

ORAL ABSTRACTS

Allied Health Research Symposium

Tuesday, 9 October, 2012

12:30-4.30 pm (lunch from 12 pm)

Robert Douglas Auditorium,
The Townsville Hospital

Essential Medicines Safety Information for Allied Health Professionals

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Background / Aims: Medicines are the largest single intervention provided to patients in hospital. Adverse effects of medicines may decrease the ability of patients to participate in interventions, specifically Allied Health Professional's (AHP) interventions, impacting on the quality of care and length of hospital stay. AHPs receive education about medicines as part of their undergraduate degree but receive little formal professional education on medication after graduation. Pharmacists are well placed to provide education to other AHPs about the nature of medication and medication issues which may benefit individual professions in the performance of their duties. This study aimed to formulate a pilot interdisciplinary workshop addressing essential medicines safety information for AHPs. **Methods:** A series of scoping interviews were conducted which moulded the content of the workshops into 5 clinical topics and a case study. AHP knowledge was assessed using a pre and post workshop quiz and using a certainty based scoring scheme. **Results:** A pilot 2 hour workshop was held with thirty-three attendees from six different disciplines. A global trend towards more correct answers and an increased certainty the AHPs were correct, was observed between the pre and post quiz. Overall, 93% of responses indicated the workshop content was useful, informative and provided skills which would be able to be taken back to the workplace. **Conclusion:** Due to the increasing number of medicines and complexity of patients this style of workshop should be further developed to provide specific skills and knowledge to Allied Health Professionals regarding medicines.

Sexual Reconstruction after the "Loss of Manhood": The Men's Tales

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Background / Aims: Sexuality contributes significantly to the development of individual's identity, self-esteem and relationships. Research indicates that males tend to incorporate their sexual potency to define identity, self-esteem and "manhood." Physical disabilities that impact on one's sexual functioning can affect man's perception of self and relationship with others. **Methods:** The study adopted a qualitative approach to collect narrative tales of seven adult males with an acquired physical disability through semi-structured interviews that focused on courtship, intimate relationship and perceived sexual potency before and after the injury, attempts made to reconstruct own sexuality, and experience with health professionals in addressing sexual concerns. Thematic analysis was conducted on the data. **Results:** All informants expressed that the desires for sexual satisfaction and intimacy did not diminish after the injury and that sexual concerns were inadequately or not addressed by health professionals. Major themes identified include: loss of manhood and its consequences, partner's role change from lover to carer, unspeakable desires and pathway to sexual reconstruction. **Conclusion:** Sexuality is often neglected by health profes-

sionals in the rehabilitation process. Findings in the study provide insights to the experiences of men with acquired physical disability in the journal of sexual recovery.

Renal Parenchymal Thickness as a Measure of Renal Growth in Low Birth Weight versus Normal Birth Weight Infants

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Background / Aims: Low birth weight (LBW, < 2500 g) infants have smaller kidneys and therefore a reduced number of glomeruli and nephrons. Renal ultrasound remains the primary technique for assessing renal volume. Renal volume (RV) is obtained by acquiring three measurements and then using a formula to estimate the volume. In contrast, measurement of the renal parenchymal thickness, with ultrasound, is a single measurement of the kidney. We carried out a study to determine whether renal parenchymal thickness can be used to detect any differences in renal growth between LBW and normal birth weight (NBW, 2500-4500g) infants. **Methods:** This study was conducted over a 12-month period from August 2010 in the Departments of Medical Imaging and Neonatology, Townsville Hospital. Only infants born full-term without urinary tract symptoms or underlying renal problems were included. These infants were then classified according to birth weight as LBW or NBW. **Results:** Thirty-eight infants were evaluated (11 LBW and 27 NBW). The mean RV and mean renal parenchymal thickness in LBW infants are significantly lower than they are in NBW infants. There was no significant difference in renal length between LBW and NBW infants. Furthermore, there were no significant differences between each kidney's right and left renal length, parenchymal thickness and volume. Renal parenchymal thickness is found to be closely correlated with an increase in RV ($p < 0.0001$). **Conclusion:** The mean renal parenchymal thickness in LBW infants is significantly lower than in NBW infants. Renal parenchymal thickness is a single, easily performed measurement that may be a more useful and accurate approach to monitoring renal growth.

Chronic Low Back Pain: Diagnostic Classification, Intervention and Outcome

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Background / Aims: This research consists of three interconnected and sequential studies. Preliminary data from study two will be presented. This study aims to evaluate a physiotherapy diagnostic classification system for chronic low back pain (CLBP), against a gold standard of anaesthetic spinal injection. **Methods:** Volunteer participants (n=30), diagnosed with CLBP were recruited. A physiotherapist and a neurosurgeon examined and classified all subjects. The physiotherapist and neurosurgeon were blinded to each other's examination findings. Spinal injection was conducted by the neurosurgeon. Immediately following spinal injection subjects were re-examined, and post injection pain levels were determined. Data from participants whose physiotherapy classification matched the diagnosis of the neurosurgeon was analysed to identify significant differences in pain levels. **Results:** Subjects showed significant improvement ($P < 0.001$), in before and after spinal injection measures of Visual Analogue Scale (VAS) and Numerical Pain Scale (NPS). In addition greater than 50% of participants reported 80-100% reduction in NPS and VAS. **Conclusion:** The preliminary results suggest that this physiotherapy classification protocol is a valid tool, and has implications for the role of physiotherapists in the classification of chronic low back pain prior to spinal injection and potential to improve physiotherapy interventions for patients with chronic low back pain.