

Using positive psychology measures in clinical practice: a new way forward

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Background/Aims: Mental health tends to be thought of from a medical perspective, with a focus on the management of psychopathology. However, there is a growing understanding that 'mental health' should be considered as a holistic state that includes both mental illness and mental well-being. To encourage clinicians to use a complete state model of mental health, newer positive psychology measures need to have their psychometric properties established and compared with current clinical measures. **Methods:** A selection of positive psychology measures (MHC-SF, Flourishing Scale, SWLS, LOT-R) along with traditional measures of mental illness (Kessler-10, Basis-24, DASS21) were administered to an Australian sample of community dwelling adults (n=173, M=30.5, SD=11.3). **Results:** The internal consistency of the positive psychology measures was excellent (>0.9). High reliability coefficients were also found for the three clinical measures. Convergent validity was demonstrated through high significant correlations between the positive psychology measures ($r=0.72$ to 0.82); and lower significant negative correlations with psychological distress measures ($r=-0.51$ to -0.65). These consistent correlation patterns indicated robust construct validity as measures of positive mental health separate from traditional measures of psychological distress. **Conclusion:** The complete state model of mental health provides an evidence-based framework to support the development of novel systems of health care that more fully conceptualize mental health outcomes. Newer positive psychology measures are easy to use, inexpensive and reliable and valid. They send a clear message that assessment and treatment planning have a strengths based approach to recovery and outcome, and their use should be encouraged.

Worldwide prevalence of lower limb amputation in renal dialysis patients: a systematic review

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Background/Aims: Renal dialysis has recently been identified as a risk factor for lower limb amputation (LLA); however, exact rates are not known. **Methods:** A systematic review of existing literature investigating the prevalence of LLA in subjects that had end-stage renal failure (ESRF) and were on renal dialysis was conducted. A systematic literature search using the MeSH terms 'diabetes' AND 'amputations' AND 'renal dialysis' was conducted in PubMed, MEDLINE, Cochrane reviews and Google Scholar database for full-text articles published in English from July 2003 to July 2013. **Results:** A total of six full-text published studies conducted worldwide were included in this systematic review, five of which included patients on haemodialysis alone and one on both haemodialysis and peritoneal dialysis. The reported findings on prevalence of amputations in the renal failure cohort varied from 1.72% in Japan to 13.4% in Canada. Five out of the six studies identified presence of diabetes mellitus as the leading risk factor for amputation ($p<0.05$) in renal dialysis patients. Other risk factors identified were: high HbA1c, high C-reactive protein and low serum albumin. **Conclusion:** This review demonstrates high prevalences of LLAs in patients with ESRF receiving dialysis therapy. It has also identified the closely-associated risk factors for the adverse outcome of amputation, of which the most important is the presence of diabetes mellitus.

THANK YOU FROM THE TOWNSVILLE HEALTH RESEARCH WEEK COMMITTEE

Townsville Health Research Week has become one of the most important events in the health and academic calendar in northern Australia. It allows us to showcase the world-class research that is happening here, by both research and clinical staff in THHS. An important part of this is the blurring of boundaries in several ways - clinicians who are active researchers, researchers whose work is clinical, and the multidisciplinary nature of much of the research done here. We can be truly proud of our research and outcomes that do have a significant effect on health care, not just in our region, but across Australia and internationally.

THRW would not happen without the work of the organising committee. The committee members, from a range of disciplines, come up with great ideas, and then work hard to put them into practice. So we must heartily thank you all. In addition, we thank our major sponsor, Northern Clinical Training Network.

Most of all, we thank all who take an interest in THRW, and who present their work, participate in the workshops, and attend events like the debate. We thank the keynote speakers, Professors Anderson, Edwards, Gollidge and Najman, for giving up their time and sharing their hard-won knowledge so generously. We thank everyone who comes and takes part by listening and joining with us in the events. Without all these people, THRW would, not be the great success it is.

Townsville Health Research Week Committee Chair, Professor Linda Shields



Linda Shields is Director of the Tropical Health Research Unit, a partnership between James Cook University and Townsville Hospital and Health Service in Queensland, and Honorary Professor, School of Medicine, University of Queensland. Her research includes health in tropical regions, family-centred care, paediatric perioperative nursing, and the ethics and history of nursing, in particular, in Nazi Europe.

Linda is the first nurse in Australia to hold a higher doctorate, with a Doctor of Medicine from University of Queensland. She also holds a PhD and Masters degree from the School of Medicine at UQ.

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