroblasts. SIS samples were sterilised by each of the above methods under standard conditions. The samples were then subjected to either hydrolytic or enzymatic degradation. Each sample was weighed prior to commencing testing. The samples were then incubated in either PBS at pH 7.4 (hydrolytic conditions) or in a collagenase solution (enzymatic conditions) at 37°C for varying time periods. At the relevant time period the samples were removed and weighed to determine the % weight loss. As expected samples degraded by enzymatic means had a greater rate of degradation than those degraded hydrolytically.

Sample extracts were assessed by applying them to L929 mouse fibroblasts in order to determine their biocompatibility. The % protein present in each sample extract was evaluated using the BCA assay. Biocompatibility testing found that as SIS degrades it releases components which cause an increase in the metabolic rate and total cellular protein produced by L929 mouse fibroblasts. This indicates that SIS is potentially bioactive. It is thought that the components released may include extractable growth factors and further studies are required to confirm this.

Presented

At ET2003: Engineering Tissues Conference, February 26-March 2, 2003, Sea Pines Plantation, Hilton Head, SC USA by Dr. Tim McGloughlin.

Funding

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Title

Numerical and Experimental Models of 3-D Reconstruction of the Human Abdominal Aortic Aneurysm Based on CT Images

Authors

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Abdominal Aortic Aneurysms (AAA) pose a serious clinical challenge to vascular surgeons. As part of ongoing research a detailed computational and experimental study of AAAbehaviour has been undertaken. The generation of a 3-D model of a human Abdominal Aortic Aneurysm (AAA) with its descending and ascending aorta was obtained from a CT spiral imaging scan. This model revealed significant out of plane curvature throughout from the ascending aorta to the iliac arteries.

Numerical simulation based on Computation Fluid Dynamics showed the complex flow throughout this model. This complex flow behaviour is mainly due to the strong curvature effects, irregular geometry, tapering and branching. Because of the irregularities found in the vascular system these are sites for atherosclerotic lesions. The aneurysm sac reduces the velocity and causes significant recirculation which leads to very low wall shear stresses thus causing blood clots, which form on the wall of the sac and are clearly visible on the CT scan.

Experimental rubber models were created from casts based on the CTimaging. These models are made from silicon and photoelastic materials, which allow the magnitude and direction of the stresses and strains to be found. The position of these stresses provides an indicator of where ultimate rupture should occur.

The approach described could lead to the development of a new exciting diagnostic imaging and modelling tool for the analysis of AAAs.

Presented

At the Sylvester O'Halloran Surgical/Scientific Meeting in University of Limerick on March 7th, 2003 by Mr. Liam Morris.

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Title

The Design and Commissioning of the University of Limerick Three-Station Wear-Testing Machine for the Study of the Wear Behaviour of Total Knee Implants

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Although promising results have been obtained with the total condylar type prostheses, it has been realised in recent years that the functioning life of total knee replacements (TKR) can be compromised by excessive wear and polymer wear debris generation from ultra high molecular weight polyethylene (UHMWPE) bearing surfaces. (1,2)

In this study, a wear test machine was designed and manufactured to investigate the influence of the kinematic conditions on the wear of UHMWPE in contemporary fixed-bearing TKRs. The design rationale for the machine was to simulate both geometry and motion of the knee joint (3). The criteria used for validation of the test machine were the wear rate and damage patterns on the bearing surfaces, in comparison with those produced by similar test machines, knee joint simulators and clinical retrievals.

In order to determine the wear rate data of UHMWPE for the various test configurations a detailed analysis on the weight loss/gain of all polymer components was required during machine stoppages. This included measuring the weight of the three test components from each test station and three control components.

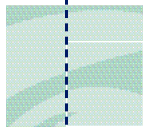
The test rig was shown to be an effective tool for measurement of wear rate by two techniques, namely weight loss and penetration depth. One of the unique features of this wear-testing rig, is its ability to be used in the preliminary investigation of the wear behaviour of various polymer and/or metal combinations for prosthetic applications.

Presented

At European Society of Biomechanics, Wroclaw, Poland, in September 2002 by Ms. Dorothy Murphy.

References

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- 2 Mc Gloughlin T.M. and Kavanagh A. (2000) "Wear of Ultra-High Molecular-Weight Polyethylene (UHMWPE) in Total Knee Prostheses: A Review of Key Influences." *Proceedings of the Institution of Mechanical Engineers: Journal of Engineering in Medicine - Part H*, Vol. 214, p349-359
- 3 McGloughlin T. and Kavanagh A. (1998) "The influence of slip ratios in contemporary TKR on the wear of ultra-high molecular weight polyethylene (UHMWPE): an experimental view". *Journal of Biomechanics*, Vol, 31, Suppl. 1, p.8, 11th Conference of ESB, July 8-11 1998, Toulouse, France.



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