

# ORAL ABSTRACTS

## Comorbidities and management of gout patients in general practice

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**Background/Aims:** To investigate the prevalence, comorbidities and management of gout in general practice in Townsville. **Methods:** Retrospective analysis of patients with gout, identified through the records of one general practice in Townsville. Terms such as 'gout' or 'gouty arthritis' were used to identify gout patients. Comorbidities such as obesity, ischaemic heart disease, and dyslipidaemia as well as aspects of management of chronic gout, including prescription of urate-lowering therapy (ULT), monitoring of serum urate levels in patients prescribed on ULT, diuretic cessation, and provision of lifestyle advice were assessed according to the therapeutic guidelines. The data was analysed using simple univariate and bivariate descriptive studies. **Results:** A pilot study was conducted with 58 patients attending one of the general practices. Obesity was the most common comorbidity (68%) followed by hypertension (62%) and dyslipidaemia (45%). In regards to management, current data shows ULT is prescribed in 38% (n=22) of patients. Of the patients prescribed allopurinol 59% of patients had a sUA of  $\geq 0.36$  mmol/l and 14% did not have a sUA level tested. Lifestyle advice was only provided in 14% of gout patients. Fifteen percent (15%) of patients with gout had a current prescription for diuretics. **Conclusion:** Chronic comorbidities associated with an increased risk of cardiovascular disease were common in gout patients. Furthermore, the primary care management of gout was not concordant with the national therapeutic guidelines, which is also evident in other studies. This data, although limited in sample size, reveals that guidelines alone are not enough to improve the quality of gout management.

## Implementing evidence in order to promote freedom of movement for women in labour

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**Background/Aims:** There is clear and important evidence that upright positions in the first stage of labour reduces the duration of labour, the risk of caesarean birth and the need for epidural. Despite this evidence, conventional hospital labour management continues to restrict mobility and confine women to birthing beds. The aim of this study was to find evidence-based, new and innovative ways of promoting the use of upright and mobile positions for women who labour in conventional hospital settings. **Methods:** A literature review was conducted. The areas of focus included the reasons why, where, when and how promoting freedom of movement for women during labour could be achieved. Gaps and trends in research knowledge were considered. Strategies to overcome the theory-practice gap were developed for consultation and implementation. **Results:** Results indicate that optimising freedom of movement for women in labour requires a two-pronged approach. Firstly, research evidence must inform birth policies and guidelines. Secondly, policies and guidelines must inform labour ward design and midwifery intrapartum care. Each stage is equally important, as freedom of movement for women in labour can be restricted because

of intrapartum policy and/or environment and/or care. **Conclusion:** As midwives, we are obliged to inform women of the benefits to themselves and their babies of being upright and mobile during labour. In order to optimise freedom of movement for women during labour, we must actively promote and implement mobility-friendly birth policies and practices in our conventional labour ward settings.

## Prevalence of chronic complications of type 1 diabetes at The Townsville Hospital: a retrospective review

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**Background/Aims:** Macro and microvascular complications of type 1 diabetes mellitus (DM1) are the leading cause of morbidity and mortality in developed countries, yet no study has been conducted that analyses the magnitude of these long-term complications in our region. The aim of the study was to determine the prevalence and risk factors of chronic complications of DM1 in The Townsville Hospital. **Methods:** Hospital-based cross sectional study was retrospectively conducted on all DM1 patients attending diabetes clinic at The Townsville Hospital from 1 February 2013 to 31 March 2014. Prevalence and risk factors of microvascular (nephropathy, retinopathy and neuropathy) and macrovascular (cardiovascular, cerebrovascular and peripheral vascular diseases) complications were determined from the clinical and biochemical profiles of the patients. **Results:** We identified a 38% prevalence of long-term DM1 complications in 153 subjects, with microvascular and macrovascular being present in 27% and 11% respectively. The major risk factors of long-term DM1 complications in the study population were age group of 40 to 79 years old (RR 4.18, 95% CI 2.25-7.76,  $p < 0.0001$ ), duration of diabetes  $> 30$  years (RR 2.29, 95% CI 1.27-4.1,  $p = 0.0057$ ), glycaemic control (HbA1c) of more than 7% (RR 12.50, 95% CI 4.63-33.74,  $p < 0.0001$ ). Other variables were tested but fell short of statistical significance. We report high prevalence of DM1 complications. **Conclusion:** Subjects who have any of the following criteria are at risk of developing the complications: older age group, long duration of DM1 and poor glycaemic control. Further prospective analysis on a larger population is needed to confirm our findings.

## Patients' perceptions of hospital-acquired infections in two facilities in North Queensland, Australia: a pilot study

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**Background/Aims:** Although it is known that there are significant consequences to patients and health services of hospital-acquired infections, there is a lack of Australian studies about patients' knowledge of them. The aim of this study is to undertake a pilot study in two healthcare facilities in North Queensland about patients' knowledge and perceptions about hospital-acquired infections. **Methods:** We used a questionnaire previously used in the United Kingdom, adapted with permission, in a tertiary-level North

Queensland hospital and a smaller, remote facility in Far North Queensland. A convenience sample of surgical inpatients in each facility was invited to complete the questionnaire. **Results:** Forty-two of the 51 respondents (29 men, 22 women) were from the large hospital. The majority (n=42) were aware of the risk of hospital-acquired infections before their surgery and had adequate information (n=36) and understanding (n=41). Sources of their information were diverse, with doctors, the hospital and television most frequently being nominated, although many indicated that the media did not accurately portray hospital-acquired infections. Knowledge of specific bacteria was quite poor. Staff and visitors using alcoholic hand-rub and involving patients more in their own care were the most frequently offered options for preventing hospital-acquired infections. **Conclusion:** We plan to administer the questionnaire to a larger number of patients across more Australian facilities. Responses will inform interventions to further improve the knowledge and understanding of hospital-acquired infections of future patients.

## Understanding positive health outcomes and unmet needs after traumatic brain injury in The Townsville Hospital and Health Service

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**Background/Aims:** Previous research has suggested that individuals from regional areas have poorer health outcomes following a traumatic brain injury (TBI). The aim of our research was to use a positive health framework to investigate the long-term outcomes, unmet needs and obstacles to care for individuals with mild, moderate and severe traumatic brain injuries in the Townsville Hospital and Health Service area. **Methods:** Ninety individuals from north Queensland self-reported on several measures 6-18 months post-TBI including symptom experience, mental health, quality of life, community integration, perceived level of need, and obstacles to care. **Results:** There were no significant differences for rurality on any variables. Individuals with severe TBI reported significantly lower levels of community integration, higher levels of psychological distress, lower levels of psychological well-being, and higher levels of unmet need than individuals with mild or moderate injuries. TBI caused by assault was more likely to result in significantly higher psychological distress and significantly greater levels of unmet needs. Forty per cent (40%) of the sample reported unmet psychological and social needs. The primary obstacle to care was difficulty accessing treatment resources. **Conclusion:** Severity and cause of injury places individuals at risk for poorer outcomes post-TBI, rather than rurality. Future service provision should address the high levels of unmet psychological and social needs and obstacles to treatment resources in regional communities.

## Information needs and priorities of parents of infants newly diagnosed with cystic fibrosis: a literature review

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**Background/Aims:** Initial diagnosis and education are landmark events for parents whose children have cystic fibrosis (CF). Education delivery and content exert powerful influences on parental adjustment to diagnosis and ongoing engagement with the CF team. Even with good intentions, current practices may fail to meet parents' information and care needs. **Methods:** A literature review of articles written in English and published between 2001 and April 2014 was undertaken. We searched CINAHL, MEDLINE, Cochrane Library, and Google Scholar using key words: cystic fibrosis, information needs, education\*, parent\*, chronic illness\*, chronic disease\*, infant diagnosis, newborn screening, quality of life, counselling, priorities\*, communicat\*, NICU, respiratory illness\*, and family-centred care. **Results:** The literature review revealed a dearth of studies investigating education needs of parents during this pivotal period. The main findings include: need for information, timing and type of information required changes over time. Parents seek information from a variety of sources; effective communication when disclosing results is crucial; and knowledge gives parents a sense of control. **Conclusion:** There is a gap in research about information needs and priorities of this group of parents. Chronic illnesses such as CF have significant impacts on family functioning and overall health outcomes, calling for increased support and education. Parents turn to the Internet as an additional source of information to meet their needs, but this can have varying positive and negative outcomes. This literature review has informed an Honours project about information needs of parents of children recently diagnosed with CF.

## Telesupervision: an exploration of the use of the Townsville Teleoncology model by junior doctors working in rural locations and their supervisors

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**Background/Aims:** Telemedicine has revolutionised the ability to provide care to patients, relieve professional isolation and provide guidance to junior doctors in rural areas. The prediction of an increased junior workforce in rural locations raises the issue of providing adequate supervision. Very few studies have explored the perspectives of rural physicians using videoconferencing for supervision, training and educational support. Therefore, this study evaluated the Townsville Teleoncology supervision model for the training of junior doctors in rural areas. **Methods:** Semi-structured interviews and observational field notes were used to collect data from ten junior doctors and ten senior doctors currently participating in the Townsville Teleoncology model. Descriptive template analysis was undertaken using NVivo data management software. **Results:** Five major themes (positive learning environment, beginning the learning relationship, stimulus for learning, costs, and practicalities of telesupervision) and several subthemes emerged from the data. While some of these themes were consistent with the current literature, new themes such as increased professional edge, recognising non-verbal cues and physical examination challenges, were developed. All participants expressed a positive attitude to adopting the telesupervision model with suggestions for future use. **Conclusions:** Telesupervision is an effective resource for alleviating the stress faced by junior doctors in rural areas. It provides professional support and guidance to ensure quality care. However, resources are required for up-skilling and training in the use of telesupervision. Other factors, such as administration issues and nursing support, as well as physical barriers to examinations, must be addressed prior to further implementation.