



CIAP Newsletter

Upcoming: Mental Health Point of Care Resources Workshop
When: 21st January 2025 08:30AM - 12:30PM
Where: ONLINE

Register

Program

2025 CIAP Workshops Now Open for Registration!



CIAP Training Workshops:

Join **live** or watch **on-demand**

- Enhance your day-to-day practice and clinical decision-making skills with **essential point of care and evidence-based resources**
- Stay informed on best practice and **improve patient outcomes**



Check out all CIAP training options on the [CIAP Training Events Page](#)

Download the [Full Schedule PDF](#) to print and share with your team!

CIAP Tools for Best Practice Workshop

Learn to use CIAP tools and resources to elevate bedside care with evidence-based practice. Enhance your daily practice and gain hands-on experience with essential CIAP resources.

Point of Care Resources Workshops

Learn to utilise CIAP tools and resources at the point of care across a range of specialty areas including: Mental Health, Paediatrics, Aged & Palliative Care, and Medicines.

Allied Health Evidence-Based Practice Workshop

Focusing on the needs of Allied Health professionals, this workshop explores CIAP's resources and databases from a multidisciplinary perspective.

Evidence-Based Practice & Database Searching Workshop

Gain confidence in using CIAP resources that support evidence-based practice and find relevant information by formulating search strategies and using citation databases.

Advanced Searching Workshop

For those who have previously attended a CIAP workshop, and would like to expand their existing citation database knowledge and skillset with advanced search strategies.

See all CIAP training options on the [CIAP Training Events Page](#).

What Is the Diagnosis?

In this condition, cells within the tubule epithelium undergo repeated cell division, creating a cyst. Cysts enlarge the kidneys, leading to thickening of the



basement membranes in the tubules, macrophage infiltration, neovascularisation, fibrosis, and cystic dilation of the renal tubules and ultimately resulting in the compression and eventual replacement of functioning renal tissue, resulting in renal deterioration. The condition can progress relentlessly to fatal uraemia.

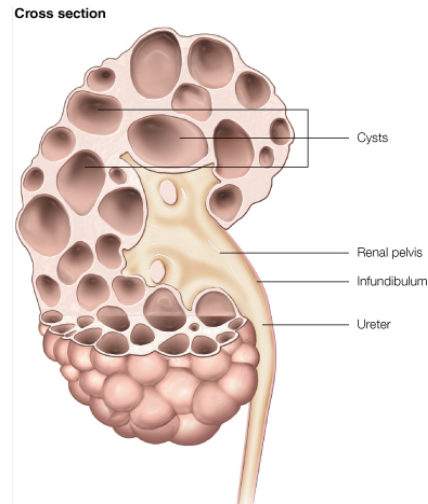
Physical findings include:

- Hypertension
- Microscopic or gross haematuria
- Increased abdominal girth
- Signs of an enlarging kidney mass
- Grossly enlarged kidneys (in advanced stages)
- Bilaterally palpable masses in the flank area (advanced disease)
- Uraemic fetor
- Pallor, dry skin, oedema

What's the diagnosis?

[Find out the answer here](#) in Lippincott Advisor.

Access provided by CIAP.



Take a Closer Look with Access Medicine's Collection of Infographics



Access Medicine offers various study tools including:

- [Infographics](#)
- [Flashcards](#)
- [Interactive modules](#)
- [Review questions](#)
- [Cases](#)
- and more

See the Infographic Guide to Medicine's collection of infographics covering a range of clinical areas. Download or print as a PDF to promote your topic of interest.

[See more](#) in Access Medicine.

Access provided by CIAP.

Polycystic Kidney Disease (PKD)

Autosomal Dominant Autosomal Recessive

Etiology

<p>Mutations in <i>PKD1</i> and <i>PKD2</i></p> <p>Tubule cell proliferation and fluid secretion</p> <p>Leads to large cysts in ~5% of tubules</p> <p>Ultimately leads to renal failure</p>	<p>Mutations in <i>PKHD1</i></p> <p>Most patients are heterozygotes</p> <p>Homozygotes have earlier onset of disease</p> <p>Renal failure from fibrosis > cyst burden</p>
---	--

Clinical Presentation

<p>Large, bilateral renal cysts</p> <p>Age 50: 100s-1000s of cysts</p> <p>Largely asymptomatic in first 4 decades</p> <p>Associated liver cysts and brain aneurysms</p> <p>Complications include: Back pain, pyelonephritis, hemorrhage, nephrolithiasis</p> <p>Most common cause of death: Cardiovascular complications due to hypertension</p>	<p>Classic: Neonates born with ESRD</p> <p>Death usually in first month from respiratory insufficiency</p> <p>Some patients diagnosed later in infancy</p> <p>Systemic hypertension Worsening renal function</p> <p>Liver manifestations: Fibrosis and biliary dilation</p> <p>Kidneys become small and shrunken, unlike ADPKD</p>
--	--

Diagnosis

<p>Screening ultrasound (# of cysts needed for dx increases with age)</p> <p>Positive family history</p> <p>MRI may be used to detect smaller cysts</p> <p>Genetic testing for definitive diagnosis</p>	<p>Parents usually have no renal cysts (distinct from ADPKD)</p> <p>Ultrasound (even in utero) shows large, echogenic kidneys with poor corticomedullary differentiation</p>
--	--

Treatment

<p>Most require dialysis or renal transplant</p> <p>Tolvaptan for those with high-risk features</p> <p>Blood pressure goal of 130/80 + ACEI/ARB to prevent cardiovascular complications</p>	<p>BP control, dialysis, and renal transplant</p> <p>Liver complications may require liver transplant or portosystemic shunt</p>
--	--

New Therapeutic Guidelines Progressive Web App Now Available for Download



The new Therapeutic Guidelines Progressive Web App is now available for download. Access and authenticate the app either onsite or when working remotely. The app can be installed via your mobile web browser for Apple or Android devices.

Follow the [Therapeutic Guidelines NSW Health Mobile App User Guide](#) for detailed instructions on app installation.

See all CIAP Mobile App guides on the [Mobile Apps page](#).

Access provided by CIAP.

Five Decades of Debate on Burnout



First described in the mid-1970s, “burnout” has elicited continued interest among occupational health specialists. The World Health Organization defines burnout as a triadic syndrome that comprises: (i) feelings of energy depletion or exhaustion; (ii) increased mental distance from one’s job, or feelings of negativism or cynicism towards one’s job; and (iii) a sense of ineffectiveness and lack of accomplishment. This definition closely aligns with the conceptualisation of burnout in the Maslach Burnout Inventory, the most prominent measure of the entity. Although burnout has become a popular indicator of job-related distress, persistent controversies surround the construct.

As burnout reaches its half-century of existence, this article offers an overview of key research developments that have prompted investigators to revamp their views of the syndrome.

Read more of this study in [The Medical Journal of Australia](#).

Access provided by CIAP.

Development and Validation of Machine Learning Models To Predict Frailty Risk for Elderly



Frailty is either physical or psychological or a combination of the two components, and is a dynamic condition that can improve or worsen over time. Early diagnosis and timely treatment can prevent or slow down the development of frailty, so as to improve the quality of life of the elderly, enhance their independence in life and reduce medical and health expenses. Therefore, early identification of frailty and screening is especially important. However, the current domestic and foreign research on frailty prediction still has some certain limitations.

It is crucial to apply a multidisciplinary approach to innovation in the healthcare field. Recently, machine learning (ML) has been used to produce a prediction model for practice. ML widely refers to the process of matching predictive models with data or identifying informative groups within data. The field of ML essentially attempts to approach or imitate the ability of humans to use computational recognition patterns.

Read more of this review in [The Journal of Advanced Nursing](#).

Access provided by CIAP.

Reducing the Risk of Preterm Birth



Preterm births are an important cause of neonatal mortality. They account for three quarters of stillbirths, including late fetal losses (75%) and neonatal deaths (74%), and can result in severe lifelong morbidities in those who survive. The consequences have far reaching effects on families, who can experience psychological trauma and financial difficulties as they care for affected children.

We know the factors that can increase a woman’s risk of preterm birth. Individual factors include recreational drug use, smoking, gender based violence,

environmental pollution, being an unhealthy weight, and perinatal mental health disorders such as depression and anxiety. Social and structural factors include poverty and racism. Women from some ethnic minorities and living in the most socially deprived areas are more likely to experience poor pregnancy outcomes. Currently, women with the poorest outcomes and the greatest social complexity find it hardest to access and navigate services, and we need to consider how services can be better organised to mitigate inequities rather than compound them.

Learn more in [The British Medical Journal](#).

Access provided by CIAP.

Upcoming CIAP Events

Mental Health Point of Care Resources Workshop

21st January 2025
08:30AM-12:30PM
Virtual (Microsoft Teams)

[Register](#)

Evidence-Based Practice & Database Searching Workshop

12th February 2025
08:30AM-13:00PM
Virtual (Microsoft Teams)

[Register](#)

Need help with CIAP?
Contact the CIAP helpdesk 24 hours, 7 days a week.
1300 28 55 33 or visit the [CIAP Support page](#).

[LinkedIn](#)
| [Twitter](#)



eHealth NSW

Copyright © 2024 eHealth NSW
All rights reserved.

This email was sent by CIAP Team, eHealth NSW - CC 652950, Tower B, Level 13,
Zenith Centre, 821 Pacific Highway, Chatswood, NEW SOUTH WALES 2067,
Australia to

[Unsubscribe](#)