

An investigation of alcohol consumption in north Queensland: an application of the prototype willingness model

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Background/Aims: The prototype willingness (PW) model suggests that there are two separate antecedents to behaviour: intention and willingness. Whereas intention is suggested to be reasoned and deliberative, willingness is more automatic and reactive. The aim of this study was to assess alcohol consumption in an Australian sample as well as the antecedents to drinking behaviour on both weekdays and weekend days. **Methods:** The sample for this study was taken from a larger cross-cultural study ($n = 371$); however only those who identified as Australian were included in the current analysis. From the original sample, 177 participants identified as Australian (115 females and 62 males). Participants completed a questionnaire assessing demographic variables, alcohol consumption and variables on the PW model. **Results:** Participants reported consuming more alcohol during weekend drinking sessions ($M = 5.60$, $SD = 4.80$) than weekday drinking sessions ($M = 1.46$, $SD = 2.49$). The model accounted for 15.0% of the variance in the quantity of alcohol consumed in a typical weekday drinking session and 41.5% of the variance in a typical weekend drinking session. Willingness to drink significantly predicted alcohol consumption during weekday drinking sessions. Both willingness and intention to drink, and demographic variables significantly predicted alcohol consumption during weekend drinking sessions. **Conclusion:** The antecedents of the PW model differentially predicted alcohol consumption during a typical weekday and weekend drinking session.

Dietetic intervention for inpatients on fluid diets helps to achieve nutritional requirements

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Background/Aims: Fluid diets are frequently used in the hospital setting. These diets are inadequate in all nutrients and prolonged use can increase the risk of malnutrition. Dietetic interventions of nutrition supplementation, alternative feeding and individualised dietary counselling are targeted at increasing nutritional intake to reduce malnutrition risk. This study aimed to assess whether dietetic intervention helps patients on fluid diets to meet their energy and protein requirements. **Methods:** A quasi-experimental study of 57 patients receiving fluid diets was conducted at The Townsville Hospital. The fluid consumption of participants was observed over 24 hours and was used to calculate total energy and protein intakes. The percentage of protein and energy requirements met was compared between patients receiving dietetic intervention and patients in the control group. **Results:** Patients on fluid diets receiving dietetic intervention met a higher percentage of their energy requirements (73.93) than the control group (16.99) based on median intakes ($p < 0.001$). Patients on fluid diets receiving dietetic intervention also met a higher percentage of their protein requirements (70.84) than the control group (12.0) based on median intakes ($p < 0.001$). **Conclusion:** Patients on fluid diets receiving dietetic intervention had improved energy and protein requirements compared against controls. Addressing malnutrition is a core priority in Queensland Health facilities. Current models of care may not be meeting the needs of patients on fluid diets to reduce their risk of malnutrition. Dietetic intervention will be considered standard care for patients receiving fluid diets at The Townsville Hospital.

Exploration of how a pharmacist role benefits an inter-professional rehabilitation team

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Background/Aims: Community Rehabilitation northern Queensland (CRnQ) provides rehabilitation services for people with neurological conditions. On referral to CRnQ, a person undergoes assessment whereby a medication history is obtained. We reviewed the participant assessment process through consideration of a person's pharmaceutical profile and taking a best possible medication history (BPMH). **Methods:** A pharmacist was employed for 136 hours over a 14 week period to observe and audit current processes around BPMH taking and assessment at CRnQ. Upon review, a suite of recommendations for consideration and implementation was developed. **Results:** Audit results indicated a need for changes to medication management processes to optimise person-centred care at CRnQ. These changes include the development of templates for taking and recording BPMHs, medication management screening within participant assessment to include referral criteria to a pharmacist, and the elimination of the current medication management assessment. Furthermore, it was recommended that mandatory minimum training for health and social care professionals be implemented regarding recording BPMHs, conducting medication management screenings, and the utilisation of community pharmacists. Optimising use of the electronic record management system to record BPMHs so as to limit transcription errors was also recommended. Creation of a pharmacist position to work within the interprofessional CRnQ team was highlighted as a priority. **Conclusion:** The results of the study found a pharmacist working as part of a multi-disciplinary team can highlight improvements in pharmaceutical care. Further investigation in measurement of the impact a pharmacist role will have within CRnQ is required as well as tracking and evaluation of the recommendations made.

Sweep frequency impedance measures in young infants: developmental characteristics (birth to 6 months) and clinical significance

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Background/Aims: Acoustic ear canal measurements that depend on the physical properties of external and middle ear undergo maturational changes in infants over several months of life following birth. From both clinical and research perspectives it is important to distinguish between changes due to developmental effects of ear canal and middle ear from dysfunction. The aim of this study was to describe the maturational effects of sweep frequency impedance (SFI) measures in healthy neonates from birth to 6 months of age. **Methods:** Participants included 24 newborns (30 ears), 16 infants aged 1 month (28 ears), 13 infants aged 2 months (18 ears), 17 infants aged 4 months (22 ears), and 13 infants aged 6 months (19 ears). Ears that passed both 1000 Hz tympanometry and distortion product otoacoustic emissions testing were included in the study. A mixed model ANOVA was applied to analyse the data. **Results:** A clear maturational trend of increased resonance and decreased mobility was noted for ear canal from birth to 4 months of age. Middle ear measures of resonance and mobility were stable across all ages demonstrating no maturational effect. **Conclusions:** The maturational effects of ear canal were evident whereas maturational effects of middle ear on SFI measures were stable during the first six months of life. This developmental effect can be used as normative reference for detecting dysfunction in the sound conduction pathways in young infants.