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Proceedings of the

Association of North of England Physicians

"Our case of severe idiopathic pyodermagangrenosum resulted from a pathergic response to venflon insertion. It illustrates the importance of recognising this association"

"Vaccination should be routine in all patients with rheumatoid arthritis independent of therapy. DMARD treatment should be stopped during lower respiratory tract infection requiring antibiotics. These measures, together with a reduction in the number of patients taking oral steroids, can significantly reduce morbidity and mortality…."

"Patients who respond well to chemotherapy [for mesothelioma] may relapse with an atypical presentation. Second line chemotherapy is a viable option in some."

Abstracts of the meeting held on Saturday 7th March 2009 at Hexham General Hospital

March 2009

TRANSIENT ISCHAEMIC ATTACKS AT SOUTHTYNESIDEGENERALHOSPITAL

Carlos Echevarria, Alex Thompson, Jon Scott
SouthTynesideGeneralHospital

Following a transient ischaemic attack (TIA), the likelihood of stroke can be predicted using the ABCD2 score (Age, BP, Clinical features, Diabetes, Duration). We assessed all admissions coded as TIAs to the A&E department over 6 months and applied the ABCD2 score. Current recommendations are: those with an ABCD2 score of ≤ 3 should be referred to the TIA clinic and those with a score of ≥ 4 or more should be admitted. 56/71 patients were diagnosed as TIAs on review and are included in the study. Only one patient was given aspirin in A&E. There was no documented advice regarding driving. Less than a third of "true" TIAs had Doppler ultrasound scans. All these were requested by the stroke team. Admitted patients waited longer for their scans. One patient waited < 48 hours; 6/13 < 2 weeks; 6/13 > 2 weeks. Implementing the ABCD2 score without improving clinical diagnosis of stroke would almost double (7 to 13) referrals to the TIA clinic. Currently only 31% (13/42) of "true" TIAs had carotid doppler ultrasounds, the majority through the TIA clinic, so implementation of guidelines would increase the work for the ultrasound department.
Conclusion: We have identified a teaching need for A&E doctors on TIA. Sending them copy letters from the TIA clinic may be one way of achieving this. Liaison with ultrasound is required if the increased service demand is to be met.

LIFE AFTER FIRST LINE CHEMOTHERAPY IN MALIGNANT PLEURAL MESOTHELIOMA.

John Steer Georgina Bough, Albiruni Ryan Abdul Razak, Gerard Meachery, Andrew Hughes
SunderlandRoyalHospital& Northern Centre for Cancer Treatment

It is unclear how patients with malignant mesothelioma relapse clinically following chemotherapy and whether second line treatment is effective. We retrospectively reviewed patients who received first line chemotherapy at SunderlandRoyalHospital. Symptoms at relapse typically reflected those at presentation. In patients who had responded well to chemotherapy a greater proportion represented with clinical lymphadenopathy (25% vs. 6%). Twenty patients (45%) received second line chemotherapy with disease control rate achieved in 8 (40%).
Conclusions: Patients who respond well to chemotherapy may relapse with an atypical presentation. Second line chemotherapy is a viable option in some.

HOW USEFUL ARE PARAMEDIC ECGS?

M Dewhurst, AMcDiarmid, PC Adams
Royal Victoria Infirmary

We compared paramedic and first in-hospital ECG to assess the value of pre-hospital ECGs. In 174 admissions to the Chest Pain Assessment Unit (94 male), 92 (53%) patients had abnormal ECG or raised Troponin I. ECGs differed in 21 (19%) between pre-hospital and in-hospital, altering management in 8 (7%). Of these, 6 had ischaemia / infarction and two had paroxysmal ventricular tachycardia. In 3 additional patients ECGs did not differ, but the initial ECG had influenced pre-hospital treatment (2 STEMI, 1 VT).
Conclusion: The paramedic ECG influenced treatment in 22% of higher risk cardiac patients, and thus has value over and above immediate triage for STEMI management.

LIMITED CUTANEOUS SYSTEMIC SCLEROSIS AND OESOPHAGEAL CARCINOMA. A CASE REPORT

Hinchliffe WT
FreemanHospital

A lady with limited cutaneous systemic sclerosis and GI symptoms was evaluated by endoscopy and gastric motility studies. Initial endoscopy demonstrated gastric antral vascular ectasia which was consistent with her presentation and diagnosis. However repeat endoscopy after re-presentation revealed oesophageal carcinoma.
Conculsion: We present datato suggests that patients with systemic sclerosis and atypical symptoms may warrant further investigations for underlying malignancy

TERMINAL ILEITIS NOT DUE CROHN'S DISEASE: INCIDENCE, CAUSES AND OUTCOMES

YC Lim, E Johns, J H Topping, A Dhar
Bishop Auckland General Hospital

Terminal ileal intubation at colonoscopy detects ileal inflammation, which is usually due to Crohn's disease. Other aetiologies such as Yersinia enterocolitis, NSAID use and tuberculosis produce a similar picture and "idiopathic ileitis" may progress to Crohn's disease. We reviewed 2862 colonoscopies done in CountyDurham between 2007- 2008. In 490 (17.1%) the terminal ileum was reached. 117 cases of new and previously diagnosed Crohn's disease were also colonoscoped in this period (4.1% of all colonoscopies). 36/490 cases of Crohn's disease were found and an additional 10 cases of terminal ileitis were found without a diagnosis of Crohn's disease. 4 patients had endoscopic changes of ileitis, but biopsies were reported as normal. Of the remaining 6 patients, 2

had recent NSAID exposure with a consistent biopsy report. 1 had a positive titre to Yersinia antibodies. A further patient was followed up with a repeat biopsy 6 months later confirming Crohn's ileitis. The remaining 2 patients had chronic inflammation on biopsy and were diagnosed as idiopathic ileitis.
Conclusion: Up to 10% pts undergoing ileo-colonoscopy have terminal ileitis, the majority due to Crohn's disease. An active search for other causes should be made and NSAIDs are particularly important. Patients with idiopathic ileitis need to be followed to exclude Crohn's disease at a later date.

SENSITIVITY OF PRIMARY PERCUTANEOUS CORONARY INTERVENTION (PPCI) ENTRY CRITERIA FOR ACUTE MYOCARDIAL INFARCTION

Richard Brown, Joanna Atkinson, Richard Edwards
FreemanHospital

We examined troponin levels of patients with suspected acute myocardial infarction referred for primary percutaneous coronary intervention (PPCI) to assess the sensitivity of the entry criteria. The troponin result of all patients declined for PPCI was used to determine the proportion of patients with significant myocardial necrosis who were not accepted for PPCI. 864 patients were referred for PPCI. 418 were not accepted. Troponin results were available on 230. Only 4 patients not accepted had biochemical evidence of significant myocardial necrosis (troponin >50). Two of these had been deemed unsuitable for PPCI on clinical grounds.
Conclusion: Sensitivity of PPCI entry criteria is >99%.

DIABETES PREVALENCE IN HOSPITAL INPATIENTS IS HIGH. EXPLORING THE BURDEN OF INPATIENT DIABETES CARE

Sath Nag, Simon Ashwell, Rudy Bilous, Vincent Connolly, Roger Fisken, Steve Jones, Nick Quinn
JamesCookUniversityHospital

Diabetic patients with sub-optimal glycaemic control are admitted more frequently to hospital, stay twice as long compared to non-diabetic subjects and have increased mortality. We reviewed case records of all in-patient (excluding paediatrics and psychiatry) on a single weekday. 836 patients were surveyed (mean age 64). Bed occupancy was 70 %. There were 120 subjects with known diabetes (mean age 70; 54% women, 95% Caucasian). 15 % were diet controlled, 47.5 % were on oral hypoglycaemic agents (OHA) and 36.7 % on insulin and OHA. Blood glucose level was not checked in 8% (n=29) of patients on the current admission. Crude prevalence of in-patient diabetes was 14.4%.Age standardized prevalence was 8.6%(95% CI,6.6-10.5).Age specific prevalence rates for age bands 20-30,40-59, 60-79, and >80 yr were 3.6%, 14.1%,18.7% and 14.1% respectively. Diabetes was listed as a diagnosis in 93.3% of patients and current diabetes treatment was documented in 87% of case records.
Conclusion: The prevalence of inpatient diabetes is high particularly in the 60-79 age band. Documentation of diabetes therapy in hospital notes is sub-optimal. The high prevalence of in-patient diabetes has implications for diabetes specialist nurses and service delivery.

SEVERE ACUTE PSYCHOSIS PRECIPITATED BY REPLACEMENT DOSE HYDROCORTISONE IN NEWLY DIAGNOSED PANHYPOPITUITARISM

S Mada, C Palmer, Y Mhando, R Erukulapati, P Rao, S Nag.
JamesCookUniversityHospital

Psychotic reactions with replacement doses of glucocorticoid are uncommon. We describe a patient with newly diagnosed hypopituitarism who developed severe steroid induced psychosis with low dose hydrocortisone. A 72 year old lady presented with chronic headaches, anorexia, and nausea and weight loss. Investigations showed severe hyponatraemia (serum sodium 119 mmol/L) and a short synacthen test confirmed adrenal insufficiency. Biochemical evaluation showed thyrotroph and gonadotroph failure. Pituitary MRI scan showed a large cystic pituitary mass. The patient was commenced on intravenous hydrocortisone (50 mg qds). She developed severe psychosis with vivid visual and auditory hallucinations after 5 doses of intravenous hydrocortisone. The hallucinations persisted despite reducing the dose of hydrocortisone to 5 mg/day. Hydrocortisone was discontinued for 48 hours. Treatment with haloperidol (2mg/day) resulted in complete resolution of hallucinations. Hydrocortisone was re-introduced at 5mg/day and gradually increased to 20mg/day in divided doses without any recurrence of symptoms.
Conclusion: A putative mechanism is that long standing hypoadrenalism leads to neurological adaptation with steroid therapy leading to rapid central nervous system resensitization which manifests as psychosis.

PATHERGY RESULTING IN EXTENSIVE SOFT TISSUE LOSS

AC Foulkes, JAA Langtry
Royal Victoria Infirmary

A 48 year old man developed a forearm lesion at the site of cannula insertion following an elective procedure. Following admission he underwent a total of 6 surgical debridements under general anaesthesia for presumed sepsis, resulting in 95% skin loss of his forearm and multiple post-operative complications. A dermatological opinion was sought and it was

determined that the clinical and histological features were of pyodermagangrenosum resulting from pathergy secondary to venflon insertion. Pathergy is an abnormal response to an allergen or to trauma. Treatment with prednisolone resulted in wound healing and subsequent successful split-thickness skin grafting.
Conclusion: Our case of severe idiopathic pyodermagangrenosum resulted from a pathergic response to venflon insertion. It illustrates the importance of recognising this association.

NITROFURANTOIN INDUCED PULMONARY FIBROSIS

Catherine R Taylor, Paul Peter
Bishop Auckland GeneralHospital

Nitrofurantoin is frequently used to treat urinary tract infections (UTIs) and prevent recurrence. A 68 year old retired farmer with a history of tuberculosis and increasing dyspnoea had presented several times over two months with dyspnoea. Treatment for chest infections and salbutamol had provided short-term improvement. CXR and CT showed diffuse fibrotic pulmonary change. Lung function tests indicated fibrosis. He had taken nitrofurantoin for 18 months. On stopping nitrofurantoin and with steroid treatment he became asymptomatic with radiological improvement.
Conclusion: Nitrofurantoin-induced pulmonary fibrosis should be considered in patients with worsening dyspnoea.

ALL SYSTEMS GO: DIAGNOSIS OF A CILIOPATHY

Simms RJ and Sayer JA.
FreemanHospital

End-stage renal failure (ESRF) may occur in patients without any specific diagnosis or known cause. We present such a patient in whom renal transplantation had been successfully undertaken16 years previously. A detailed review of her history and a clinical examination provided clues to a unifying diagnosis. She was a 51 year old lady with learning difficulties. As well as ESRF, her past medical history included abnormal liver biochemistry (inconclusive liver biopsy) and genitourinary tract abnormalities. Examination revealed short stature, blindness and small scars on her hands from previous correction of polydactyly.
Conclusions: This complex phenotype is typical of the inherited ciliopathy known as Bardet-Biedl Syndrome (BBS). Multisystem diseases such as BBS may present to a variety of clinicians and consideration of inherited syndromes as a unifying diagnosis should be given.

1 YEAR FOLLOW-UP COLONOSCOPIES WITHIN THE BOWEL CANCER SCREENING PROGRAMME

T J W Lee, L Hirst, D Nylander, J Painter, J Singh, C Rees, M D Rutter
On behalf of the Northern Region Endoscopy Group
University Hospital of North Tees

Patients found to have at least five small adenomas or at least three small adenomas with one greater than 1 cm in size are at risk of developing advanced adenomas or cancer. Current guidelines recommend follow up colonoscopy one year after their index procedure. 41 patients underwent 1 year follow up colonoscopy in the Bowel Cancer Screening Programme (BCSP). At index colonoscopy, a total of 197 adenomas were discovered (mean 4.8 per patient). At follow up colonoscopy 56 adenomas and 2 adenocarcinomas were found in 26 of 41 patients (mean 0.8 adenomas per patient). 5 patients had lesions displaying advanced neoplasia.
Conclusions: The 5 advanced lesions at follow up may have been missed at index colonoscopy despite the high technical standards necessitated by the BCSP. The 'miss rate' is higher than the national figure. Follow up colonoscopy at 1 year is essential for patients with high risk adenomas.

COLONIC POLYPS ARE DIFFERENT IN THE UK BOWEL CANCER SCREENING PROGRAMME (BCSP) POPULATION COMPARED TO THE SYMPTOMATIC POPULATION.

T. Lee, G Pascall, T Wood, C Westwood, K Gunning, P Moncur, G Waddup, C Rees, M Rutter, ADhar
Submitted on behalf of the Northern Region Endoscopy Group

The UK Bowel Cancer Screening Programme (BCSP) has been screening patients in the North East of England since February 2007. We have observed a difference in the number and characteristics of polyps removed from BCSP patients compared to those removed from patients colonoscoped for symptoms. 292 polyps were found in 210 patients in the symptomatic population (mean 1.39 polyps per patient). 217 polyps were found in 71 BCSP patients (mean 2.4 polyps per patient, p=0.004). BCSP patients were more likely to have multiple polyps; the polyps were more likely to be adenomatous and were larger than those in the symptomatic group.
C**onclusion**:There is a difference in polyp characteristics between patients colonoscoped for symptoms and those colonoscoped as part of the BCSP.

USE OF CICLOSPORIN IN STEROID RESISTANT ACUTE SEVERE COLITIS

S Thanaraj, H Dallal
JamesCookUniversityHospital

Within their lifetime 15% of patients with Ulcerative Colitis (UC) will have at least one severe relapse

necessitating admission. We audited the clinical outcome of patients with acute severe colitis treated with iv Ciclosporin (CsA) and assessed whether magnesium, cholesterol, blood pressure, blood CsAlevel and stool culture were checked. Patients were identified retrospectively between Jan 2005 and June 2007. 18 patients were identified. Half the patients had a diagnosis of distal colits, half pan/extended colitis. The median time between diagnosis and treatment with CsA was 2 yrs. The median requirement of iv steroids before changing to CsA was 4 days. There was complete resolution of symptoms in 55.6% for a year; 27.6% progressed to colectomy during the same admission and 16.7% required delayed surgery within a year. We did not encounter any of the known side-effects (paresthesia, malignant hypertension , anaphylaxis, seizures, renal insufficiency or infection). However, only 85% of the study group received thromboprophylaxis and only 17% had drug levels checked as well as pre-CsA checks including magnesium and cholesterol levels.
Conclusion: In our study, ivCsA has provided consistent results with few side-effects. PCP and thrombo-prophylaxis and pre-CsA checks are important.

HOW TO REDUCE THE MORBIDITY AND MORTALITY FROM LOWER RESPIRATORY TRACT INFECTIONS IN RHEUMATOID ARTHRITIS

Housden M, Hamilton J, Heycock C, Saravanan S, Kelly CA
QueenElizabethHospitalGateshead

The incidence of and mortality of lower respiratory tract infections (LRTI) is increased in patients with rheumatoid arthritis (RA). In 2005 we recommended steroid use be minimised patients be immunised against influenza and pneumococcus and DMARDs be stopped during antibiotic administration for LRTI. We have assessed all patients admitted with LRTI since these recommendations. There were 24 admissions of RA patients with LRTI from 2005 to 2007 inclusive, This equated to a mean of 8 admissions annually compared to 36 in 2004 alone (p=0.02). In addition, there were 2 fatalities from 24 cases (8%) as opposed to 8 deaths in 2004 (25%) p=0.036. Age, gender and smoking status were unchanged between the two groups. Oral steroid consumption had fallen by 50%. Immunisation rates against influenza had improved to 86% and against pneumococcus to 65% of the RA population. However, many of those admitted with LRTI had not been vaccinated, including the two fatalities. DMARDs were suspended in all but two patients during their admission.
Conclusions: Vaccination should be routine in all patients with RA independent of therapy. DMARD treatment should be stopped during LRTI requiring antibiotics. These measures, together with a reduction in the number of patients taking oral steroids, can significantly reduce morbidity and mortality associated with LRTI.

LONGTERM OUTCOME OF A TARGETED TREATMENT REGIMEN WITH IV CYCLOPHOSPHAMIDE (CYC) IN PATIENTS WITH SYSTEMIC SCLEROSIS (SSC) AND INTERSTITIAL LUNG DISEASE (ILD).

Ottewell L, Walker K, Griffiths B
FreemanHospital

Studies suggest that a pre-defined CYC regimen may stabilise or improve lung function in patients with SSc related ILD. Our aim was to assess the effectiveness of an individually targeted treatment regimen of iv CYC and methylprednisolone in patients with SSc related ILD. 22 patients with SSc related ILD followed this regimen between 2001-2008. 2 patients died during treatment. DLCO and VC remained stable throughout CYC treatment. Skin scores post CYC significantly improved. 6 patients commenced mycophenolatemofetil (MMF) after completing pulse treatment.
Conclusion: Targeted CYC treatment stabilizes lung function with MMF maintaining this stabilization over 2 years follow-up.

Invited Lecture

THE EBB AND FLOW OF MEDICAL MIGRATION

Peter Trewby
ConsultantPhysicianDarlingtonMemorialHospital

Indian doctors first came to the UK in the First World War to look after wounded Indian soldiers but numbers were small until the 1930s when the GMC insisted Indian Medical schools aligned along Western lines. Doctors then started to migrate to practice the medicine that they had been taught, but felt unable to practice in their home countries. Disillusioned with the early NHS, large number of UK doctors emigrated to US, Canada and Australia and this, together with the inadequate number of UK medical school places, created a continuing shortfall in medical manpower. The gaps, especially in the less popular specialties, were filled by International Medical Graduates (IMGs). Remarkably until 2001 the supply of IMGs matched, or perhaps drove, demand. A surge in numbers of IMGs coming to the UK from 2001 resulted in large scale unemployment amongst IMGs and the threat of unemployment amongst UK graduates. These were bleak times for IMGs in the UK with junior posts attracting 1000 applicants. The government, fearful of unemployment among UK graduates, reacted harshly by retrospectively withdrawing permit free training for IMGs. The number of IMGs coming to the UK fell dramatically but many, particularly those half way through their training programmes, were disadvantaged and it was now difficult for IMGs to come to the UK to train. Overseas links were threatened. The government responded by introducing a new visa category, Medical Training Initiatives (MTIs). MTIs (now incorporated under Tier 5 of the new immigration rules) allow IMGs to come to the UK for up to 2 years to work in approved training posts and be sponsored for GMC registration by a recognized sponsor (eg the Royal College of Physicians). A steady trickle of IMGs have availed themselves of this opportunity but numbers are small (50 a year compared to 7000 per year coming in 2005/6). The rigidity of MMC makes it currently difficult to fill LAT and trust posts whose number are likely to increase further with implementation of EWTD. The DH in Feb 2009 proposed that the Postgraduate Deans identify suitable posts that could be filled by IMGs. The Colleges, Trusts and NHS Professionals would arrange recruitment, set standards and support the candidate's application under the immigration rules. However, much work needs to be done on this proposal. The DH emphasises that this is not a route to a UK career, but once here overseas doctors may be able to access service posts under Tiers 1 and 2 of the points based system (the old work permit system). We must guard against repeating the mistakes of the 60s and 70s creating a 2 tier career structure where IMGs regardless of merit populate trust and non career posts and we must guard against ignoring the ethical issue of staffing NHS service posts with doctors educated at the expense of resource poor countries. The Crisp report which deserves more publicity than it has enjoyed to date seeks to redress the balance by facilitating UK doctors of all grades to work overseas. We must not forget the debt the NHS owes IMGs. It is time to look for new ways to maintain international links without exploiting IMGs or the countries that train them, and time for the NHS to pay back what it owes to the global health economy.

ASSOCIATION BUSINESS

Date of next meeting:Thursday 9 July 2009 at QueenElizabethHospitalGateshead from 6.00pm – 9.00pm. Refreshments provided. 3 hours CME approved. Abstracts for poster or oral presentations from consultants, trainees and medical students are all welcome. Presentations should reflect the full range of clinical medical practice including original research, clinical series, audit and case reports. Please submit abstracts in the same style and approximately the same length as those above including a short conclusion to clive.kelly@ghnt.nhs.uk**by 15/5/09.** Also please e-mail the names of any new consultant colleagues or your own name if you are not on the mailing list to Clive.
Congratulations to Chris Dipp and Lisa Shaw who were awarded the Annual Prize for the best presentation to the Association at the Hexham meeting.

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"Six months after starting exanatide, mean HbA1c reduction was 0.6% but mean body weight reduction was 7 kgs. By 6 months 14.5% had discontinued therapy either due to side-effects or worsening glycaemic control."

"[In the Stockton health 4 Life study] overweight and obese patients had greater prevalence and clustering of risk factors compared to normal weight patients. More holistic approaches are needed for the assessment and management of these patients to address the clustering of risk factors in both primary and secondary care."

"Sensitive questioning of patients with iron deficiency may reveal cases of pica and allow the affected patient to express their symptoms. This together with treatment of the iron deficiency can result in an understanding and resolution of their condition."

Abstracts of the meeting held on Thursday 9 July 2009 at QueenElizabethHospitalGateshead

July 2009

CAUSE AND PLACE OF DEATH OF PATIENTS WITH IDIOPATHIC PARKINSON'S DISEASE

Pennington S, Snell K, Lee M, Walker R
NorthTynesideGeneralHospital

There are few published data on cause of death, and none on place of death, in Idiopathic Parkinson's Disease (IPD) to guide service provision and target optimal end of life care. All patients in the North Tyneside Parkinson's disease service dying between 1999 and 2006 inclusive were identified. Details were extracted from the service database, from notes and from the Office of National Statistics (ONS). Trends in cause and place of death were identified. Comparative data for the same period were obtained from ONS for the background "control" population in North Tyneside aged over 65 years. Of 227 PD service patients who had died, 143 had IPD according to the UK Brain Bank Criteria. The main causes of death were Parkinson's disease (29%), ischaemic heart disease (12%), malignancy (12%) and pneumonia (11%). Only 8.4% of IPD patients died at home compared to 16.5% of the control population, with more dying in care homes. IPD was recorded on the death certificate in only 63% of patients.
Conclusion: Fewer patients with IPD are dying at home compared to the general elderly population. Death certificate documentation of IPD is inadequate in 1/3 of certificates. The ONS classification system appears to lead to an increase in classification of Parkinson's disease as cause of death, and a decrease in pneumonia as compared to previous literature.

DOES A FRACTURE LIAISON TEAM IMPROVE THE SECONDARY PREVENTION OF FRAGILITY FRACTURES IN PATIENTS ADMITTED TO MEDICAL WARDS?

S Thirugnanasothy, Y Shanshal
QueenElizabethHospital, Gateshead

NICE guidelines recommend bisphosphonates for the secondary prevention of fragility fractures with calcium and/or vitamin D supplementation unless the clinician is confident of vitamin D repletion. Traditionally the orthogeriatric team's role has been limited to orthopaedic wards but patients with fragility fractures are commonly admitted to medical wards. We assessed whether a fracture liaison team (FLT) comprising nurse specialist and orthogeriatrician improved accordance with NICE guidance on medical wards. During a 5 month period all patients aged over 75 years admitted to the department of medicine with a fragility fracture were identified. We analysed from casenotes whether there had been FLT input, assessment of vitamin D status and whether bisphosphonates, calcium and/or vitamin D supplements were prescribed in accordance with NICE guidelines. 7 men and 30 women aged over 75 years (mean 85 years) were admitted to Medicine with fragility fractures. Of 32 patients who had biochemical assessment of vitamin D status, 26 had evidence of vitamin D deficiency (81%). 22 of the 37 patients were reviewed by the FLT. Significantly more patients who received FLT input were started on secondary prevention (100% vs. 53%, $p<0.001$).
Conclusions: Input from a FLT on medical wards significantly increases the prescription of bisphosphonates, calcium and/or vitamin D supplements for the secondary prevention of fragility fractures.

AUDIT OF THE BRITISH THORACIC SOCIETY'S OXYGEN PRESCRIPTION GUIDELINES.

Duncan Brown, PriyaRamachandran, Carlos Echevarria and Jeremy Killen.
QueenElizabethHospital, Gateshead

Over oxygenation can cause harm to those at risk of CO_2 retention and respiratory acidosis. Oxygen should be prescribed on inpatient charts specifying the desired oxygen saturations (88-92% if susceptible to hypercapnoea, 94-98% in others). In respiratory patients receiving oxygen we assessed whether O_2 had been properly prescribed with specified saturations, and whether those outside the specified range had the flow titrated. After two data collections an educational intervention was made and the audit repeated. O_2 prescription prior to intervention was poor with only 23% accurately prescribed. This improved to 83% following education sessions.
Conclusions: Our education programme ensured accurate prescription of O_2 by doctors. An O_2 prescription box on prescription charts is important as a prompt.

PERMANAENT PACEMAKER IMPLANTATION WITHIN 30 DAYS OF ISOLATED AORTIC VALVE SURGERY.INCIDENCE AND PREDICTORS.

AJ Turley, S Agarwal, MM Tynan, S Jamieson, L Hamilton, CJ Plummer.
The FreemanHospital, Newcastle upon Tyne

Aortic valve disease is associated with abnormalities of cardiac conduction and aortic valve surgery can further damage the conduction system. Previous studies have suggested that permanent pacemaker (PPM) implantation rate after aortic valve surgery is 6-8%. We reviewed 964 patients who had undergone isolated aortic valve surgery (951 aortic valve replacement, 13 aortic valve repair) between 2000 and 2008. Our incidence of PPM within 30 days of isolated aortic valve surgery was 2.63%. The mean time to PPM insertion was 10.52 (±5.42) days. There was no difference between aetiology of valvular disease

(degenerative, congenital, calcification, endocarditis, annulaeectasia) between groups but larger valve sizes were associated with a higher incidence of PPM insertion ($p<0.02$).
Conclusion: The incidence of PPM within 30 days of isolated aortic valve surgery is lower than reported in previous series but is still common enough to include discussion in the preoperative consent process.

HOW EFFECTIVE IS ELECTRICAL CARDIOVERSION IN PATIENTS WITH PERSISTENT ATRIAL FIBRILLATION?

M. J. McDonnell, J. P. Hernando
Bishop Auckland GeneralHospital

We retrospectively reviewed 85 elective electrical cardioversions carried out in 76 patients with a mean age of 65.7 years (range 18-88) over a 4 year period. 71% (61/85) of cardioversions were immediately successful and 38% (32/85) of patients remained in sinus rhythm at 18 months. Age less than 70 years was an independent predictor of long-term success ($p<0.035$). Gender, weight, smoking, left atrial enlargement, past medical history and pre-treatment medications were not statistically associated with maintenance of sinus rhythm. 3% (2/76) developed thromboembolic complications within one year of the procedure.
Conclusions: The sinus rhythm rate achieved in this study is higher than that previously recorded. Our results support EECV as an effective method for short and long-term control of AF with few thromboembolic complications.

AN AUDIT OF THE EFFECT OF EXANATIDE ON GLYCAEMIC CONTROL AND BODY WEIGHT IN PATIENTS WITH TYPE 2 DIABETES

K Burt, AOng, S Razvi, J Weaver, K Narayanan
Gateshead Health NHS Foundation Trust

Exanatide, a glucagon like peptide 1 analogue (GLP1) has been recommended by NICE as a third line agent for treatment of type 2 diabetes. We audited change in HbA1c, body weight and discontinuation rates in 75 patients started on exenatide in 2008. Six months after starting exanatide, mean HbA1c reduction was 0.6% but mean body weight reduction was 7 kgs. By 6 months 14.5% had discontinued therapy either due to side-effects or worsening glycaemic control. All parameters were less significantly reduced in patients on previous insulin therapy compared to patients on oral hypoglycaemic agents.
Conclusion: These data suggest exanatide therapy is a useful anti-hyperglycaemic drug but a more potent weight loss agent. Its use may be of less benefit in patients previously treated with insulin. It may be of most benefit in a select group of patients with poor glycaemic control who gain weight on other agents.

WHY SHOULD JUNIOR DOCTORS KNOW ABOUT CLINICAL CODING? HOW BAD HANDWRITING LOSES THE TRUST MONEY

K Williams, A Steer
QueenElizabethHospital, Gateshead

Most junior doctors are unaware of the importance of clinical coding. Our aim was to assess inter-auditor variability in coding by comparing the diagnoses made by two independent doctors following review of patients' notes with the discharge coding of non-clinical coders. A secondary goal was to increase awareness of coding and improve the quality of discharge letters. Two specialist trainees reviewed 50 patients' notes and compared their discharge diagnoses to the diagnoses obtained by the coding department. There was agreement between all 3 raters in 40% of cases and between the two specialist trainees in 76% of cases. The tarrif arising from the codings of the doctors was £10,662 higher for these 50 patients for one trainee and £6903 for the other when compared to the official coders.
Conclusions: We have shown there is significant inter-observer variability in coding. this has financial consequences to the trust. We recommend the introduction of a simple form that can be quickly completed and used as the basis for coding and an accurate discharge summary.

CARDIOVASCULAR RISK FACTORS AMONG "STOCKTON HEALTH 4 LIFE" PARTICIPANTS WITH BMI>25 KG/M^2

Kunonga E, Sangowawa T, and Morris E
Tees Public Health Directorate

"Stockton health 4 Life" was an 18 month cardiovascular risk assessment that aimed to identify cardiovascular risk factors amongst patients registered with GP practices in deprived areas. A risk assessment protocol was used which comprised clinical history, lifestyle questionnaire, anthropometric measurements and capillary blood tests. We targeted GP registered patients aged between 45 and 74 with no record of a blood pressure check within the last 5 years or a record of a normal blood pressure reading within the last 5 years and no underlying medical condition. 6240 patients participated (46.1% male and 53.9% female). 69.4% (4334) had BMI greater than 25kg/m2 with 26.4% (1647) being obese (27% females and 25.6% males; $p = 0.004$). There were no significant associations between BMI and age or residential area. Lipid disorders, hypertension and diabetes were significantly higher ($p>0.05$) among participants with BMI greater than 25 compared to normal weight

participants for both males and females. There was a linear association between the number of cardiovascular risk factors and age for patients with BMI > 25 for both males and females.
Conclusion: Overweight and obese patients had greater prevalence and clustering of risk factors compared to normal weight patients. More holistic approaches are needed for the assessment and management of these patients to address the clustering of risk factors in both primary and secondary care.

PRESCRIBING FLUID AND ELECTROLYTES IN PATIENTS RECEIVING INTRAVENOUS THERAPY

Claire MacDermott, Liam Mullen, Rachael Perowne, Chris Wells, Nick Thompson
FreemanHospitalNewcastle

Data on intravenous fluid therapy was collected from all general surgical and medical wards at the FreemanHospital on a single day. All patients prescribed IVT in the previous 24 hours were included. Data was collected on fluid prescribing, assessment of fluid status and timing of most recent electrolyte levels. Sixty nine patients were included (39 surgical). Twenty two patients requiring maintenance fluid received less (average 1431mls) than the 47 with increased requirements (average 2158mls) (p=0.0484). Seven of the 13 patients who were nil by mouth with maintenance requirements received more than the BAPEN recommendation of 1.5 to 2.5L. On average patients were prescribed 218mmols of sodium in 24 hours (recommendation 50-100mmols). They received an average of 6mmols of potassium (recommendation 40-80mmols/24hrs). Forty three patients had an assessment of fluid status documented in their notes. Fluid outputs were not documented in 28 patients (18 medical). Forty three had blood electrolytes measured in the preceding 24hrs.
Conclsuion: Volume prescription was usually within recommended limits although nil by mouth patients requiring maintenance IVT received excessive volumes. On average too much sodium and inadequate potassium was prescribed.

MANAGEMENT OF DYSLIPIDEMIA IN PATIENTS WITH TYPE 2 DIABETES

R Johnson, S Mada, S Akavarapu, O Barakat, S Smellie, A J McCulloch, P Peter
Bishop Auckland GeneralHospital

We carried out a retrospective audit over six months of patients with type 2 diabetes attending our diabetes out patient clinic. Lipid profile, lipid lowering therapy and macro- and micro- vascular complications were assessed. 453 patients were included (54% male, mean age 64.5 years, mean duration of diabetes 16.3 years). 4 patients did not require lipid lowering therapy. Of the remaining 449 patients, 82%(371) were on lipid lowering therapy of which (59% simvastatin, 19% atorvastatin, 2% pravastatin, 6% rosuvastatin, 7% ezetimibe, others 8%). 9% achieved target cholesterol and LDL-cholesterol, 51% achieved target cholesterol, 13% achieved target LDL-cholesterol. Of the 49% of patients on treatment but not achieving target cholesterol 66% had at least one microvascular and 90% at least one macrovascular complication. 88% had cholesterol checked within 1 year of clinic visit but only 12% had LDL checked.
Conclusion: 82% of patients were prescribed lipid lowering therapy but only 51% achieved their target cholesterol. There was a high prevalence of macro and microvascular complications in this group.

PICA: A REPORT OF 9 CASES WITH REFLECTIONS ON AETIOLOGY AND DIAGNOSIS

Peter Trewby
DarlingtonMemorialHospital

Nine patients (age range 18-54, 7 female) are described with dietary aberrations including lavatory paper (2 patients), clothes, books (including the complete works of Narnia), vegetable peelings, plaster (2 patients), salted crisps and pencils. All were iron deficient. Treatment of the iron deficiency resulted in resolution of symptoms in all but one. One patient had suppressed her symptoms for 40 years and attributed her miscarriages and coeliac disease to her undisclosed pica. Pica may cause iron deficiency by reducing absorption but this series suggests the iron deficiency itself is more likely to be the cause.
Conclusion: Sensitive questioning of patients with iron deficiency may reveal cases of pica and allow the affected patient to express their symptoms. This together with treatment of the iron deficiency can result in an understanding and resolution of their condition.

AUDIT OF PRESENTING PROBLEMS AND MANGEMENT OF PATIENTS WITH KNOWN LUNG CANCER IN THE ACUTE MEDICAL UNIT.

C Ndlovu, S Vernon, I Forrest
Royal Victoria Infirmary, Newcastle upon Tyne

We identified the outcomes of lung cancer patients presenting to the Emergency Admissions Unit at the RVI between April 2007 and April 2008. There were 157 admissions in 141 patients. 108 patient case notes were available for review. Of these, 72% had a known diagnosis and 28% had diagnosis made at the time of admission. Of the patients with known lung cancer 59% were admitted via A&E and 41% from GP referrals. In 57% the reason for presentation was dyspnoea. Symptom control was the major problem in 41% and infection in 36%. The average length of stay was 9.5 days. 48% were seen by a respiratory specialist during admission. No patients were seen by a specialist

lung cancer nurse. 46% died during admission with a median time to death of 6 days (range 1- 49). 97% had a resusication decision made.
Conclusion: The care of our patients may have been improved by more involvement of lung cancer specialist nurses as recommended by NICE.

CHEST PAIN CLINICS – THE NUCLEAR OPTION

N Joshi, R Taylor, J Barker
QueenElizabethHospital, Gatehead

We evaluated the costs of initial investigation and treatment in a rapid access chest pain clinic with availability of NICE based myocardial perfusion scintigraphy (MPS). We recorded in 2423 subjects referred to a rapid access chest pain clinic the rates of exercise test (ETT), MPS, coronary angiography and revascularisation.. Data were compared to a published cohort from Southampton with low usage of MPS. In these 2423 subjects (54% male), 549 ETT, 1012 MPS and 348 angiograms were performed. 90 patients had percutaneous interventions and 64 coronary bypass. All MPS were performed within 20 working days. Cost per patient £754 compared to £1340 in Southampton. The saving in males was £730 per patient compared to £286 in females
Conclusion: Running a nuclear assisted chest pain clinic in a DGH is feasible and in a comparison to standard assessment would save over £350K per clinic per year.

AGE-RELATED DIFFERENCES IN THE CLINICAL PRESENTATION OF VASOVAGAL SYNCOPE

M P Tan, GW Duncan, JL Newton, P Reeve, SW Parry
Gateshead Hospitals, Institute for Ageing and Health and Royal Victoria Infirmary

1083 consecutive patients with confirmed diagnoses of vasovagal syncope (VVS) were identified from a prospective database containing the demographics and clinical information of all referrals over a 10-year period. Vasovagal syncope was diagnosed with positive head up tilt testing with symptom reproduction. The age distribution showed a bimodal distribution with a smaller peak at 20-29 years and a larger peak at 70-79 years. Patients aged ≥60years were more likely to present with unexplained falls (odds ratio 2.33) and less likely to present with loss of consciousness with odds ratio (OR) of 0.50 than patients aged <60years. Older patients were also less likely to report typical precipitants of prolonged standing (OR 0.55) posture change (OR 0.61) and hot environment (OR 0.57)
Conclusion: Vasovagal syncope is common in older patients. The clinical presentation of VVS in older patients differs from younger patients.

PREVENTION OF VENOUS THROMBOEMBOLISM IN MEDICAL INPATIENTS

Simon Williams, Robert Alcock
QueenElizabethHospitalGateshead

We assessed over 5 weeks starting in 2009 therate of tinzaparin prescription for medical in-patients at QEH. We compared our results to our Trust guideline with particular emphasis on those eligible for VTE prophylaxis but who did not receive it. 527 patients were reviewed (46% male, average age 77). Of these, 49% were prescribed prophylactic tinzaparin, 38% were not, but had a valid contraindication, and 13% were not prescribed tinzaparin despite no valid contraindication being found.
Conclusions: Prescription of tinzaparin for VTE prophylaxis has improved at QEH compared to previous audits. However there is room for further improvement, with 13% of the study sample being eligible for tinzaparin but not receiving it.Incorporating a pre-printed thromboprophylaxisproforma into the existing drug kardexes might improve compliance further.

ASSOCIATION BUSINESS

Date of next meeting:Saturday 31st October at DarlingtonMemorialHospital from 10am until 1pm Refreshments provided. 3 hours CME approved. Abstracts for poster or oral presentations from consultants, trainees and medical students are all welcome. There is an annual prize for the best presentation by a trainee. Presentations should reflect the full range of clinical medical practice including original research, clinical series, audit and case reports. Please submit by email (around 150 words including a short conclusion) by Friday 11th September 2009 to clive.kelly@ghnt.nhs.uk.
We are keen to include all consultants on the mailing list. Please e-mail the names of any new consultant colleagues or your own name if you are not already on the mailing list.
Refreshments (including lunch) will now be provided free of charge at meetings. To cover this and the increased cost of printing the Proceedings of the Association, the annual subscription needs to be raised from £10 to £20 per annum. If you have not already done so please could you adjust your standing order accordingly or e mail the secretary clive.kelly@ghnt.nhs.uk for a new standing order form. Thank you very much in anticipation. We hope to see you in Darlington on 31st October

President
Professor PH Baylis

Secretary
Dr Clive Kelly

Proceedings of the

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Primary Sjogrens Syndrome is not rare and is commonly associated with hypothyroidism, lymphoma and lung disease which in turn are associated with the presence of the Ro antibody.

ProcollagenIIIaminopeptide (PIIINP) levels do not correlate well with liver fibrosis in patients with psoriasis on methotrexate.

In diabetic subjects, IHD and CVD mortality increases significantly with decreasing eGFR. Reduced eGFR identifies patients at high risk of cardiovascular mortality who might benefit from aggressive risk factor modification.

Most would regard the discovery of an efficacious and safe disease modifying approach as the "ace of spades" in the management of Parkinson's Disease, and increasingly this breakthrough seems to be a realistic goal.

Abstracts of the meeting held on Saturday 31st October2009 at Darlington Memorial Hospital

October 2009

NURSE LED PRE-REHABILITATION IMPROVES SYMPTOMS AND QUALITY OF LIFE IN PATIENTS WAITING FOR CARDIAC REVASCULARISATION AND VALVE SURGERY

S. Junejo, S. Hine, J. Oliver, A. Blake, M. Hutchinson
City Hospitals Sunderland and Sunderland Teaching Primary Care Trust

210 consecutive patients requiring coronary revascularisation (PCI / CABG) or valve surgery based on symptoms and angiographic data were referred to a community pre-rehabilitation clinic. A nurse and physiotherapist assessed symptoms using Canadian cardiovascular score (CCS) and hospital, anxiety and depression score (HAD). Four locally devised visual analogue scales (VAS) were used to assess quality of life by anxiety, dyspnoea and physical restrictions by their cardiac condition. 27/49 (55%) were referred for PCI and 22 (45%) for surgery. Mean age was 66 years (range 38-80). 30% of patients for surgery scored their angina as CCS>3 compared to 28% of patients for PCI. The mean HAD anxiety score for PCI was 7, with 5 (19 %) >10. Surgical patients had a mean score of 6 with 3 (14%) >10. Mean depression scores were 5 (surgery) 4 (PCI). At follow up assessment with VAS, 35 (71%) patients reported improved anxiety levels, 32 (65%) reported improved QOL, 28 (57%) reported improvement in their breathing with 28 (57%) reported improved level of physical activity.
Conclusion: In this pilot study structured assessment, lifestyle and risk factor modification pre cardiac intervention improved anxiety levels, coping strategies and quality of life.

THE INITIAL MANAGEMENT OF PATIENTS WITH PLEURAL EFFUSIONS IN THE ACUTE ASSESSMENT UNIT: CAN WE DO BETTER TO REDUCE THEIR LENGTH OF HOSPITAL STAY?

M. J. McDonnell, M Fitzgibbon, F Hunt, C Routh and A. R. Guhan
JamesCookUniversityHospital

Patients with pleural effusions (PPE) commonly present as emergency admissions to the Acute Admissions Unit (AAU) where their initial assessment is by junior doctors. Delays in performing thoracocentesis may contribute to diagnostic delay and increased length of stay (LOS). Case notes of all hospitalised patients coded as PPE from April - September 2008 were reviewed. There were 81 admissions (69 patients: mean age 70.6 years, range 34-99). Of these, 21 (26%) were discharged after initial assessment for outpatient follow-up; the remainder were admitted. Thoracocentesis was performed in 49 (82.7%) admissions: 30% by consultants, 25% by specialist registrars, and 45% by junior trainees. Mean time delay between presentation and first procedure was 1.7 days (range 0-20, median 1 day). Complications occurred in 5/97 (5.1%) procedures, comparable with other published series. Mean time from admission to final diagnosis was 5.1 days (range 0-27) and mean LOS was 7.8 days (range 0-30).
Conclusion: Reducing the interval between admission and thoracocentesis could reduce LOS. Focussed education and skills training in thoracocentesis at the first point of contact with PPE in AAU, would improve our service.

PRIMARY SJOGRENS SYNDROME - MUCH MALIGNED?

Rathnaike T, Pugmire S, Saravanan V and KellyCA
QueenElizabethHospital, Gateshead

Primary Sjogrens Syndrome is a disorder of middle aged females which is often overlooked as it spans specialties. It may present with a combination of exocrinopathy, fatigue and joint pain but is frequently complicated by the development of endocrinopathy, pulmonary disease and malignancy - especially B cell lymphoma. We give details of 37 patients of whom 9 had a partial overlap condition with features of Mixed Connective Tissue Disease. Mean age at presentation was 52 years with median disease duration of 4 years. Most (33) were female. Males had milder disease. Eleven patients (30%) had hypothyroidism of which 25(68%) had positive Ro antibody. Systemic complications were present in 6 patients - 4 lymphoma and 3 with pulmonary fibrosis (one had both) All these patients were Ro positive. Treatment was with Hydroxychloroquine in 22, MTX in 5, Pred in 4, Aza in 2 and MMP in one.
Conculsions: Primary Sjogrens Syndrome is not rare and is commonly associated with hypothyroidism, lymphoma and lung disease which in turn are associated with the presence of the Ro antibody.

IS PROCOLLAGEN III AMINOPEPTIDE (PIIINP) A GOOD PREDICTOR OF LIVER FIBROSIS IN PATIENTS WITH PSORIASIS ON METHOTREXATE THERAPY?

K. Walsh, S. Riley, Y. C. Lim, A. Dhar
BishopAucklandHospital

The prevalence of hepatotoxicity in long term methotrexate therapy is 0-4%. The British Association of Dermatology recommends ProcollagenIIIaminopeptide (PIIINP) monitoring to identify risk of hepatotoxicity. American guidelines recommend liver biopsy based on cumulative dose of

methotrexate. We correlated the accuracy of abnormal PIIINP level to predict liver fibrosis in 22 patients receiving long term methotrexate for psoriasis in whom a liver biopsy had been performed. 18 had elevated PIIINP levels above recommended threshold for liver biopsy. 4 pts had biopsies for clinical reasons. The mean cumulative dose of methotrexate to first biopsy was 3.86g (range 0.69g – 9.25g). The mean time to first biopsy was 4.2 years (range 1.1 – 10.1 years). 2 patients had PIIINP levels above 8μg/L, 1 of which had grade 2 fibrosis on biopsy; the remaining 16 had PIIINP between 4.2 and 8μg/L and 2 had Grade 2 fibrosis in this group. 4 patients with fibrosis had methotrexate stopped as a result of the biopsy findings. The remaining 80% continued with methotrexate.
Conclusion 19/21 (90%) of patients with abnormal PIIINP had abnormal liver histology, but fibrosis sufficient to discontinue treatment was seen in only 19% pts. PIIINP does not correlate well with liver fibrosis.

CARDIAC FAILURE SECONDARY TO CARDIAC AMYLOIDOSIS

HelmyHajaMydin, HaiveSaadi
SunderlandRoyalHospital and Bishop Auckland GeneralHospital

We present a 77-year-old woman with Non-Hodgkin's Lymphoma with an IgG lambda paraproteinaemia who had a 4-week history of paroxysmal nocturnal dyspnoea and peripheral oedema. Echocardiogram revealed moderate left ventricular hypertrophy and a normal left ventricular systolic function with biatrial dilatation. Brain natriuretic peptide level was raised. A cardiac MRI showed a late enhancement of gadolinium pattern that was consistent with a diagnosis of cardiac amyloidosis. Amyloidosis is a rare complication of Non-Hodgkin's Lymphoma, and the diagnosis was confirmed via a bone marrow biopsy.
The patient was referred to the National Amyloidosis Centre in London, where genetic tests were performed to rule out an inherited form of amyloidosis. The patient was negative for the transthyretin gene, and commenced chemotherapy with cyclophosphamide, thalidomide and dexamethasone.
Conclusion: Cardiac amyloidosis is a rare cause of cardiac failure. Cardiac failure should always be approached as a symptom, not a diagnosis. Thorough investigations should be performed to ascertain the diagnosis to ensure optimal management.

IS THE PRESENCE OF INTERSTITIAL LUNG DISEASE ASSOCIATED WITH RAISED AUTOANTIBODY TITRES IN RHEUMATOID ARTHRITIS?

Elizabeth Toberty, Elizabeth Coulson, Jennifer Hamilton, VadiveluSaravanan, Carol Heycock, Martin Rynne and Clive Kelly
QueenElizabethHospital, Gateshead

Rheumatoid Factor (RF) and the recently identified, anti-citrullinated peptide (anti-CCP) are used to aid the diagnosis of Rheumatoid Arthritis (RA). We assessed retrospectively whether RF and anti-CCP had been estimated in two matched populations, one group with RA- interstitial lung disease (RA ILD) and another with RA only. We compared the frequency of auto-antibody positivity between the two populations.
We matched 23 RA ILD patients (12 male, 11 female) and to 69 RA only case controls (36 male, 33 female). RF had been assayed in 100% of patients with RA-ILD and in 94% of RA controls. Among those who were RF negative, anti-CCP was assayed 40% more frequently in men and in those with RA-ILD. Positive RF was found in 68% RA-ILD and 28 % RA only patients [p=0.005]. Positive anti-CCP antibody was found in 92% RA-ILD patients and just 17% RA only patients [p=0.01]. Mean titres of both autoantibodies were also significantly raised in those with RA-ILD compared to RA only controls.
Conclusions: RF and CCP are useful markers of systemic disease in RA and strongly linked to the presence of ILD. CCP outperforms RF in terms of specificity and sensitivity for RA-ILD. Elevated titres of both carry a high positive predictive value for the presence of ILD.

THE UPTAKE OF BETA BLOCKERS ANDACEi IN ELDERLY PATIENTS WITH LVSD

Ali Mehrzad, J Curry, P Cawley, A Williams, A Hetherington, K Naylor
Bishop Auckland GeneralHospital

We looked at the 382 consecutive cases of heart failure in the Bishop Auckland one stop heart failure clinic and subdivided them into three different age group (<65, 65-85 and >85). 96% of all patients received beta blockers. 89% of those aged 65-84 received beta blockers and 87% of those aged over 85. Excluding the contraindications the figures are 100, 96, and 94% respectively for beta-blockers and 100, 99 and 98% for ACEi.
Conclusion: Our results indicate that elderly patients can tolerate beta blockers and ACEi to almost the same degree as younger age group despite frequent comorbidities.

VARIATIONS IN THE DIAGNOSIS OF ACUTE HEART FAILURE: DO CONSULTANTS AND THEIR TRAINEES DIFFER?

J.J. Murphy, H. Hancock, J. Mason
Darlington Memorial Hospital and University of Durham, Stockton-On-Tees.

Diagnosing heart failure (HF) requires clinical judgement, based on history, physical examination and

investigations. We developed a questionnaire to assess (i) clinical judgement, (ii) the weight given to individual features, and (iii) the evolution of judgement with seniority. An expert panel selected 8 clinical features most helpful in diagnosing acute HF. 45 scenarios were then generated that systematically varied these aspects of patient presentation. 17 foundation doctors (FD), 12 specialist trainees (ST) and 19 consultant physicians (CP) participated. For each scenario, each had to decide whether the working diagnosis should be HF. Utility scores estimated the weight given to each variable in reaching a diagnosis.: There was considerable variation with the number of scenarios felt to be consistent with heart failure ranging from 8 to 40 (mean 22.0). The mean score (95% CI) increased with experience [FD 19 (17-21); ST 23 (18-28); CP 24 (21-28) p =0.02] but variation within each group of doctors greatly exceeded the between-group differences. Judgement analysis revealed significant differences in the diagnostic strategies for the three groups: specialists relied heavily on the appearance of the lung fields on chest X-ray whereas FD doctors gave equal weight to peripheral oedema, the JVP and chest X-ray. The results of specialist trainees fell between the two.
Conclusion: This judgement analysis tool highlights substantial clinical variation in diagnosing HF. Specialists are more likely to diagnose heart failure but the within-group variation exceeds that between groups and is likely to result in the diagnosis of heart failure being missed. Assessing clinical judgement may provide formative feedback and be used to evaluate quality improvement interventions.

NON NEOPLASTIC DIAGNOSES IN THE NHS BOWEL CANCER SCREENING PROGRAMME

T. J. W. Lee, L. Wells, M. Ritchie, G. Clifford, C. Rees, M. D. Rutter
University Hospital of North Tees, QueenElizabethHospital, Gateshead, SouthTynesideDistrictHospital

Pilot studies of the bowel cancer screening programme (BCSP) demonstrated that half of all colonoscopies carried out for positive occult blood (FOB) tests found no evidence of neoplasia. Benign conditions may account for a positive FOB tests and if found at colonoscopy in the absence of adenoma or cancer constitute a false positive test. The incidence of such diagnoses in the BCSP is not known. We looked at recorded diagnoses of benign conditions in 3 BCSP areas. 25% of patients were diagnosed with a condition other than adenoma of cancer of which diverticular disease was the commonest. Others non malignant diagnoses included inflammatory bowel disease, radiation proctitis, and angiodysplasia.
CONCLUSION: 25% of patients undergoing colonoscopy in the NHS BCSP are diagnosed with a condition other than adenomas or cancer. Patients should be informed during the consent process of the possibility of non -neoplastic diagnoses and minimum reporting and standards of non-neoplastic diagnoses should be established.

AN UNUSUAL VASCULAR PITUITARY TUMOUR-PITFALLS AND PERILS IN MANAGEMENT

S Nag, Ravi Sankar Erukulapati, P Kane
JamesCookUniversityHospital

Metastases to the hypothalamus and pituitary gland account for 1–2% of sellar masses. The primary malignancy may be occult at the time of diagnosis and metastatic lesions are often detected incidentally. A 68-year-old lady presented with headaches and diplopia secondary to right abducent nerve palsy. CT Angiography revealed an intrasellar pituitary macroadenoma with no vascular abnormality or aneurysm. Pituitary MRI scan showed an aggressive pituitary tumour. Biochemical investigations suggested a non-functioning macroadenoma. Trans-sphenoidal resection of the pituitary tumour was attempted but was complicated by intra-operative haemorrhage. Haemostasis was achieved using a muscle patch. Carotid angiography showed a vascular skull base tumour with multiple feeders from internal and external carotid arteries and evidence of intra-tumoral shunting. Repeat pituitary imaging showed a significant increase in the size of the skull base tumour with invasion of the nasopharynx and right cavernous sinus. Histology of the lesion showed a vascular tumour indicative of renal cell carcinoma confirmed on CT which showed a 5.2 cm tumour arising from left kidney.
Conclusion: Metastases to the hypothalamus and pituitary gland occur most commonly with breast and lung cancer. Patients may present with diabetes insipidus, anterior pituitary dysfunction, visual field defects and ophthalmoplegia. Features suggesting metastases include thickening of the pituitary stalk, cavernous sinus invasion and sclerosis of the sella. The prognosis is poor with survival 6–22 months.

WORKING MEMORY DEFICIT IN UNTREATED AND TREATED HYPERTENSION

Gathercole SE, Fuat A, Littlewood E, Conway B, Murphy JJ
University of York, DarlingtonPCT & DarlingtonMemorialHospital

Working memory is the multi-component cognitive system responsible for the temporary storage of information, and plays a vital role in supporting everyday cognitive abilities such as following instructions and planning. The objectives of the study were: i) to investigate whether aspects of working memory were impaired in untreated hypertension, and

ii) to establish if any impairments resolved or persisted after successful antihypertensive treatment. Working memory was assessed in 10 newly diagnosed hypertensive patients (mean age 45 to 71) who had no significant co-morbidities and compared to age / sex matched controls. Tests were performed before commencing treatment and, in 7 of the hypertensive group, repeated six months after successful treatment. IQ did not differ between the two groups. However significant deficits in verbal working memory were found in the hypertensive group relative to controls both before and after antihypertensive treatment. Pre-treatment systolic blood pressure was highly correlated with working memory performance.
Conclusion: These cognitive deficits may reflect permanent damage to the frontal regions that serve working memory, caused either by lengthy periods of untreated hypertension or blood pressure levels that although elevated, fail to meet current diagnostic criteria. Impaired working memory may identify the need to review thresholds for BP treatment, and the potential value of combining low working memory scores with elevated blood pressure values as markers for cardiovascular risk.

MORTALITY FROM ISCHAEMIC HEART DISEASE AND CEREBROVASCULAR DISEASE INCREASES WITH REDUCED GLOMERULAR FILTRATION RATE IN DIABETIC SUBJECTS

S Nag, R Bilous, S Jones, V Connolly
JamesCookUniversityHospital, Middlesbrough

We investigated the association of eGFR, using the Modification of Diet in Renal Disease (MDRD) equation, with ischaemic heart disease (IHD) andcerebrovascular disease (CVD) mortality in a population based cohort of 3288 diabetic subjects (male 56%).Subjects were stratified by baseline eGFR(ml/min per 1.73 m^2) by stage of chronic kidney disease(CKD) according to Renal Association guidelines: >90;60 to 89;30 to 59 and below 29. Hazard ratios (HR) for deaths due to IHD and CVD were calculated across stages of CKD. At baseline, mean age (58.4 years) differed between groups .Median follow up was 10.5 years. 36% had died by 10 years. Adjusted HR (95% CI) for IHD mortality across stages of CKD were 1.53 (1.04-2.26), 3.61 (2.44-5.32) and 8.08(4.26-15.34) respectively. For CVD, HR (95% CI) across stages were 1.08(0.58-2.01), 1.86(0.97-3.59) and 5.94(1.88-18.78) respectively.
Conclusions: In diabetic subjects, IHD and CVD mortality increases significantly with decreasing eGFR. Reduced eGFR identifies patients at high risk of cardiovascular mortality who might benefit from aggressive risk factor modification

DIAGNOSIS AND FOLLOW-UP OF CARCINOID TUMOURS OF THE LUNG – AN AUDIT OF PRACTISE.

Jonathan Miller, James Anderson, Steven Chandler, AlwynFoden
DarlingtonMemorialHospital

Carcinoid tumours derive from neuroendocrine cells from many organs but are responsible for only 2% of primary lung cancer. Carcinoids are metabolically inactive so PET-CT often gives false negative results when used for staging. As carcinoid tumours express somatostatin receptors, nuclear imaging with octreotide may have an important role in both the initial staging and follow-up. We audited how 9 patients with histologically proven carcinoid of lung were investigated, treated and followed-up. Eight of the 9 had localised carcinoid amenable to radical therapy. One declined surgery, 7 underwent curative surgery. One patient presented with metastatic disease and died 6 weeks after presentation. Three patients had octreoscans prior to radical therapy without PET-CT. All three patients were then followed-up with octreoscans. Four patients had neither octreoscans or PET-CT and follow-up was with chest x-ray. All four of patients presented before 2002. One patient in whom the diagnosis was only made at surgery had PET-CT but no octreoscan. The patient with metastatic disease had chemotherapy but had neither a PET-CT scan or an octreoscan prior to chemotherapy.
Conclusion: Octreoscan rather than PET-CT should be the preferred imaging modality for carcinoid lung tumour.

ACUTE HEPATIC FAILURE IN A PATIENT WITH DERMATOFIBROSARCOMA PROTUBERANS (DFSP) SECONDARY TO USE OF IMATINIB

F Ali
QueenElizabethHospitalGateshead

Imatinibmesylate, a tyrosine kinase inhibitor is widely-used in the treatment of chronic myeloid leukaemia (CML) and gastrointestinal stromal tumour and, rarely, in other tumours such as DermatofibrosarcomaProtuberans (DFSP). Imatinib can induce severe hepatotoxicity in 1-5% of patients, which usually resolves with discontinuation of the drug. There have been case reports of use of steroid in hepatic toxicity related to imatinib. At least 5 deaths have been reported in the literature due to liver failure. We report a 59 year old Caucasian female with DFSP, on imatinib treatment, presenting with acute liver failure. In our knowledge this is the first case report of severe liver failure secondary to use of imatinib in DFSP and also the first case report where the patient has had a successful liver transplant. This patient was admitted with acute hepatitis 8 month after starting

imatinib. Her blood test for auto immune and viral hepatitis was negative. Her condition deteriorated and with Grade 1 Encephalopathy one week after admission. She received a liver transplant 17 days after admission.
Conclusion: This report adds further concerns about imatinib-induced hepatotoxicity. Liver function tests must be checked regularly during treatment and discontinued if abnormal.

Invited Lecture

PARKINSON'S DISEASE RESEARCH: LOOKING FOR THE ACE OF SPADES

David J Burn
Institute for Ageing and Health, NewcastleUniversity (d.j.burn@ncl.ac.uk)

We each have a 1 in 40 chance of developing Parkinson's disease in our lifetime and increasing age is the greatest risk factor so far identified. The aetiopathogenesis of PD is complex and involves both genetic and environmental factors. The accumulation of an abnormal form of a protein called alpha-synuclein within neurones is central to the disease process, and abnormal accumulation or degradation of this protein is deleterious to normal cellular function. The spread of pathology within the PD brain may occur in an orderly caudal-rostral progression (the so called "Braak hypothesis"), such that prodromal symptoms, including sleep disturbance, hyposmia, mood and autonomic disturbances, may all reflect the clinical correlates of spinal, medullary and pontine involvement. These symptoms may predate motor features by several years, providing a chance for early detection and introduction of disease-modifying therapies. More recently, the spread of alpha-synuclein pathology from cell-to-cell has been demonstrated in *in vitro* and *in vivo* models of disease, leading to the hypothesis that PD, may share similarities with prion diseases such as Creutzfeldt-Jakob disease.
In recent years a number of dopaminergic therapies have been developed to refine the unquestionably powerful motor benefits accrued from levodopa treatment. These approaches include the wider use of parenteral apomorphine, and the development of a levodopa gel (duodopa) which is administered via a jejunostomy but to date trials have been disappointingly negative apart from the ADADIO trial which , showed a small positive benefit for rasagiline. Further hope has been raised by positive clinical and imaging results in an open label trial of aromatic amino acid decarboxylase gene therapy.
A variety of non-dopaminergic approaches are also under trial. The first category is targeted to the management of motor complications, given the rich diversity of neurochemicals and their receptors within the basal ganglia that may be modulated without compromising the benefits from dopaminergic drugs. The second category aims to improve "non-motor" symptoms of PD, which have a devastating and probably dominant effect upon quality of life, particularly in the advanced disease stages. The latter include psychosis and dementia. Recent reports for the use of memantine in dementia associated with PD have indicated small benefits of uncertain clinical significance.
Finally, several trials are underway to explore the efficacy of putative disease modifying agents, based upon a variety of rationales. Such agents range from coenzyme Q10 to green tea polyphenols! One of the more promising agents on the basis of recent animal studies and phase 1b human studies may be an orally active drug PYM-50028 (Cogane) which stimulates production of growth factors in the brain.
Research into PD is an active and exciting area, with novel approaches constantly being triggered by new pathophysiological findings. Most would regard the discovery of an efficacious and safe disease modifying approach as the "ace of spades" in the management of PD, and increasingly this breakthrough seems to be a realistic goal.

ASSOCIATION BUSINESS

Date of next meeting:Saturday 6th March at Bishop Auckland Hospital from 10am until 1pm
Refreshments We are keen to include all consultants on the mailing list. Please e-mail the names of any new consultant colleagues or your own name if you are not already on the mailing list to the secretary. Refreshments (including lunch) are now provided free of charge. To cover this, and the increased cost of printing the Proceedings, the annual subscription has been raised to £20 per annum. If you have not already done so please increase your standing order to £20 per annum or e mail the secretary for a standing order form. We hope to see you in **Bishop Auckland on Saturday 6th March 2010**.

President
Professor PH Baylis

Secretary
Dr Clive Kelly

Proceedings of the

Association of North of England Physicians

… Only 26% [of patients] were given an estimate of the number of days they would be in hospital. 39% thought doctors should spend more time with their patients…

…Users [of Mephedrone] describe effects of euphoria, increased vigilance, excitement and greater confidence… The commonest presenting symptoms were dyspnoea, palpitations, anxiety, decreased consciousness and aggression. Benzodiazepine treatment was frequently needed. One patient suffered a spontaneous pneumomediastinum and surgical emphysema…

…The primary treatment for chronic thromboembolic pulmonary hypertension remains pulmonary thromboendarterectomy, but for those in whom surgery is unsuitable medical treatment is an appropriate option resulting in improvements in exercise capacity and functional class…

Abstracts of the meeting held on Saturday 6th March 2010 at Bishop Auckland Hospital

March 2010

A SURVEY OF PATIENTS' INPATIENT JOURNEYS

AvinashAujayeb, HelmyHaja Mydin[2]
SunderlandRoyalHospital

The doctor-patient relationship should be a partnership but paternalism is still rife, with patients being oblivious to the details of their inpatient journey. To investigate current views, we conducted a 20 question survey of 72 patients (37 male, 35 female) on a respiratory ward. 80% knew the name of their consultant, 40 % their junior doctor and 57 % the name of their nurse. 85% knew why their investigations were done, 67% were informed of their diagnosis and 83% understood their diagnosis. 68%, 37.% and 75% felt there was enough communication between patient and doctor, between doctor and family and between nurse and patient. Only 27% were given an estimate of the number of days they would be in hospital. 39% thought doctors should spend more time with their patients. 85% thought they could ask their doctor anything.75% understood the need for their medications, 58% understood follow up arrangements and 89% would be happy to be looked after by the same team again.78% had their concerns met and 81% their expectations of the health care service met.
Conclusion: Improvements must be made to improve patient's healthcare experience. This is especially important in communication of diagnoses and estimated number of days in hospital, introducing the healthcare professionals involved and explaining the rationale of prescription medication as well as follow-up arrangements.

THE EMERGENCE OF 'PLANT FOOD' AS A RECREATIONAL HIGH

Lovell BL, King R
WestCumberlandHospital, Whitehaven

Mephedrone is emerging as a new recreational drug in the UK. It is currently readily available online and in certain social venues. It can be purchased under the guise of "plant food" and is therefore labelled as a 'legal high'. Its newness on the recreational scene means that its properties and effects are not understood and there is little awareness of its potential dangers. Users describe effects of euphoria, increased vigilance, excitement and greater confidence. Reported side effects include hallucinations, anxiety, paranoia, fits, delusions and even death. We describe a case series of patients admitted to our acute medical admissions unit after using mephedrone. We encountered our first case in November 2009 and then treated a further eleven patients over the next four weeks. The commonest presenting symptoms were dyspnoea, palpitations, anxiety, decreased consciousness and aggression. Benzodiazepine treatment was frequently needed. One patient suffered a spontaneous pneumomediastinum and surgical emphysema following ingestion of the drug.
Conclusion: There is little information in the published medical literature on mephadrone. The surge in cases we have seen over the last few weeks reflects its growing popularity.. Our aim is to make other physicians aware of the dangerous effects of 'plant food'.

FRAX AIDS IDENTIFICATION OF PRIMARY CARE PATIENTS WITH OSTEOPOROSIS

J Weightman, M Kelly, E Johnston, A Stone, P Harrison, P Bartholomew and CKelly
QueenElizabethHospitalGateshead

60% of patients referred for bone densitometry (DXA) from Primary Care do not have clinical risk factors. The most effective use of DXA is a selective approach based on clinical risk and the recently developed FRAX (Fracture Risk Assessment) tool facilitates this approach. We have examined the effectiveness of our open access DXA service, which employs a modification of FRAX, by assessing all GP referrals over a 12 month period. We wanted to assess correlation between predicted 10 year fracture rate from FRAX and absolute BMD at hip and spine.
There were 340 primary care patients, of whom 288 were female. Rank correlation coefficients of 0.41 and 0.47 were found for 10 year fracture risk compared to absolute BMD at hip and spine respectively [p=0.001]. The prevalence of osteoporosis was 33% in females, compared to 20% in a female control group taken from patients scanned prior to starting letrazole for breast cancer [p=0.013]. Mean Z scores at hip (0.02, SE 0.07) and spine (-0.30 SE 0.09) were significantly lower than in female controls (0.30 SE 0.11 and 0.09 SE 0.17 respectively) [$p<0.05$ for each]
Conclusions: Our model identifies significant numbers of primary care patients with low bone density. Their fracture risk correlates with subsequent BMD results. The use of this model appears validated in a primary care population but not necessarily in secondary care patients.

SIMULTANEOUS PRESENTATION OF CORONARY HEART DISEASE IN IDENTICAL TWINS.

AJ Turley, V Chen, JA Hall
JamesCookUniversityHospital, DunedinHospital and University of Otago, Dunedin, New Zealand.

The development of coronary artery disease (CAD) involves a complex interplay between environmental and genetic factors, with premature CAD having a strong genetic component. We describe a pair of monozygotic identical twins one living in County Durham the other in New Zealand presenting near simultaneously with CAD and identical atherosclerotic lesions despite significant differences in environmental risk factors and being divided geographically by 12,000 miles.
Conclusion: Reports such as these provide a compelling argument for a genetic role in the development of CAD and could have implications for targeted primary prevention through family screening.

SUBXIPHOID PERICARDIOCENTESIS GUIDED BY CONTRAST ECHOCARDIOGRAPHY IN A PATIENT WITH CARDIAC TAMPONADE.

AJ Turley, B Thomas, RJ Graham
JamesCookUniversityHospital, and FriarageHospital, Northallerton

A 66 yr-old male presented with increasing dyspnoea. He was an ex-smoker and had been diagnosed with stage IV

undifferentiated large cell carcinoma of the left lung 2 months previously. Examination revealed signs of cardiac tamponade. The patient underwent therapeutic subxiphoidpericardiocentesis guided by contrast echocardiography. Aspiration revealed heavily blood stained fluid. Agitated saline (9.5mls normal saline, 0.5mls air) was injected to exclude accidental puncture of a cardiac chamber with continuous echocardiographic monitoring. There was immediate passage of contrast into the pericardial space. A pigtail catheter was then safely inserted and sutured in place. Over 1000mls of fluid were drained with symptomatic improvement.
Conclusion: Contrast echocardiography provides a safe and effective technique to help differentiate accidental cardiac chamber puncture from haemopericardium in the management of cardiac tamponade.

UPDATE ON THE MANAGEMENT OF PATIENTS WITH TRANSIENT ISCHAEMIC ATTACKS

H.M.Khor, C.Lister, B.Esisi, A.Mehrzad
BishopAucklandHospital

Efficient investigation and management of TIA within 24 hours reduces mortality and morbidity. An audit of TIA in-patients in 2008 was consistent with the recommended national guidelines. The object of this audit is to ensure consistent compliance. Of the 34 patients admitted with TIA, 84 % of patients had brain imaging within 24 hours of admission. 88% of patients had echocardiogram and 91% had carotid doppler or documented reasons for not needing the scan. 94% of patients were on appropriate dual antiplatelet agents. 91% were on a cholesterol lowering treatment and 97% received antihypertensive drugs. The length of hospital stay in 53% of patients was less than 48 hours.
Conclusion: The result of this audit is consistent with the previous audit in 2008. A further audit to asses the outpatient TIA service is in progress.

DOES THE FUNCTION OF THE QUEENELIZABETHHOSPITAL SHORT STAY UNIT STILL MEET ITS INITIAL SPECIFICATION?

Amy Robinson , Georg Volz and Clive Kelly
QueenElisabethHospitalGateshead

Our 21 bedded SSU was developed in 2005 to accommodate growing numbers of patients admitted with minor medical illnesses. We were interested if the operation of the unit had altered since our initial audit in 2006. Data was acquired from patient and nurses' notes over a 4 week period in January 2009. Compared to 2006, throughput had increased from a mean of 10 to 19 admissions per day and 95.6% of patients were discharged within the recommended 48 hours compared to 82% in 2006. The average LOS had decreased from 33 hours to 26 hours and bed occupancy risen from 82% to 96%. However, significantly fewer patients were discharged home (62% vs 88%) [p=0.01]. The commonest diagnostic categories represented were respiratory disease (109), cardiac disease (67) and collapse of unknown cause (67).
Conclusion: Increased admissions have changed the SSU into a subsidiary medical ward with accelerated turnover. Case mix is not as selective as it was and many patients are required to move from SSU to a base ward. We need more effective triage of admissions and faster discharges from base wards if SSU is to revert to its intended function.

RENAL DOSE DOPAMINE IN THE TREATMENT OF REFRACTORY HEART FAILURE

BaskarSekar, Jerry Murphy
DarlingtonMemorialHospital

This observational study explores the role of low dose dopamine on clinical outcome in patients admitted with refractory heart failure defined as oedema resistant to conventional diuretic therapy with deteriorating renal function. 11 patients (mean age 69) had heart failure due to left ventricular systolic dysfunction (New York Heart Association class III or IV). Their average weight on admission was 94 kg (SD 24) which despite intravenous furosemide had only fallen to 93 (SD 21) kg with serum creatinine rising form 176 (SD 95) to 231 (SD 121) mmol/l. Addition of renal dose dopamine (2.5 mcg/kg/min) via a central line resulted in a fall in mean body weight to 86 (SD 22) kg (p=0.006) and a fall in serum creatinine to 134 (SD 41)mmol/l (p=0.04). All patients improved clinically and were discharged home.
Conlcusion: Renal dose dopamine was found to be an effective treatment in our patients with refractory heart failure and further studies to assess its efficacy are warranted.

THE NATIONAL PULMONARY HYPERTENSION SERVICE NEWCASTLE 2001 -2010

C. Echevarria, E. Browne, J. Lordan, A. Fisher, J. O'Sullivan, G. Parry, G. MacGowan, R. Crackett, M. Day, J. DeSoyza, R. Allcock, P.A. Corris
University of Newcastle upon Tyne and FreemanHospitalNewcastle

We present an overview of our experience and a report of outcomes of treatment for the Chronic Thromboembolic pulmonary Hypertension (CTEPH) group. 981 patients have been seen. Confirmed diagnoses include Congenital Heart Disease (15%), systemic sclerosis (14%), idiopathic (13%), and CTEPH (13%). Of 123 patients with CTEPH, 44 have been treated with pulmonary endarterectomy (PEA), the treatment of choice. Of the 41 patients treated medically significant improvements were seen in the 6 minute walk compared with baseline at 3 months (mean 305.8m vs 250.2m; p <0.001); 12 months (370.2m vs 282.1m; p <0.001); and 24 months (334.6m vs 272.7m; p 0.023). WHO functional class WHO-FC and Borg dyspnoea also improved at 3, 12and 18 months compared to baseline. At 12 months, of 41 patients: 5 had died, 27 were alive, 1 of unknown status, and 8 have not reached a year's treatment.
Conclusions: Advances in the medical treatment and understanding of PH have been seen over the last 10 years, resulting in improved prognosis for patients. The primary treatment for CTEPH remains pulmonary thromboendarterectomy, but for those in whom surgery is unsuitable medical treatment is an appropriate option resulting in improvements in exercise capacity and functional class.

MANAGEMENT AND FOLLOW UP OF POST OPERATIVE HYPOCALCEMIA AFTER THYROIDECTOMY –A PILOT STUDY

A Santhakumar, AMunir, P Durning, S Jones, S Ashwell, V Connolly, V Arutchelvam, Prof Bilous, S Nag
JamesCookUniversityHospital

Hypocalcemia is common post thyroidectomy but inappropriate long term treatment with calcium supplements predisposes to nephrocalcinosis. We identified 127 patients who underwent thyroid surgery between 2007-2008. 36 were excluded due to missing data. 33/91 (36.3%) patients were given calcium supplements post operatively, 16 Sandocal , 4 1-alphacalcidol and 13 both. 3 patients required intravenous calcium. 25/91 (27.5%) had documented hypocalcemia. Mean pre-operative serum calcium (SD) was 2.36 mmol/l (0.13). Nadir serum calcium on the first, second and third post operative day was 2.00 mmol/l , 1.82 mmol/l and 1.89 mmol/l respectively. 29 patients were discharged with calcium and /or alpha calcidol. 8/29 (27.6%) patients remain on supplements. 7 had their supplements discontinued by the hospital and 11 by their general practitioner.
Conclusion: There is wide variation in management of hypocalcaemia post thyroid surgery. A large proportion of patients remain on long term replacement without a clear indication. A trial off treatment is needed to ascertain the need for long term therapy.

A COMPARISON OF OSTEOPOROTIC FRACTURE PREVENTION RECOMMENDATIONS USING FRAX/NOGG WITH THOSE BASED ON BMD MEASUREMENTS IN A DAYHOSPITAL SETTING

R Telford, K Boyle, J Ferguson, J Newton, F Shaw, S Kerr
BelsayDayHospital, North Tyneside Community Health, Newcastle GeneralHospital and NewcastleUniversity

FRAX (Fracture Risk Assessment Tool) and associated NOGG (National Osteoporosis Guideline Group) guidelines are new web-based tools that guide decisions on assessment and treatment to prevent osteoporotic fractures. This study compared decisions based on FRAX/NOGG with bone mineral density (BMD) measurements. 67 consecutive patients, mean age 81 years were studied. 70% were female, 73% had a history of falls, 34% had a previous low trauma fracture. Osteoporosis was confirmed in 37%. NOGG guidance recommended lifestyle advice in 34, BMD assessment in 29 and treatment without BMD scanning in 4. Within these 3 groups osteoporosis was confirmed in 10, 14, and 1 patients respectively. Repeating FRAX/NOGG in the 29 subjects for whom BMD assessment was advised recommended lifestyle advice in 23 and treatment in 6. Treatment was recommended in 10 patients using NOGG guidance, of whom 5 (50%) had osteoporosis. NOGG guidance did not recommend treatment for 20 (80%) patients with osteoporosis and did not recommend BMD scans in 10 (40%) patients with osteoporosis. The difference between those treated using BMD criteria (25/67) and those with osteoporosis treated using NOGG guidance (5/67) was statistically significant ($p<0.001$), as was the difference between those treated by the two methods (BMD 25/67 and FRAX/NOGG 10/67, $p=0.006$).

Conclusion: Following FRAX/NOGG guidance in this day hospital setting would have led to the majority of patients with osteoporosis not receiving treatment with bisphosphonates and bisphosphonate treatment being recommended in patients without osteoporosis.

AN EVALUATION OF OUR INITIAL INVESTIGATION & MANAGEMENT OF ADULTS WITH BACTERIAL MENINGITIS 2003-2008

A. J. Chick
NorthTynesideGeneralHospital

22 out of 23 Adult patients presenting between 2003-2008 to Northumbria Healthcare with a primary diagnosis of bacterial meningitis were identified; mean age was 45 years.27% of patients died during admission, with only 59% of patients discharged to their home. Choice of initial antibiotic was appropriate in 90% of cases, although timing of antibiotic administration was variable. 27 % of patients underwent CT head scans that were not strictly indicated and may have delayed diagnosis and treatment. Only 23% of patients had a lumbar puncture (LP) prior to antibiotic administration. One patient had an LP that was contraindicated. In over 40% of cases, the Health Protection Agency was not notified. Dexamethasone was neither documented as considered nor given in any case.
Conclusion: Bacterial meningitis carries a significant mortality. Our initial management could be improved by more timely diagnostic and therapeutic interventions.

NECROTISING PNEUMONIA IN TWO ADULTS WITH FEATURES OF S. AUREUS PANTON-VALENTINE-LEUKOCIDIN (PVL) TOXIN.

A.Chick, K. Poulton, F. Ahmad
WestCumberlandHospital, QueenElizabethHospital, Gateshead

Necrotising pneumonia due to S. Aureus infection with PVL toxin may be rapidly fatal in healthy young adults, with a reported mortality rate of at least 60%. We present two patients both previously well who presented with flu-like illness, haemoptysis and fever. Patient A was treated with antibiotics according to the standard severe community acquired pneumonia (CAP) protocol yet deteriorated and died within hours of arrival. There was no microbiological diagnosis at the time of death. Patient B was initially treated with standard CAP antibiotics, but urgent sputum gram stain raised the possibility of S.aureus infection. The antibiotics were changed and the patient eventually recovered.
Conclusion: Early recognition of necrotising pneumonia is essential to allow targeted antimicrobial therapy and an improved chance of survival

CUTANEOUS POLYARTERITIS NODOSA - A CASE REPORT

K.Scott, D.Ashok
University Hospital of North Durham

Within PAN three distinct clinical entities have been described: classical PAN, hepatitis associated PAN and cutaneous PAN. Classic PAN is an aggressive, often fatal multisystem disease and prognosis depends on the presence

and severity of visceral involvement. Cutaneous PAN is a benign disorder affecting small and medium sized skin arteries. It usually presents with painful skin nodules, livedoreticularis or leg ulceration with arthralgia, myalgia and mild constitutional symptoms. It should be distinguished from classic PAN as the course and management of the two conditions are different with symptomatic treatment and judicial use of systemic steroids sufficient in most cases of cutaneous PAN. We report a case of cutaneous PAN in a 77 year old previously fit man who, in contrast to previous descriptions, had weight loss, systemic symptoms and marked inflammatory response but who responded promptly to systemic corticosteroid monotherapy with resolution of skin, systemic symptoms and normalisation of inflammatory markers.
Conclusion: We report a case of cutaneous PAN with unsual features of classic PAN

A HISTORY OF MEDICINE AT BISHOPAUCKLANDHOSPITAL

Richard Prescott
BishopAuclandHospital

Built in 1853, BishopAucklandHospital was originally a Poor Law Institution. Destitute on admission, many of the inmates became ill, and nursing facilities were added with an operating room provided in 1890. During the First World War 1,150 injured soldiers were treated and in the Second World War temporary Nissen huts were used to treat German prisoners of war. Incorporated into the NHS in 1948, with the appointment of Dr Robertson as its first full time Physician in 1949, it gradually transformed from a chronic sick institution into an acute medical service. The first two phases of the "new" hospital were opened in 1969 and 1974 but the larger third phase was never built. Despite this services continued to expand and in 1987 £450,000 was raised by public appeal for a CT scanner. Although much adapted and improved the "temporary" Nissen huts were still in use as wards until the new hospital, built under PFI, was opened in 2002. As part of a merged Trust with Darlington and Durham Bishop Auckland now looks forward to a new future as a centre for rehabilitation and elective surgery.

Invited Lectures

DOES ASPIRIN PREVENT COLORECTAL CANCER IN LYNCH SYNDROME?

Professor Sir John Burn, Institute of Human Genetics at NewcastleUniversity

People with Lynch syndrome (hereditary nonpolyposis colorectal cancer) have an increased risk of cancers of the stomach, small intestine, liver, gallbladder ducts, upper urinary tract, brain, skin, and prostate. Women carriers also have a high risk of developing endometrial and ovarian cancers. The condition accounts for around 5 per cent of all colon cancers. Our clinical trial, which involved 1071 carriers of the Lynch syndrome mutation in 42 centres, randomised participants to 600mg aspirin per day and/or 30g Novelose, a resistant starch that escapes digestion in the small intestine. At an average of 29 months there was no evidence of benefit. However at four years, there was a divergence in the incidence of cancers between the aspirin and placebo groups. To date, there have only been six colon cancers in the aspirin group as opposed to 16 in those who took placebo. There was also a reduction in endometrial cancer. Only 11 patients in the aspirin group had gastrointestinal bleeds compared to 9 in the placebo group. Our results suggest an effect that predates the cancer, and may even predate the adenoma which precedes the cancer. Aspirin may have its effect by reducing survival of aberrant stem cells in the colon. These cancer stem cells are normally resistant to chemotherapy, but if a stem cell mutates and does not reveal its potential until an adenoma is formed, and if aspirin reduced the chances of such cells surviving, then the incidence of cancer could be reduced. Our team intends a further study to test whether a smaller dose of aspirin would have the same beneficial effect.

ASSOCIATION BUSINESS

Date of next meeting:Thursday 8th July 2010 at UniversityHospital of North Durham from 6.00 pm until 9.00pm. Refreshments provided. 3 hours CME approved. Abstracts for poster or oral presentations from consultants, trainees and medical students are all welcome. Presentations should reflect the full range of clinical medical practice including original research, clinical series, audit and case reports. Please submit by email (around 150 words including a short conclusion) by **Friday 21st May 2010** to the secretary clive.kelly@ghnt.nhs.uk. There is an annual prize for the best presentation by a trainee.

We are keen to invite all consultants and as many juniors as possible to join the association. Please e-mail the names of any new consultant colleagues or your own name if you are not already on the mailing list to the secretary. Refreshments (including a meal) are now provided free of charge. To cover this, and the increased cost of printing The Proceedings, the annual subscription has been raised to £20 per annum. If you have not already done so please increase your standing order to £20 per annum or e mail the secretary for a standing order form.

We hope to see you in **Durham on8th July 2010**.

President
Professor PH Baylis

Secretary
Dr Clive Kelly

Proceedings of the

Association of North of England Physicians

…The current three station model [for CMT interviews] does not represent the best use of resources…

…A significant reallocation of resources will be required to implement NICE clinical guidelines for chest pain. The requirement for coronary angiography will be doubled, and CT calcium scoring established…

…HIV testing in Emergency Admission Unit was acceptable to the majority of patients. Testing should be focussed on those presenting with indicator diseases/high risk groups. Limiting factors are stigma (patients/staff), restrictions on time and misperceptions about what an HIV test entails...

…Primary hyperparathyroidism prevalence was raised in our CKD population; it is under recognised and should treated to avoid it'ssequelae...

Abstracts of the meeting held on Thursday 8th July 2010 at the University Hospital of North Durham

July 2010

IMPLICATIONS OF THE NICE GUIDELINES FOR CHEST PAIN OF RECENT ONSET IN PATIENTS ATTENDING THE NEWCASTLE RAPID ACCESS CHEST PAIN CLINIC (RACPC)

IU Haq, PC Adams
Royal Victoria Infirmary, Newcastle upon Tyne

NICE clinical guidelines for chest pain of recent onset (March 2010, NCG95) recommend diagnosing angina based on clinical likelihood of coronary artery disease (CAD); if likelihood 61-90%, coronary angiography should be offered; if 30-60%, functional imaging; and if 10-29% CT calcium scoring. We analysed data from 5497 patients without prior MI, PCI or CABG referred to the rapid access chest pain clinic (RACPC) from Feb 2002 to March 2010. Likelihood of CAD was calculated using the variables age, sex, type of chest pain , ECG, smoking, hyperlipidaemia, and diabetes. The % of the RACPC population with non-anginal pain was 26.7%; those with risk <10% was 3.0%; risk 10-29% was 15.2%; risk 39-60% was 17.4%; risk 61-90% was 23.2%; and risk >90% was 14.3%. The percentage of the population requiring no investigation pre NCG95 was 38.7%, and post NCG95 was 29.7%; for exercise tests pre NCG95 was 50.7% and post was 0%; for CT calcium scoring pre NCG95 was 0% and post 15.2%; for functional testing pre NCG95 was 14.7% and post 17.4%; and for angiography pre was 12.3% and post 23.2%.
Conclusions: A significant reallocation of resources will be required to implement NCG95. The requirement for coronary angiography will be doubled, and CT calcium scoring will need to be established. But it will empower us to reassure a third of referrals that they have low risk of significant ischaemic heart disease on clinical assessment alone.

MATERNAL OUTCOME IN PREGNANT WOMEN WITH SYSTEMIC RIGHT VENTRICLE

HodsonK , Waugh J , Griffiths A, Chaudhari M, O'Sullivan JJ,Crossland D
Royal Victoria Infirmary and FreemanHospital, Newcastle upon Tyne, UK

Women who have had atrial switch operations (Mustard or Senning) for tansposition of the great arteries are now reaching childbearing age. The effect of pregnancy on a circulation supported by a systemic right ventricle is unknown. We report 11 women (age 17-31) with repaired transposition of the great arteries (nine Mustard, two Senning) who had had twelve pregnancies. Six women (7 pregnancies) were in New York Heart Association (NYHA) class 1 and had good ventricular function before conception. All 7 were born without complication. Women remained well in the year following delivery; however two had deterioration in cardiac function on echo. One went on to require cardiac transplantation 11 years later. Five women were NYHA class 2 at conception. All had poor outcome. One woman had termination of pregnancy for worsening cardiac function during the first trimester. One died from ventricular fibrillation at 25 weeks gestation. Of the remaining 3, all were delivered pre-term (mean gestation 34 weeks) by emergency caesarean section and required intensive care for cardiogenic compromise following delivery. Two were subsequently placed on the cardiac transplant list.
Conclusion: Symptomatic women with systemic right ventricles are at high risk of deterioration during pregnancy. Conversely, women in NYHA class 1 with good ventricular function on echocardiography tolerate pregnancy well.

ACUTE PHOSPHATE NEPHROPATHY RESULTING FROM BOWEL PREPARATION: AN UNDER RECOGNISED ENTITY WITH LIFELONG IMPLICATIONS

R.J.Majid,M.C.Boxall
Cumberland Infirmary

Acute phosphate nephropathy can result from ingestion of sodium phosphate used for bowel clearance prior to bowel imaging and is a long known but under recognised complication of colonoscopy and can lead to life long complications.
We describe three patients with previously stable renal function who developed acute renal failure within a month following bowel preparation with oral phosphosoda ("Fleet") prior to colonoscopy. Renal biopsy showed specific histological changes characteristic of acute phosphate nephropathy. Two of them developed irreversible and progressive chronic kidney disease (CKD) stage 4 and the third patient developed CKD stage 5 and is currently awaiting assessment for placement of Tenckhoff catheter to commence peritoneal dialysis.
Conclusion: Our series looks at the causes and predisposing factors for the development of this irreversible condition in those patients requiring bowel clearance for colonoscopy and barium enema.

USE OF A CLINICAL PRO-FORMA IMPROVES THE MANAGEMENT OF OLDER PATIENTS ADMITTED WITH HIP FRACTURE

S Thirugnanasothy, K Liang
SouthTynesideDistrictHospital

The RCP 2007 audit highlighted shortcomings in the care of patients presenting with fragility fractures. In response we introduced a clinical pro-forma for use in older people admitted with a fragility fracture to provide a framework to assess future falls risk and secondary bone health. We re-audited clinical practice after introduction of the pro-forma. Data was collected for 20 consecutive patients aged 65 years and over admitted with hip fracture following a fall. 2 domains were audited: multi-factorial falls risk assessment; and interventions/ management of secondary bone health. Using the RCP scoring system, domains of care were scored out of 100. Clinical practice was audited against national standards and evidence-based guidelines. Multi-factorial falls risk assessment and interventions and the management of secondary bone health improved considerably following introduction of the pro-forma with mean scores increasing from 37.9 to 62.8 and 65.5 to 100 respectively.
Conclusions: The introduction of a clinical pro-forma has improved multi-factorial falls risk assessment and interventions and management of secondary bone health for older patients admitted with hip fracture.

THORACIC ULTRASOUND - THE SAVIOUR?

Dr AvinashAujayeb, Dr HelmyHajaMydin
SunderlandRoyalHospital

A National Patient Safety Agency alert highlighted the 12 deaths and 15 serious complications between 2005 and 2008 that resulted from chest drain insertions. This led to British Thoracic Society guidelines calling for the use of on-site thoracic ultrasound for intra-pleural catheter insertions. Between November 2009 and April 2010, 2 respiratory Specialty Trainees performed 51 scans on in-patients. 47 patients had pleural effusions, 40 had a pleural tap performed and 21 had chest drains inserted (17 Seldingers and 3 Argyll drains). 2 (9.5%) patients who had chest drains inserted had intercostal artery punctures which settled without the need for cardiothoracic interventions. Pneumothoraces occurred in 3 (14%) patients, with 1 patient needing suction and placement of a surgical drain. Our complication rates from chest drain insertions are lower than the national average and for the 5 patients who had complications, the insertion guidelines had been stuck to rigidly.
Conclusion: We should not be complacent. Complications of pleural drainage cannot be avoided by use of ultrasound alone.

OFFERING HIV TESTING IN AN ACUTE ADMISSION UNIT IN NEWCASTLE UPON TYNE – A PILOT STUDY

S Ellis, L Graham & ELC Ong
Royal Victoria Infirmary, Newcastle upon Tyne

In 2008, the UK National Guidelines for HIV Testing advocated HIV testing should be offered to all general medical admissions where the reported prevalence of HIV is > 2/1000. Newcastle PCT's prevalence is 3-4/1000. We offered HIV testing to all general medical admissions attending our Emergency Assessment Unit (EAU) to assess feasibility, acceptability and point prevalence. Patients attending with capacity to consent were offered HIV testing during two six week periods in 2009/2010. Patients were tested with a fourth generation antigen/antibody blood test with results available within 36 hours. 586 patients were considered (16% of total admissions) and 396 tests were performed with 2 positive tests. Both were from high risk groups and presented with an AIDS defining illness. Tests were not performed on 190: 57% (n=108) lacked capacity to consent. 43% (n=82) refused testing with 59% believing they were not at risk and only 5% believing EAU was an inappropriate place to test. Point prevalence of HIV in EAU was ~5 per 1000.
Conclusion: HIV testing in EAU was acceptable to the majority of patients. Testing should be focussed on those presenting with indicator diseases/high risk groups. Limiting factors are stigma (patients/staff), restrictions on time and misperceptions about what an HIV test entails.

THE USE OF THE FRAX ® TOOL IN OSTEOPENIA.

Catherine Yates, YousifShanshal
Queen Elizabeth hospital Gateshead

NICE guidance excludes osteopenic patients (T score – 1 to – 2.5 SD) from its guidance even though the larger number of patients with osteopenia represent a greater proportion of the population at risk. We looked at 100 patients (75female,mean age 64) attending the Osteoporosis clinic who met the criteria for osteopenia on DEXA measurement and assessed them using the FRAX tool. FRAX® indicates 10-year probability of fracture using the parameters of age, sex, BMI, previous fracture, smoking, glucocorticoids, rheumatoid arthritis, secondary osteoporosis, family history, alcohol intake and BMD at the femoral neck. Based on FRAX score guidance is given as to whether patient should be treated with just lifestyle advice or antiresorptive therapy. Of our 100 osteopenic patients assessed by FRAX®, the guidance would be that 33% patients should be commenced on antiresorptive therapy, the remainder given lifestyle advice only.
Conclusion: Use of FRAX® rather than NICE guidance will result in more patients starting on antiresorptive agents with implications for cost and patient side effects. This needs to be weighed against a possible saving in the number of fragility fractures.

NURSE LED RAPID ACCESS COMMUNITY ARRHYTHMIA CLINICS: IMPROVING ACCESS AND DELIVERY OF PATIENT CARE

J. Mudd, S. Hackett, A. Hall, AJ. Turley, SA. James, NJ. Linker
JamesCookUniversityHospital, Middlesbrough

A nurse led rapid access community arrhythmia service was developed in 2007 to relieve pressure on tertiary-centre cardiology appointments and to meet national guidance on arrhythmia management. Primary care referrals are triaged by arrhythmia nurses to community or tertiary care services. The community service offers a 'one-stop-shop' with 12-lead ECG and echocardiography at first appointment. Ambulatory monitoring/patient activated recorders are fitted as required. Clinical supervision and review of patient treatment plans is provided by a team of consultant electrophysiologists and decisions made for ongoing treatment as necessary. A patient telephone helpline is provided. Drugs are prescribed and titrated by the arrhythmia nurses. 1459 referrals have been received, 7 were re-directed to other healthcare professionals and 66 patients are waiting to be seen. The average waiting time was 5.2 weeks, 2189 holter monitors and 236 trans-telephonic monitors have been used/issued and 2116 review appointments have been held. The majority of patients 1206/1386 (87%) were diagnosed, managed and discharged within the community clinics. 9.1% were listed for invasive procedures (26 ablations, 34 pacemakers, 27 implantable loop recorders, 31 cardioversions, 8 left heart catheters) and 54 referred to a consultant clinic. Audit shows 100% compliance with NICE guidance for the management of AF. Patient satisfaction surveys report 94% satisfaction with waiting times and 91% satisfaction with a specialist nurse led service.
Conclusion: A nurse led community arrhythmia service gives rapid access to assessment, diagnosis and treatment with a high level of patient satisfaction.

A STUDY OF THE USE OF MULTIPLE ASSESSMENTS WITHIN CORE MEDICAL TRAINING INTERVIEWS

N. Kumar, J. Atkinson, H. Mitchison, M. S. Pearce, E. Tullo
University Hospital of North Durham

The Modernising Medical Careers process has attempted to standardise the selection process into Core Medical Training. The methods used have become an assessment of clinical knowledge rather than more generic qualities. Our aim was to establish the impact of selection performed this way, to assess if multiple stations changed the outcome for the candidate, and applicants' and assessors' opinions of the process. In the Northern Deanery, between 2007 and 2009, 705 candidates have been interviewed for Core Medical Training using at least three stations. Interview data was reviewed to establish whether having additional stations changed the ranking of the candidates selected. Candidates and interviewers were asked which station they thought most discriminatory. We found no significant difference in ranking if only two stations were used. This could save approximately £10,000 worth of consultant's time per year in the Northern Deanery alone. We also query the added value of further expanding the selection centres to a six domain model as scores correlate well with each other and the candidates selected are the same. Academic achievement is a good predictor of canddate selection.
Conclusion: The current three station model does not represent the best use of resources.

ASSESSMENT OF ANXIETY AND DEPRESSION IN INTERSTITIAL LUNG DISEASE USING AN OUTPATIENT SCREENING TOOL

MD Shipley, T Hardy, K Anderson, K Heslop, IA Forrest
Royal Victoria Infirmary, Newcastle

For many patients with interstitial lung disease symptom control is the focus of treatment. Psychological symptoms compound the emotional and physical symptoms of respiratory illness. We have examined the use of an outpatient screening test to identify undiagnosed and untreated anxiety and depression in patients with interstitial lung disease. Forty-four consecutive patients attending an interstitial lung diseases clinic between January and December 2008 were offered self screening using the Hospital Anxiety and Depression (HAD) scale. 38 patients completed the assessment. Average forced vital capacity (FVC) was 77.8% and average transfer coefficient (KCO) was 89.6%. 2/38 (5.3%) patients were treated with long term oxygen therapy. We found clinical depression in 10/38 (26.3%) and anxiety in 15/38 (39.5%) of patients. Anxiety was more common in patients aged over 65 (p=0.048). Presence of depression and anxiety was not related to severity of lung disease measured by KCO, FVC or oxygen saturations.
Conclusion: A self administered screening tool identifies anxiety and depression in outpatients with interstitial lung disease. More focus on this psychological disability could improve the patient's symptoms and quality of life.

SUPPORTING SCIENCE EDUCATION IN SCHOOLS FOR THE HEALTH AND WIDENING ACCESS TO MEDICINE.

Sarah Pearce
University Hospital of North Durham

Health, education and employment are closely linked. In an area of low aspirations efforts to improve education, employability and access to medical school can be justified on grounds of expected public health benefits. The William Harvey Project linked the NHS to 8 schools in order to enrich science education and raise aspirations. We describe what we did, the difficulties we had to overcome and the effect on GCSE results.
Conculsion: Considerable benefits both for young people and the NHS have arisen from this project which is now being copied elsewhere.

CONTRAST INDUCED NEPHROPATHY; A MULTIDISCIPLINARY APPROACH IMPROVES OUTCOMES

Badar A, Zaman A, Ahmed S
FreemanHospital, Newcastle-upon-Tyne

Contrast induced nephropathy (CIN) is associated with significant morbidity. We compared "standard" management of patients at medium or high risk of CIN to a multidisciplinary approach including nephrologists. Over a six month period all CIN referrals to nephrology at Freeman hospital, Newcastle were prospectively categorized as early group referred before contrast or late group referred after contrast. Early referrals were managed according to local protocols. Those at high risk were managed by the renal team. The maximum percentage change in creatinine following contrast was calculated (%ΔScr) and results between the groups were compared. 21 patients were referred 12 in the early group and 9 in the late group. The characteristics of the two groups were similar. The mean % ΔScr was higher in the late than the early group (98.8 ± 42.2 vs 2.4 ± 9.4, P=0.0098). Two of the late group required temporary haemodialysis compared to none of the early group. The volume of contrast used was significantly higher in the late group (241.6 ± 19.5 vs 137.9 ± 17.3, P=0.0004). The length of hospital stay was also longer (12.0 ± 3.1 vs 4.0 ± 0.2 days, P=0.004).
Conclusion: In our study awareness of CIN was poor and 42% of high risk patients were not referred until after contrast and had longer hospital stays and were at increased risk of requiring haemodialysis.

ESTIMATION OF THROMBOEMBOLIC AND BLEEDING RISK IN PATIENTS WITH ATRIAL FIBRILLATION UNDERGOING PERCUTANEOUS CORONARY INTERVENTION FOR ACUTE CORONARY SYNDROME

Badar A, Richardson J, Scaife J, Jamieson S, Robinson S, Bagnall A
FreemanHospital, Newcastle Upon-Tyne

In patients with AF undergoing PCI, thromboembolic risk may be estimated by the CHADS-2 score and PCI bleeding by the REPLACE score. We assessed current practice and investigated whether objective scoring systems were used to guide therapy. 43 patients (4.7%) from 910 admissions were in AF at discharge. No patients had documented REPLACE or CHADS-2 scores in their records. Retrospectively, 5/43 patients (12%) were found to have CHADS-2 scores of zero; one of these was discharged on triple anticoagulant therapy. 17/43 patients (39%) had a CHADS-2 score of 1; 3 of these received triple therapy. 21/43 patients (49%) had a CHADS-2 score ≥2; none of these received triple therapy. Of the 4

patients discharged on triple therapy, all had REPLACE bleeding scores ≥10 (high bleeding risk).
Conclusion: Neither CHADS-2 nor REPLACE were used to guide anticoagulation therapy in patients with AF post-PCI. Those at highest thromboembolic risk were least likely to receive anticoagulation; those given anticoagulation therapy were in the highest bleeding risk group.

INFLUENCE OF AGE ON PROVISION OF GASTRO-INTESTINAL PROPHYLAXIS IN NON-ELECTIVE PCI PATIENTS WITH HIGH BLEEDING RISK

Badar A, Scaife J, Richardson J, Jamieson S, Robinson S, Bagnall A
Freeman hospital, Newcastle-upon-Tyne

The REPLACE PCI bleeding risk score identifies factors predictive of peri-procedural bleeding from both vascular access and non-access sites. We investigated whether patients identified as high bleeding risk by the REPLACE score were discharged on gastro-intestinal (GI) prophylaxis with proton pump inhibitors or H2 antagonists and whether age influenced the likelihood of patient's receiving prophylactic therapy. REPLACE risk scores were calculated from MINAP database and discharge medication determined from discharge summaries. Of the 910 patients analyzed, 49.7% were <65, 26.7% were 65-74 and 23.6% were ≥75 years old. 48.4% had a REPLACE score ≥10 (high risk). All patients ≥75 had REPLACE scores ≥10 compared with 84% of 65-74 year olds and 4.6% of those <65. Despite this, patients aged <65 years were more likely to be discharged on GI prophylaxis (<65, 60%; 65-74, 38.4%; ≥75, 49.4%; p <0.042).
Conclusion: Elderly patients with high bleeding risk were less likely to receive GI prophylaxis than younger patients. Increased awareness of bleeding risk in the elderly may improve GI prophylaxis.

WHAT IMPACT DOES PROVISION OF DIABETES SPECIALIST NURSE SERVICES HAVE ON QUALITY OF CLINICAL CARE?

J.Mettayil, G.Briggs, C.Ferriman, S.Clark, J.Collins, K.Abouglila, I.Ibrahim
University Hospital of North Durham

We investigated the impact of a recently set up ward Diabetes Nurse input and the establishment of "Think Glucose" referral criteria on management of in patients with diabetes. 93 in patient referrals from October 2009 to February 2010 were reviewed. We demonstrated that the "Think Glucose" referral criteria were being met and all requests for specialist team input were appropriate. 69% of referrals did not have a diabetes related condition causing admission. Insulin prescribing/dosing errors were identified in 9%. The total percentage of referrals for new insulin starts, new diagnosis of diabetes and DKA was 54.7%. Early specialist input prevented admission in one patient and in 4 patients earlier referral could have achieved a similar outcome. Insulin dose adjustments were needed in 75% and diabetes education in 70%.
Conclusion: The service has led to documented reduction in adverse events, and "near misses" with extra training and support available for nursing and medical staff.

PREVALENCE OF PRIMARY HYPERPARATHYROIDISM IN CHRONIC KIDNEY DISEASE

NS Sheerin, Hinchliffe WT
FreemanHospital, Newcastle

In CKD secondary hyperparathyroidism (SHPT) and the resulting tertiary hyperparathyroidism (THPT) are well recognised but not so primary hyperparathyroidism (PHPT) which is recognised by the high serum calcium and PTH and normal phosphate. Symptoms of PHPT include: fatigue, a sense of weakness, mild depression, memory impairment and nephrolithiasis. Previous studies have shown elevated PHPT prevalence of 0.99% in those with diabetes and 0.29% in those with thyroid diseases compared to 0.10-0.36% in the general population We identified 18/1920 patients on our database with PHPT giving a point prevalence of 0.94%. Mean average eGFRcreat was 41 mls/min, average serum calcium 2.75 mmol/L with mean average PTH concentration of 141 ng/L. The high prevalence of PHPT is surprising given the high prevalence of SHPT and THPT in populations with CKD. Is this a local environmental phenomenon or simply an under recognised problem in CKD?
Conclusion: PHPT prevalence was raised in our CKD population; it is under recognised and should treated to avoid it'ssequelae.

ANAEMIA IN RHEUMATOID ARTHRITIS – CAN WE AFFORD TO IGNORE IT?

VAGADIA V, BLOXHAM E, SCOTT K, FRANCIS G, HAMILTON J AND KELLY CA
QueenElizabethHospital, Gateshead

Anaemia is a common finding in patients with rheumatoid arthritis (RA) and often assumed to be anaemia of chronic disease (ACD). We challenged this assumption and investigated the nature and cause of anaemia in a cohort of 2000 RA patients. We identified 200 (10%) as having anaemia over a 12 month period. Of these, 88 had iron deficiency anaemia (IDA) on basis of low MCV, low ferritin, raised soluble tranferrin receptor (sTfR) or raised sRfR/logferritin index. 71 had ACD (normal MCV, elevated ESR), 27 had macrocytic anaemia, 6 perioperative anaemia, 2 thalassaemia and 6 a mixed pattern. Among 88 patients with IDA, investigations were performed in half, with 22 of these (50%) yielding an explanation - gastrointestinal bleeding (14), PV blood loss (5) and urinary bleeding (3). Intravenous iron was required in 9 of these patients who were resistant to oral iron. Among 71 patients with ACD, a response to intensification of RA treatment was noted in 45, but erythropoietin therapy was required in 8. Within the 27 patients with macrocytic anaemia, 13 had unrecognised B12 deficiency, 4 previously undiagnosed hypothyroidism, 3 myeloid malignancy, 3 alcoholic liver disease and 4 had lymphoma or other malignancies.
Conclusion: Anaemia in RA is common and potentially serious and correctable. Established malignancy was present in 8 patients and premaligancy in 7.

ASSOCIATION BUSINESS

Date of next meeting: Saturday 6th November 2010 at from 10.00 am until 1.00pm. Refreshments provided. 3 hours CME approved. Abstracts for poster or oral presentations from consultants, trainees and medical students are all welcome. Presentations should reflect the full range of clinical medical practice including original research, clinical series, audit and case reports. Please submit by email (around 250 words including a short conclusion) if possible by **Monday 4/10/2010** to the secretary clive.kelly@ghnt.nhs.uk. There is an annual prize of £100 for the best presentation by a trainee. We are keen to invite all consultants and as many juniors as possible to join the association. Please e-mail the names of any new consultant colleagues or your own name if you are not already on the mailing list to the secretary. Refreshments (including a meal) are now provided free of charge. To cover this, and the increased cost of printing of The Proceedings, the annual subscription has been raised to £20 per annum. If you have not already done so please increase your standing order to £20 per annum or e mail the secretary for a standing order form.
We hope to see you in **South Shields Hospital onSaturday 6th November**.

President
Professor PH Baylis

Secretary
Dr Clive Kelly

Proceedings of the

Association of North of England

Physicians

… alcohol excess is related to a reduction in bone mineral density regardless of whether they have developed irreversible liver disease…

…sudden negative calorie balance normalises glucose metabolism in patients with type 2 diabetes… and… demonstrate that type 2 diabetes is a reversible condition…

…[in core medical training interviews] there was no significant difference in ranking if only two stations were used This change could save £10,000 worth of consultant's time per year in the Northern Deanery…

... the introduction of 50 p per unit minimum price [for alcohol] would mean that moderate drinkers would no longer be subsidising alcohol purchase by the harmful and hazardous group and 70% of the public would be better off. In the wider context … a minimum price of 50 p per unit would save the nation £1.3 billion per year…

Abstracts of the meeting held on Saturday 6th November at south TynesideHospital

November 2010

PREVALENCE OF ANKYLOSING SPONDYLITIS AMONGST GP PRACTICES IN THE SUNDERLAND & WASHINGTON AREA

OlwynBlaney, David Coady
Sunderland Royal Hospitals

In patients with ankylosing spondylitis (AS), there is a 5 to 7 year delay from first symptoms of back pain to referral to secondary care for diagnosis and treatment. We analysed the prevalence of AS patients by GP practice to identify individual practices with lower than expected numbers of patients. The predicted prevalence, based on reported figures of 0.2-1% per practice, was compared to actual number of AS patients per practice (based on our hospital AS database). We found the overall prevalence was 0.05% but 15 out of 54 practices had no patients with a diagnosis of AS. These 15 practices ranged in size from 183 to 6165 patients with the biggest proportion within the 'East' districts and the smallest in the 'South' districts.
Conclusion: There may be large numbers of patients in the community with undiagnosed AS who may benefit from secondary care input. There are significant differences between prevalence per practice which could be further explored. Education, targeted to those practices with no recorded cases of AS, may improve diagnosis and early treatment of patients with AS and help reduce disease progression.

PATIENTS' COMPLIANCE WITH HAEMODIALYSIS (HD): A RETROSPECTIVE STUDY OF PATIENTS WHO MISSED HD SESSIONS

Alison Craik, ThalakunteMuniraju, Sean Fenwick
City Hospitals Sunderland

The factors contributing to patients' non-compliance to HD sessions are not understood. We analysed all patients who had missed HD sessions between 2007 and 2010. Fifty six patients (71% male) missed at least one session. Patients in the 40 to 49 age group were most likely to miss sessions (27% of missed appointments); patients in the 20 to 29 age group least likely (3%). The commonest primary renal diagnoses in those that missed sessions were hypertensive nephropathy (23%), diabetic nephropathy (21%) and glomerulonephritis (16%). They had significant comorbididites (32% diabetes mellitus, 34% congestive cardiac failure, 45% ischemic heart disease and 79% hypertension). Of the 15 patients who died during the study period 9 (60%) missed dialysis on 1 to 2 occasions.
Conclusion: Patients with hypertensive or diabetic nephropathies were the most likely to miss dialysis, perhaps reflecting their poor compliance to initial treatments leading to end stage renal disease. There was no relation between number of dialysis sessions missed and mortality rate.

THE BOWEL CANCER SCREENING PROGRAMME: EXPERIENCE OF THE PREVALENT ROUND OF SCREENING.

PT Rajasekhar, GM Clifford, TJ Lee, MD Rutter, G Waddup, M Ritchie, D Nylander, J Painter, J Singh, I Ward, N Dempsey, J Bowes, G Hanley, J Henry, CJ Rees
South of Tyne Bowel Cancer Screening Centre, Tees Bowel Cancer Screening Centre, North of England Screening Hub

During the prevalent round of screening 195,772 individuals were invited to participate. Uptake was 54%. 1524 underwent colonoscopy. 180 cancers were detected. The Dukes stage at diagnosis was; A and polyp cancers 42%, B 26%, C 26% and D 4%, with no staging in 1%. Data from the Northern Region Colorectal Audit Cancer Group (NORCCAG) in the symptomatic population shows the following; Dukes A 13.7%, B 35.6%, C 31.8%, D 18.8%. This demonstrates a significantly earlier cancer stage at diagnosis in screened patients. Complications were few; 1 perforation (0.07%), occurring during removal of a large polyp, and 2 bleeds treated conservatively.
Conclusion: We have shown a significant favourable shift in cancer staging in patients with screen-detected v symptomatic colorectal cancer. Complications of screening were few. Further efforts to improve population uptake are required.

DELIVERING HIGH QUALITY CARE DURING RE-STRUCTURING: IMPACT ON ONE WEEK RE-ADMISSIONS

ArvindNune, Judith Ashburner, Alan McCulloch, AnjanDhar
DarlingtonMemorialHospital

5% of patients discharged from NHS hospitals are readmitted within 28 days but there are no data on 7-day readmissions, which are more likely to be preventable, non seasonal variability. We retrospectively audited case notes of readmissions in January 2010(winter month) and May 2010(summer month). In January, 4.5% of 1023 patients discharged were readmitted within 7 days; in May 5.0% of 1107 were readmitted. Most (70%) were > 65yrs. The time to readmission ranged between ½ hour to 7 days with no seasonal variation. The majority of patients were admitted from their home (80% in Jan, 74% in May) and only 12.5% and 6.5% from nursing homes. Patients admitted through A&E outnumbered GP admissions. Most of readmissions were from discharges from MAU rather than base wards (35% and 50%). In both months, 75% patients had been assessed by consultant in the 24 hrs preceding discharge.
Conclusion: Readmissions within the first 7 days are highest in elderly patients, and do not show a seasonal trend. Most readmissions are from patients' homes not nursing homes with most having been discharged from MAU rather than base wards. Further work needs to be done to see if these readmissions are preventable.

EFFECTS OF ALCOHOL ON BONE DENSITY AND FRACTURE INCIDENCE

Anand Reddy, Alison Grapes, Peter Bartholomew, Clive Kelly
QueenElizabethHospital, Gateshead

We undertook a prospective study to assess the incidence of fractures and to measure bone density in patients with ALD. Patients admitted to the GI Unit over a three month period with a diagnosis of ALD were divided into 3 groups: high alcohol intake alone; alcoholic hepatitis; established cirrhosis. The presence of any low trauma fractures within the previous two years was recorded, and bone mineral density measured at hip and spine. 48 patients with evidence of ALD over 3 months consented to being assessed. 34 were male and median age was 47 years. Twenty patients (42%) had suffered a low trauma fracture within the previous 24

months. Bone mineral density data was obtained in 31 patients. There were no significant differences between values at either hip or spine between any of the three groups so data was amalgamated. Mean T scores at spine and hip were significantly reduced at -1.32 [p=0.01] and -1.19 [p=0.05] respectively.
Conclusions: Alcohol excess is related to a reduction in bone mineral density, in patients regardless of whether they have developed irreversible liver disease. This affects both axial and cortical bone and is linked to an increased risk of low trauma fracture.

THE AFFECT OF NICE GUIDELINES ON MANAGEMENT OF RECENT ONSET STABLE CHEST PAIN.

Dr ACM Thompson, Dr PD Higham
North Tyneside General Hospital, Northumbria Healthcare Trust.

NICE Clinical Guideline 95 (CG95) recommends that patients with new onset stable chest pain should be stratified according to risk factors and clinical history without exercise testing. Subsequent tests will then be determined by the patient's risk score and will incorporate unfamiliar tests such as CT Coronary Angiography. To quantify the impact of the new guidance on services we studied 100 patients attending the Rapid Access Chest Pain Clinic RACPC. In this group if we were to implement NICECG95 invasive coronary angiograms would be increased by 16% (7 to 23), CT coronary angiograms by 9% (0 to 9), functional studies would be decreased by 3% (19 to 16), exercise testing by 80% (80 to 0) and immediate diagnosis of angina by 2% (11 to 9). 30% of patients previously diagnosed as not having angina would be investigated further or actually diagnosed with angina based upon their initial risk score suggesting the original RACPC assessment may have missed 17% of cases of angina. Conversely, 4 people in every 100 were being unnecessarily investigated to pursue a diagnosis of angina that would have been given an alternative diagnosis.
Conclusion: Implementing NICECG95 will impact on resources and alter the diagnoses some patients receive in the chest pain clinic.

THE SMALL BOWEL SERVICE AT SOUTHTYNESIDEHOSPITAL

Parker C, Perowne R, Panter S, Davison C

Our capsule endoscopy service (CE) for investigating small bowel pathology was set up in 2004 and we perform the third largest number per year in England, outside London. The presence of a pacemaker is listed as a relative contraindication to CE but in a retrospective audit of six of our patients with pacemaker who underwent CE, there were no cases of pacemaker dysfunction or arrhythmia. We introduced double balloon enteroscopy (DBE) in in January 2010. DBE complements CE by offering therapeutic as well as diagnostic potential. Ten DBEs have been performed to date. The average wait from receipt of referral to assessment was 23 days. Six procedures were performed by the anal/terminal ileal route, 4 via the oral route. The average depth of insertion was 116cm. Pathology was identified in 3. The procedure was well tolerated and there were no complications.
Conclusions: CE appears safe in pacemaker patients, supporting previous data. The new DBE service has been safe and successful to date.

REVERSAL OF TYPE 2 DIABETES: EFFECT OF CHANGE IN LIVER AND PANCREAS FAT CONTENT DURING WEIGHT LOSS IN TYPE 2 DIABETES

E.L. Lim, K.G. Hollingsworth, B. Aribisala, J. Mathers, R. Taylor
Newcastle Magnetic Resonance Centre and NewcastleUniversity

Does sudden negative calorie balance normalises glucose metabolism in patients with type 2 diabetes, and if so how? 11 people with type 2 diabetes were studied before and during an 8-week period of very low calorie diet (600-800 kcal/day). Insulin sensitivity was measured using euglycaemic-hyperinsulinaemic clamp with glucose tracer, and insulin secretion was assessed by the C-peptide deconvolution method during two step glucose infusion. A new magnetic resonance method was used to quantify hepatic and pancreatic fat content. Fasting glucose concentration normalised within one week (8.2 ± 0.4 vs. 5.2 ± 0.3 mmol/l, $p = 0.003$). After 8 weeks, total weight lost was 15.3 ± 1.2 kg, rates of basal glucose production were reduced (2.31 ± 0.21 vs.1.71 ± 0.10 mg/kg/min, $p = 0.02$) and the percentage suppression of hepatic glucose production during the clamp doubled. These improvements were associated with a 76% reduction in hepatic fat content ($p = 0.003$). First phase insulin response increased towards normal (peak insulin secretory rate: 0.34 ± 0.06 vs. 0.19 ± 0.03 nmol/min/m^2, $p = 0.05$) and this was associated with a 28% reduction in pancreatic fat content ($p = 0.03$).
Conclusion: These data demonstrate that type 2 diabetes is a reversible condition. Accumulation of triglyceride in pancreas and liver underlie the twin defects of failure of insulin secretion and lack of normal response to insulin to cause the syndrome of type 2 diabetes.

TYPE 2 DIABETES, BARIATRIC SURGERY AND THE RISK OF GESTATIONAL DIABETES.

Steven S, Woodcock S, Small P and Taylor R
Royal Victoria Infirmary, NorthTynesideGeneralHospitaland SunderlandRoyalHospital

Women with pre-existing impaired glucose tolerance are certain to develop type 2 diabetes in pregnancy and prior type 2 diabetes will become more difficult to control. However, an increasing number of women with type 2 diabetes have had bariatric surgery, and in this group plasma glucose levels tend to be normal. The effect of pregnancy is unknown. The physiological changes in insulin sensitivity mean that pregnancy can be considered to be a metabolic stress test. We report the case of a 26 year old woman who had previously been treated with insulin for type 2 diabetes of 13 years duration. Following gastric bypass surgery blood glucose levels fell to normal. She conceived naturally 15 months after surgery and had an uncomplicated pregnancy. Blood glucose levels were normal throughout. This is remarkable in the context of current views on gestational diabetes.
Conclusion: This case challenges our understanding of the pathophysiology of type 2 diabetes both in the normal population and in pregnancy.

ACUTE UPPER GI BLEEDING DOES OUT OF HOURS ENDOSCOPY MAKE A DIFFERENCE?

S Hearnshaw, J Barbour
QueenElizabethHospital, Gateshead

A 2007 UK-wide audit of acute upper gastrointestinal bleeding (AUGIB) showed only 52% of hospitals in the UKhave a formal out of hours (OOH) endoscopy on-call rota. At QEH formal OOH endoscopy was introduced in October 2009 together with a dedicated 8.30am weekday AUBIB endoscopy slot. We compared figures before (July/Aug 2009) and after (Dec/Jan 2009/10) the introduction of these measures. OGDs performed within 24 hours of presentation increased from 62% before introduction to 85% after introduction and numbers of out of hours endoscopies from 4% to 21% but there was no difference in median length of stay or numbers discharged within 24 hours of endoscopy.
Conclusion: OOH endoscopy has increased the proportion of patients having endoscopy within 24 hours of admission and the number of all procedures performed outside of normal working hours.

REACTIVE ARTHRITIS AS A COMPLICATION OF BCG IMMUNOTHERAPY

K Balasubramaniam, A Martin, C A Kelly
QueenElizabethHospital, Gateshead

Reactive arthritis is a common sequel of infection, first described in 1917 by Reiter following Shigella dysentery. Other organisms have been associated with reactive arthropathy, including Mycobacterium Tuberculosis. A 71 year old gentleman and a 69 year old lady both presented with bilateral knee effusions one month apart. The gentleman had no history of arthropathy whereas the lady had osteoarthritis. Both had recently been diagnosed with grade 1 superficial bladder carcinoma and had been treated with first doses of BCG immunotherapy. Both had low grade pyrexia, generalized malaise and modestly elevated acute phase reactants. In each case, synovial fluid was negative for gram stain, Ziehl-Neelson stain, culture and polarized microscopy for crystals, but neutrophils were present consistent with an acute inflammatory response.
Conclusion: These are not the first case reports but highlight the importance of understanding the difference between septic arthritis and reactive arthritis. Awareness of iatrogenic causes and withdrawal of the cause may prevent chronic arthritis and the need for immunosuppressive treatment.

AN UNUSUAL CAUSE OF DYSPHASIA

A.R. Marian Anthony ,S.Selvaraj, S.Murphy, R.Thomas, S.Anthony
UniversityHospital of Hartlepool

We report a case of a 66 year old lady admitted with acute confusion and flu like symptoms. She scored 2/10 on AMTS with trouble finding the right words and using incorrect words in sentences. A CTscan which showed hypodense change involving anterior and medial aspect of left temporal lobe was strongly suggestive of herpes simplex encephalitis. Lumbar puncture (+vePCR for HSV) and MRI confirmed the diagnosis of HSV encephalitis. She was treated with intravenous acyclovir and made a good recovery.
Conclusion: Viral encephalitis is a medical emergency as untreated HSV encephalitis has a high case fatality rate. Our patient recovered with prompt treatment.

A STUDY OF THE USE OF MULTIPLE ASSESSMENTS WITHIN CORE MEDICAL TRAINING INTERVIEWS

N. Kumar, J. Atkinson, H. Mitchison, M. S. Pearce, E. Tullo
University Hospital of North Durham

As part of the Modernising Medical Careers process there have been attempts to standardise the selection process for core medical training. The methods used have become an assessment of clinical knowledge, as opposed to more generic qualities. We evaluated our local selection process to assess if multiple stations changed the outcome for the candidate and the applicants' and assessors' opinions of the process.In the Northern Deanery of England, between 2007 and 2009, 705 candidates have been interviewed for Core Medical Training using at least three stations. There was no significant difference in ranking if only two stations were used. This change could save £10,000 worth of consultant's time per year in the Northern Deanery alone. We query the added value of further expanding the selection centres to a six domain model as scores already correlate well with each other and the candidates selected are the same. Academic achievement, unsurprisingly, is a good predictor of selection.
Conclusion: The current interview model is not the best use of resources. Further work is required to establish the most appropriate and efficient method of selecting junior doctors.

Invited Lecture

ALCOHOL HARM REDUCTION: EDUCATION OR LEGISLATION ?

Chris Record, Consultant Hepatologist, Newcastle Upon Tyne Hospitals NHS Trust

Hospital admissions for alcohol related conditions reached almost a million in 2009/10 with the numbers rising by 80,000 per year. Cirrhoisis mortality doubled from 6.9 to 12.9 per 100,000 between 1991 and 2005. 25% of all deaths in males aged 16-34 are attributable to alcohol. Consumption has increased by 121% since Word War II and, excluding abstainers, the average consumption is now 25 units per head per week with 25% of the population consuming above safe limits The rise in alcohol consumption mirrors affordability with "off -sale" alcohol now a third of the price charged 20 years ago.

Pressure from the British Society of Gastroenterology and others led to a commitment to product and point of sale labelling, and in 2007 a voluntary agreement was agreed that all alcohol products should be labelled with the safe limits, number of units contained and pregnancy advice. Despite this agreement, less than 10% of alcohol products comply.

In 2008 the School of Health and Related Research (ScHARR) examined the effect of pricing and taxation on alcohol consumption. They concluded that: 'There is strong and consistent evidence to suggest that price increases and taxation have a significant effect in reducing demand for alcohol'.

The ScHARR report found that the top 30% of drinkers consume 80%, while the bottom 30% of drinkers consume only 2% of the total alcohol consumed. Therefore it is the harmful and hazardous drinkers who are the beneficiaries of cheap alcohol prices. In an expenditure analysis, Record and Day (Clinical Medicine, Oct 09) showed that if a minimum price of 50p per unit was introduced, the bottom 30% would pay 10 p per week more for alcohol while the top 30% would pay £4.16 per week more. A minimum price of 50 p per unit would mean that supermarkets could promote other items as "lost leaders" resulting in a 2.8% price reduction across the board. The bottom 30% purchasing group would therefore benefit by £1.38 per week while the top 30% alcohol group would pay £3.15 per week extra. The introduction of 50 p per unit minimum price would mean that moderate drinkers would no longer be subsidising alcohol purchase by the harmful and hazardous group and 70% of the public would be better off. In the wider context ScHARR estimate a minimum price of 50 p per unit would save the nation £1.3 billion per year. A minimum price per unit is now supported by the Scottish Government, the CMO, the Alcohol Alliance, Alcohol Concern, House of Commons Select Committee, British Medical Association, the National Institute for Clinical Excellence and most recently 90% of publicans in the North East (Balance 2010).

Minimising alcohol harm requires a combination of education and legislation. The Prime Minister has recently signalled his intention of supporting the introduction of a by law by consortia of local authorities to facilitate minimum pricing and such an approach is urgently required especially in the North East if the health of the region is to be improved.

ASSOCIATION BUSINESS

Date of next meeting: Saturday 5th March 2011 at UniversityHospital of North Tees Refreshments and lunch provided. 3 hours CME approved. Abstracts for poster or oral presentations from consultants, trainees and medical students are all welcome. Presentations should reflect the full range of clinical medical practice including original research, clinical series, audit and case reports. Please submit by email (around 250 words including a short conclusion) by **Friday 28th January** to the secretary clive.kelly@ghnt.nhs.uk. There is an annual prize of £100 for the best presentation by a trainee. The very deserving winner in 2010 was Dr Lim. We are keen to invite all consultants and as many juniors as possible to join the association. Please e-mail the names of any new consultant colleagues or your own name if you are not already on the mailing list to the secretary. Refreshments (including a meal) are now provided free of charge. To cover this, and the increased cost of The Proceedings, the annual subscription has been raised to £20 per annum.

If you have not already done so please increase your standing order to £20 per annum using the enclosed standing order form, or e mail the secretary for a form. It is essential you do this if you wish to remain a member of the Association.

We hope to see you on **Saturday 5th March 2011 at North Tees**.

President
Professor PH Baylis

Secretary
Dr Clive Kelly

Proceedings of the

Association of North of England Physicians

… more work is needed on the time taken to use the e-portfolios for junior doctor trainees, its effect on patient care and the stress and anxiety it causes in some trainees…

…interstitial lung disease is the only complication of rheumatoid arthritis (RA) that is increasing in prevalence. It accounts for 6% of RA deaths, with a mean survival of just 3 years following diagnosis…

…finger nail polish did not effect oxygen saturation recording in healthy volunteers…

…barium follow through (BFT) examination remains useful in evaluating the small bowel, particularly small bowel Crohn's disease, and in most, clinical decisions are made without the need for additional investigations. CT did not detect small bowel pathology not seen on BFT…

…even with good graft function, women embarking on pregnancy following kidney and kidney/pancreas transplantation remain at high risk of pregnancy complications…

Abstracts of the meeting held on Saturday 5th March 2011 at North Tees Hospital

March 2011

ASSESSING OXYGEN SATURATION IN VARNISHED NAILS

M Shipley, A Gill, MAP Carson

We questioned whether it was necessary to remove nail varnish prior to oxygen saturation recording We recorded baseline oxygen saturation in 3 healthy, non-smoking, adult volunteers in whom 9 nail varnish colours from clear to black were applied in two coats. Oxygen saturations were recorded and simultaneously compared to an unvarnished nail. 27 paired "blinded" recordings were made. Mean oxygen saturation among the volunteers was 98.7%. There was no significant difference in oxygen saturation recorded between any of the tested nail varnishes. Data from previous studies suggests further investigation is needed to standardize practice. It is possible that darker or more intense colours could interfere with oxygen saturation monitoring.

Conclusion: Finger nail polish did not effect oxygen saturation recording in healthy volunteers.

SURVEY OF TRAINEES ATTITUDES TO THE E-PORTFOLIO

Mark Carson, Ann Gill, Richard Prescott, Namita Kumar, Mark Shipley
Northern Deanery

NHS E-portfolio is an online system used to collect, assess and demonstrate training and competency. It is a compulsory means of assessment for all trainees in the UK. We distributed a semi-quantative questionnaire to trainees in 3 hospitals in the North East of England. All respondents used an E-portfolio account. 56% had received training in its use. 55 doctors completed the questionnaire. 60% were female. 38% were foundation doctors, 15% CMT doctors and 47% ST3 or above. 83% said they used time outside work to complete E-portfolio tasks and 69% found it diverted them from other educational aims and 33% from patient care. 64% found the E-portfolio website unreliable. Only 35% felt they had adequate training in the use of the E-portfolio system. 80% of respondents found E-portfolio to be a cause of stress and anxiety. Respondents questioned the validity and objectivity of the E-portfolio assessment system and noted difficulty in getting assessments completed.

Conclusion: The E-portfolio system leaves a large number of medical trainees unsatisfied. More work is needed on the time taken to use the system, the effect on patient care and the stress and anxiety it causes in some trainees.

AUDIT ON THE USE OF CONTINUOUS SUBCUTANEOUS INSULIN INFUSIONS (CSII) IN GATESHEAD

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The Gateshead insulin pump multi-disciplinary clinic was started in 2008 and 17 adult diabetic patients in Gateshead are on CSII therapy. NICE guidelines for CSII were introduced in 2008 and this audit reviewed our patients for adherence to NICE guidance. Audit standards included: patients should have type 1 diabetes and should fulfil NICE criteria for commencing pump therapy; all patients should have appropriate training (GIFT programme); patients should only continue pump therapy if it is benefits them biochemically; physically (egBMI) or in their QOL. All except one of our patients were commenced according to NICE guidance. Average BMI on pump therapy increased from 28-28.2, when all results were analysed, but decreased from 28 to 27.2 when analysing only the data from the 16 patients fitting NICE criteria. Average basal insulin decreased from 30 units per day pre-pump therapy to 20 units per day with CSII. Average HbA1c decreased from 8.5% pre-pump therapy to 7.4% on CSII. In all but one patient there was demonstrable benefit in at least one facet. Demonstrating improvements in QOL will be an objective for a future audit.

Conclusion: Given the cost of CSII, it is important to demonstrate adherence to NICE criteria

HIGH-RESOLUTION MANOMETRY ALTERS THE DIAGNOSIS IN PATIENTS DIAGNOSED WITH DIFFUSE OESOPHAGEAL SPASM

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High-resolution manometry (HRM) and oesophageal pressure topography have revolutionised the interpretation of oesophageal physiology. Between 2009-10, 10 patients with a diagnosis of diffuse oesophageal spasm diagnosed on conventional manometry toxin treatment were offered high-resolution manometry at a tertiary referral centre. Presenting symptoms were dysphagia, chest pain, regurgitation and weight loss; 6 patients had more than one symptom. Mean age was 57.6, M: F = 1:2. The mean duration between onset of symptoms and referral to specialist service was 20.6 months. All had a normal upper g-i endoscopy. 7 had barium studies which showed hiatus hernia (1), oesophageal dysmotility (3), probable achalasia (2) and normal (1). On conventional manometry, 7 were diagnosed as diffuse oesophageal spasm (DES), 2 were diagnosed with hypertensive oesophageal contractions and 1 diffuse dysmotility. 5 agreed to HRM. 3 had features of classic achalasia, 1 DES and 1 functional oesophago-gastric junction (OGJ) obstruction. The patients with achalasia were treated with 100 units of Botulinum toxin injection to the OG junction. Two of them had complete symptom resolution and remained symptom free at 1 year follow up. 1 patient with achalasia did not respond and was referred for laparoscopic cardiomyotomy. Of the other 5 patients with DES and hypertensive contractions on

conventional manometry, 2 were treated successfully with Botulinum toxin injection to the OG junction and 3cm proximal in the lower body of oesophagus. 3 opted to have initial calcium channel blocker therapy and had good symptom resolution.
Conclusion: HRM altered the diagnosis of diffuse oesophageal spasm on conventional manometry to achalasia in 3 of our patients. A prospective study is planned.

SECONDARY ADRENAL INSUFFICIENCY DUE TO PROFOUND SEPSIS PRESENTING WITH REFRACTORY HYPOTENSION

AtifMunir, Rudy Bilous, Sath Nag
JamesCookUniversityHospital

Relative adrenal insufficiency has been well described in sepsis and carries a poor prognosis We describe a previously fit 48-year-old lady with primary hypothyroidism who was admitted with septic shock secondary to epiglottitis. Her clinical course was complicated by hypotension resistant to inotropic support. Adrenal insufficiency was considered and a short Synacthen test showed cortisol deficiency with a sub-optimal peak cortisol increment of 106 nmol/l, inappropriate for the degree of metabolic stress. Concurrent ACTH level was 6 ng/L which in the context of low baseline and stimulated cortisol levels suggested secondary adrenal insufficiency. The patient had no clinical features of any underlying endocrinopathy and her condition improved. Subsequent investigations showed normal anterior pituitary function apart from isolated ACTH deficiency. Pituitary MRI scan was normal and excluded a structural pituitary lesion. Adrenal auto-antibodies were not detected. Long Synacthen test performed ten months later showed a flat cortisol profile and a 24 h increment of 298 nmol/l. The delayed rise in cortisol was consistent with persistent secondary adrenal insufficiency. The patient remains well on long term steroid therapy.
Conclusion: The mechanisms underlying sepsis induced adrenal insufficiency include vascular, ischaemic and inflammatory damage to the HPA Axis and apoptosis within the HPA axis. A high index of suspicion remains the cornerstone for accurate diagnosis in ill patients with refractory hypotension.

WHY DON'T WE PRESCRIBE OXYGEN?

AvinashAujayeb, Aylwin Chick

Using an electronic questionnaire, we explored why oxygen is not routinely prescribed. 100 replies were received (50% response rate), 40 were from specialist registrars, 32 from foundation trainees, 14 from specialty trainees and 15 from consultants. 74% knew of patients harmed by oxygen usage. 78% had prescribed oxygen but only 33% prescribed it routinely. The reasons given were forgetting to prescribe it (64.5%), forgetting it is a drug (46.8%), because the prescription system is electronic(30.6%) and because of the complexity of the prescribing system (19.4%). Free text comments included: it is not being part of the ethos of practice; reliance on verbal handover to nurses; ever changing oxygen concentrations and disagreement with need to prescribe it. Only 42% had read the BTS oxygen guidelines and only 60 % had received teaching on the guidelines with the format of that teaching being predominantly informal (52%). 87% did not know who their hospital's "Oxygen Champion" was.
Conclusion: There is room for improvement. Perhaps electronic oxygen prescription should be mandatory; stickers could be put on drug charts detailing target saturation; there could be more teaching sessions; posters on oxygen prescription and the oxygen champion should be thrown more into the limelight.

INTERSTITIAL LUNG DISEASE IN RHEUMATOID ARTHRITIS: AN UPDATE

Malik S, Thalayasingam N, Saravanan V, Kelly CA
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Interstitial lung disease (ILD) is the only complication of rheumatoid arthritis (RA) increasing in prevalence. It accounts for 6% of RA deaths, with a mean survival of just 3 years following diagnosis. We have studied the natural history of RA in 1,000 patients over 10 years with particular regard to pulmonary involvement. We recorded the prevalence of clinically relevant ILD, its demography and immunological associations. We have assessed the radiological subtype, mean survival and the influence on this of therapeutic intervention. We identified 49 patients with clinically significant RA-ILD. The patients had a median age of 74 (46 – 87) years, and 58% were female. Subtype as determined by high resolution computed tomography (HRCT) was usual interstitial pneumonia (UIP) in 44%, non specific interstitial pneumonia (NSIP) in 36%, organising pneumonia (COP) in 10%, with a mixed pattern in 10%. Rheumatoid factor (RF) was positive in 80% of patients (mean titre 1/360) and 98% had positive antibodies to cyclic citrullinated peptide (CCP) with mean titres of 223 units (normal <7). Patients with rapidly progressive UIP / NSIP were initially treated with cyclophosphamide or rituximab. Those with slowly progressive disease received azathioprine, 6 mercaptopurine or mycophenolate. Patients with stable lung disease were treated with carefully selected disease modifying anti rheumatic drugs for their arthritis. Patients also received anticoagulants (20%) or oral steroids (35%). Mean duration of ILD is presently 6 years in this population, with a mortality of 30%. Survival curves show an improvement when compared to previous data which predated the use of rituximab and mycophenolate, although it is uncertain as to whether the use of these agents has contributed to this observation.
Conclusion: RA-ILD is evident in 4% of our RA population, spanning a wide age spectrum. It is strongly associated with CCP seropositivity. The

limited evidence base suggests selective therapy may improve outcome, but more work is needed to confirm this

DIABETES KNOWLEDGE AMONGST JUNIOR DOCTORS AND NURSES: A SURVEY OF CONFIDENCE IN CLINICAL PRACTICE

ShazaKhider, Sath Nag
JamesCookUniversityHospital, Middlesbrough

Anecdotal evidence suggests that junior doctors (JD) lack confidence in managing diabetes and prescribing insulin, and oral hypoglycaemic agents (OHA). We assessed using a 24 item questionnaire basic diabetes knowledge amongst JD and registered nurses (RN) and assessed its impact on self reported confidence in clinical practice. 83 questionnaires were analyzed (response rate 46.6%), 34% from FY 1 trainees, 19% from FY2 trainees, 19% from CMT doctors and 28% from RN. Mean correct answer score on knowledge based questions was 69.7 % for whole cohort,74.4% for FY1, 74.0% for FY2, 75.5% for CMT and 56.5% for RN($p < 0.01$). Deficiencies associated with answer scores < 70% included diagnosing diabetes and hypoglycemia correctly, managing hypoglycemia and knowledge of insulin and OHA. Self reported confidence was higher in senior trainees. RN had higher confidence scores than FY1 trainees though FY1 doctors scored better on factual knowledge. Self reported confidence decreased with increasing complexity of the management task. No correlation was found between knowledge possessed and degree of confidence. 78.3% of participants relied heavily on advice from diabetes nurse specialists and senior colleagues. Only 24.1% of participants thought their training in diabetes management was adequate.
Conclusion: Junior trainees lack confidence in managing diabetes. Structured education through the generic skills curriculum might bridge the gap between factual knowledge and practical experience.

IBD NURSE SPECIALISTS REDUCE ADMISSIONS AND IMPROVE PATIENT SATISFACTION

J Dyson, S Young, A Lee, J Vasani
UniversityHospital of Hartlepool

IBD nurses were introduced in Hartlepool in 2005. We evaluated their impact on acute admissions and their effect on patient satisfaction. In 2003/4, before their introduction, there were 38 admissions with IBD of which 8 were new diagnoses. In 2006/7 after their introduction there were 30 admissions, 5 with new diagnoses and in 2007/8 19 admissions, 2 with new diagnoses. Of 129 questionnaires on patient satisfaction 46% were returned. 100% left the nurse consultation satisfied, 98% felt it useful to have a named contact, 85% received written information about their condition, 98% received support regarding personal difficulties arising from their bowel condition, 81% rated the service as 'excellent', 19% as 'good'.
Conclusions: Since the introduction of an IBD nurse specialist admissions due to acute exacerbations of IBD have decreased by 43%. We suggest this is due to easier access to medical care so patients receive treatment earlier in their disease flare.

LIVER FIBROSIS ASSESSED BY TRANSIENT ELASTOGRAPHY (FIBROSCAN) PREDICTS RESPONSE IN PATIENTS INFECTED WITH HEPATITIS C WHEN TREATED WITH PEG-INTERFERON AND RIBAVIRIN.

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FreemanHospital, Newcastle Upon Tyne.

Liver stiffness measurement (LSM) determined by Fibroscan® is a non-invasive method of assessing liver fibrosis. We reviewed the outcomes of Hepatitis C virus (HCV) infected subjects treated with PEG-IFN+RBV between Jan 07-June 09 to determine whether LSM predicted treatment response. 184 patients (mean age 39±10, 70% male, 13% cirrhotic, 3% HIV co-infection) received PEG-IFN+RBV for HCV. The overall sustained virological response (SVR = "cure") rate was 59% (50% for genotype [G] 1/4 and 70% for G2/3, $p<0.001$). The SVR rate was only 28% in cirrhotics (10% for G1/4 and 43% for G2/3). 87 patients had a pre-treatment Fibroscan (median LSM 6.6 KPa [3.3-73]). Advanced fibrosis (LSM > 12.5 KPa) was significantly associated with non-response to treatment in subjects infected with HCV ($p=0.009$), with the effect more pronounced in HCV G2/3 infection. 30 patients (16%) stopped treatment due to side-effects or non-compliance, including 1 death from pneumonitis.
Conclusions: Our SVR rates were similar to published data. Liver stiffness determined by Fibroscan may be used as a non invasive tool to predict treatment response.

CAN SCREENING SPIROMETRY IDENTIFY UNDIAGNOSED LUNG DISEASE: RESULTS OF AN OPEN ACCESS SPIROMETRY DAY?

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An estimated 2.1million people in the UK have undiagnosed COPD As part of the European Respiratory Society's World Spirometry day, we held an open access spirometry clinic. Participants attending an unrelated educational event were invited to undertake spirometry. The best of three attempts at FEV1 and VC were recorded. Those with abnormal results were directed to their primary care practitioner for further investigation. 249 subjects performed spirometry. 32.1% were male. Mean BMI was 27. 20.5% participants were smokers, 30.1% ex smokers.

17.3% reported cough. 74% reported breathlessness. Only 49.8% had heard about lung function testing before. Obstructive spirometry was found in 13.2%, 66% of whom had a smoking history and 66% had breathlessness. Restrictive spirometry was found in 5.6% of whom 78.6% were breathless. Only 3.6% patients with abnormal spirometry reported known lung disease.
Conclusions: Patients with abnormal spirometry can be found by unselected screening spirometry. Most of these patients will be symptomatic and will not have had spirometry before. Open access spirometry can be used to identify participants who may need further investigation for lung disease.

MISSED OPPORTUNITIES: AN AUDIT OF OLDER PATIENTS WITH NECK OF FEMUR FRACTURE NOT RECEIVING BONE HEALTH MEDICATION ON ADMISSION

E Tevendale, GW Duncan, R French and RW Heycock,
SunderlandRoyalHospital

The National Hip Fracture Database 2010 reported only 4.3% of our patients with neck of femur (NoF) fracture were receiving osteoporosis medication prior to admission. Local peer hospitals report higher rates. Could patients presenting with NoF fracture have been identified and treated earlier? Consecutive patients over 1 month age >65 presenting with NoF fracture were studied. Our proforma recorded: prior osteoporosis medication; contraindications; contact with elderly medicine and information for the FRAX tool. We used FRAX to assess fracture risk *prior* to admission and considered how NOGG/NICE guidance applied. 38 patients were included, 32 were not receiving osteoporosis medication, 3 were taking bisphosphonates and 3 had discontinued treatment. FRAX scoring the untreated patients showed that 19 (50%) were eligible for DEXA-BMD or treatment. 2 patients had contraindications to bisphosphonates. 32% of our subjects had previous fragility fractures, 2 were receiving treatment, the remainder had been neither investigated nor treated. 12 had recent contact with geriatric medicine of which 2 were taking bisphosphonates. Using FRAX and NOGG guidance 7 of these were identified for DEXA-BMD or treatment.
Conclusion: Had national guidance been followed and the FRAX tool used opportunistically over half of our patients would have been identified for DEXA-BMD or treatment.

AUDIT OF ACCURACY OF ELECTRONIC DISCHARGE SUMMARIES

Pierscionek T, Smith J, Carson M, Smith A, Prescott R
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Comprehensive discharge letters are key to remuneration for an episode of care and a vital adjunct to patient care. A list of all diagnoses and co-morbidities was compiled from 30 sets of notes from Bishop Auckland and DarlingtonMemorialHospital and compared to the information in the discharge summaries. 10 diagnoses were missing from the summaries. In addition 77 co morbidities were missing. These included problems related to cardiology 16%; psychiatric 17.3%; respiratory 8.6%; orthopaedic 12.3%; gastrointestinal 8.6%; vascular 3.7%; genitourinary/renal 5%; endocrine /metabolic 3.7%; neurology 6.2% and miscellaneous 18.5%.
Conclusions: Most diagnoses are recorded in electronic discharge summaries but 10 were missing and co-morbidities are poorly recorded.

BARIUM FOLLOW THROUGH: ITS ROLE IN SMALL BOWEL EVALUATION

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JamesCookUniversityHospital,

The British Society of Gastroenterology recommends barium follow through (BFT) as first line investigation of small bowel Crohn's disease (CD). Alternatives include CT, ultrasound, MR enterocolysis and video capsule endoscopy. These may offer additional information however radiation dose and availability limit their use. We assessed the role of BFT in clinical decision making identifying all BFTs performed January-August 2009. 103 BFTs were included; 71 female, mean age 46 (range 14-84). In suspected CD cases(n=61), 52 were normal, and 9 abnormal. In assessing known CD (n=25), 10 were normal, 14 abnormal and 1 inconclusive. For other indications, all 17 were normal. 9 patients had subsequent CT imaging, 2 due to inconclusive BFTs. Of the 7 with definitive BFT results, the CT confirmed normal small bowel in 4, confirmed CD in 1, and pathology outside the small bowel in 2. BFT influenced management in 85% of suspected CD cases, and 100% of known CD cases.
Conclusion: BFT remains useful in evaluating the small bowel, particularly small bowel CD, and in most clinical decisions are made without the need for additional investigations. CT did not detect small bowel pathology not seen on BFT.

TREATMENT OF VITAMIN D DEFICIENCY IN PATIENTS ON A PERITONEAL DIALYSIS (PD) PROGRAMME.

James Shawcross, Toni Poole, Ann Marsh, Christie Errington, John Sayer
FreemanHospital, Newcastle upon Tyne.

Vitamin D deficiency is common in end-stage renal disease (ESRD). Reasons include reduced mobility, low dietary Vitamin D intake and reduced cutaneous Vitamin D synthesis. In addition patients on Peritoneal Dialysis (PD) lose Vitamin D in their dialysis effluent. There is evidence to suggest PD patients with Vitamin D deficiency are at higher risk of cardiovascular death. We aimed to assess the prevalence of vitamin D

deficiency, and the response to treatment with Vitamin D^2 in our PD population. Venous blood levels of total Vitamin D, serum adjusted calcium, phosphate and PTH were measured in all patients on the PD programme between October 2008 and May 2010. Patients with Vitamin D deficiency (<25ng/ml) were given 300,000 iu of Vitamin D^2 by im injection, repeated at 3 monthly intervals if vitamin D levels remained <25ng/ml. Those with previous total parathyroidectomy or poorly controlled calcium and phosphate levels were excluded. Response to treatment (total vitamin D, serum calcium, serum phosphate and PTH) was determined (minimum follow-up 6 months).

Results

Two patients of our 76 patients (3%) were Vitamin D replete, 26 patients (34%) had severe Vitamin D deficiency (levels <15 ng/ml), 39 patients (51%) were deficient (25-50ng/ml), 9 patients (12%) had borderline levels (25-50ng/ml). 14 patients were excluded from treatment (6 previous parathyroidectomy, 8 poorly controlled calcium/phosphate). Of the remaining 62 patients 51 were treated (44 followed up). Vitamin D levels were corrected from a mean pre-treatment level of 15ng/ml to a post treatment dose of 45 (mean follow up time 11 months). The mean dose of ergocalciferol was 375,000 IU (range 300-900,000 IU). One patient did not respond to Vitamin D. The treatment was well tolerated and there were no cases of hypercalcaemia or other side effects.

Conclusions: We found significant levels of vitamin D deficiency in our PD population. Intramuscular vitamin D represents a safe and effective treatment.

PREGNANCY AFTER KIDNEY TRANSPLANTATION IN NEWCASTLE

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NewcastleUniversity, Royal Victoria Infirmary and FreemanHospital, Newcastle upon Tyne

We retrospectively reviewed the notes of nine pregnancies between September 2007 and December 2010 in six kidney transplant recipients and two kidney-pancreas (KP) recipients. Mean age was 34 years (range 28-43). Primary renal diagnoses included Type 1 diabetes, hypertension, reflux nephropathy and glomerulonephritis. One woman had post transplant diabetes pre pregnancy. 6 women had live births, 1 had both a spontaneous abortion and a medically advised therapeutic abortion. 1 KP recipient had a spontaneous abortion. 5 with livebirths had pre-existing hypertension, 3 of these requiring additional antihypertensive therapies. 1 KP recipient required insulin treatment during pregnancy and post partum. Mean (range) serum creatinine at booking, 20 weeks gestation and early post-partum was 126 µmol/L (97-185), 114 µmol/L (85-205) and 129 µmol/L (101-185). 5 women had more than one urinary tract infection during pregnancy; 3 were treated with prophylactic cephalexin. There were no episodes of graft rejection. 5 developed preeclampsia and in these, birthweights were 2070g (1020-2600) and and gestation 33.6 weeks (29.7-36.0). In the absence of preeclampsia, birthweight and gestation were 3000g (2900-3100) and 38.2 weeks (38.1-38.3). Mean gestation overall was 35.2 weeks (29.6-38.3). 5 babies were delivered by Caesarean section. 3 babies whose mothers had preeclampsia were admitted to SCBU.

Conclusion: Even with good graft function, women embarking on pregnancy following kidney and kidney pancreas transplantation remain at high risk of pregnancy complications.

ASSOCIATION BUSINESS

Date of next meeting: **Thursday 7th July 2011 at SunderlandRoyalHospital from 6.00 pm to 9.00 pm.**

This is the evening summer meeting. Refreshments will be provided. 3 hours CME approved.
Abstracts for poster or oral presentations from consultants, trainees and medical students are all welcome. Presentations should reflect the full range of clinical medical practice including original research, clinical series, audit and case reports. Submit your abstract by email (around 250 words including a short conclusion) by **Wednesday 18th May 2011**to the secretary clive.kelly@ghnt.nhs.uk.
We are keen to invite all consultants and as many juniors as possible to join the association. Please e-mail the names of any new consultant colleagues or your own name if you are not already on the mailing list to the secretary.
Refreshments (including a meal) are now provided free of charge. To cover this, and the increased cost of The Proceedings, the annual subscription has been raised to £20 per annum. If you have not already done so please increase your standing order to £20 per annum. This is essential to cover printing and refreshment costs and trainee support. Standing order forms can be obtained from the secretary clive.kelly@ghnt.nhs.uk
We hope to see you on Saturday 7th July 2011 at SunderlandRoyalHospital from 6.00 pm to 9.00 pm.

Invited Lecture

NEWAND FUTURE TREATMENTS FOR OSTEOPOROSIS

Professor R.M.Francis, Institute for Ageing and Health, NewcastleUniversity

A number of drugs improve bone mineral density (BMD) and decrease the risk of fractures. Generic alendronate is the first choice treatment for most patients with osteoporosis, because of its low cost and anti-fracture efficacy. Unfortunately, persistence with oral bisphosphonate treatment is poor, even when administered on a weekly basis. Annual intravenous infusions of zoledronate may overcome the problem of poor absorption from the bowel and encourage compliance.
Raloxifene is a selective estrogen receptor modulator (SERM), which decreases the risk of vertebral fractures, but has no effect on non-vertebral fractures. A large study in women with osteoporosis demonstrates that a new SERM (lasofoxifene) decreases the incidence of vertebral and non vertebral fractures and reduces the risk of breast cancer, cardiovascular disease and stroke. The drug is currently unlicensed, but may prove useful in the management of younger post menopausal women with osteoporosis, who might have previously considered the use of hormone replacement therapy.
Advances in bone biology have highlighted the importance of the RANK and RANK ligand system in the regulation of bone resorption. The recently licensed denosumab is a monoclonal antibody against RANK ligand, which when administered by six monthly subcutaneous injection suppresses bone resorption, increases BMD and decreases the risk of vertebral, hip and other non-vertebral fractures.
Cathepsin K is an important enzyme secreted by osteoclasts, which resorbs bone. Odanacatib is a Cathepsin K inhibitor, which decreases bone resorption without inhibiting bone formation. Early studies show that this improves BMD when given orally on a weekly basis, so trials of its anti-fracture efficacy are now underway.
The SOST gene is responsible for the production of sclerostin, which inhibits the action of the Wnt, LRP5, β-catenin signalling pathway on bone morphogenetic protein, thereby leading to reduced bone formation. Early trials of a mo□clonal antibody against sclerostin show an increase in bone formation and BMD, which if sustained is likely to lead to a reduction in fracture risk.
Selective androgen receptor modulators (SARMs) potentially have anabolic effects on bone and muscle without producing virilising side effects in women or prostatic stimulation in men. If these agents are ultimately shown to reduce the risk of fracture, they could prove useful in the treatment of older people with osteoporosis and sarcopenia.
Calcilyticsare compounds which stimulate the endogenous production of parathyroid hormone (PTH). Studies are evaluating the effects of these agents on PTH production, the biochemical markers of bone formation and BMD.

Although most of the currently available treatments for osteoporosis are antiresorptive agents, the development of new anabolic therapies offers the prospect of greater increases in BMD, restoration of the bone microarchitecture and therefore improved bone strength.

President
Professor PH Baylis

Secretary
Dr Clive Kelly

Proceedings of the

Association of North of England Physicians

… The prevalence rate of AF is strikingly lower [in the Hai District off Northern Tanzania] than in other elderly populations studied …

… 60% of patients [with COPD] were receiving oxygen inappropriately……

… Renal replacement therapy may not be the ideal or preferred treatment for all patients with advanced kidney disease …

…Intravenous insulin use in the peri-infarct period has significantly decreasedcompared to practice in the year 2000. However glycaemic control in the peri-infarct period and HbA1c at 3 months has improved…

Abstracts of the meeting held on Thursday 7th July 2011 at Sunderland Royal Hospital

July 2011

SAFETY AND EFFICACY OF BALLOON SPHINCTEROPLASTY FOR REMOVAL OF COMMON BILE DUCT STONES

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SunderlandRoyalHospital

We reviewed case notes of all patients who underwent ERCP for extraction of common bile duct stones (CBDS) from January 2007 to evaluate the safety and efficacy of endoscopic balloon dilatation (EBD) for management of CBDS. 72 patients underwent 78 procedures; mean age 69 years (range 28 to 92), 56% () female. 44% had a prior ERCP with sphincterotomy. Mean balloon diameter for EBD balloon was 14 mm (range 8 – 20), duration of inflation 60 – 90 seconds. Complete stone extraction was achieved in 75%, partial extraction with stent placement was achieved in 18%. 84% of stones sized < 9mm were removed, 75% of 10-19 mm stones and 37% of stones >20mm. 3 (4%) developed cholangitis, 2% pancreatitis, 1% renal failure, 1% CBD perforation.
Conclusion: Our study demonstrates that EBD is a safe and effective method for the management of CBDS. Our complication rate was lower than that previously reported.

A RETROSPECTIVE STUDY OF THE MANAGEMENT AND OUTCOME OF MICROSCOPIC COLITIS

Northumbria Healthcare Trust
Francisco Porras-Perez, Richard Thomson, Christopher Wells, RW Stirling

Microscopic colitis (MC) is a histological diagnosis encompassing lymphocytic (LC) and collagenous colitis (CC). It normally presenting with diarrhoea and maybe associated with coeliac disease and some drugs, particularly NSAIDs, PPIs and SSRIs and coeliac disease. . We report 27 patients (20 female) presenting between July and December 2009. 3 had LC and 24 CC. Mean age was 66 years (range 38-90) and duration of symptoms before diagnosis 3.8 months (Range 1-24 months). The main symptoms were diarrhoea (100%), abdominal pain (29.6 %), weight lost (7.4%) and faecal incontinence (11.1%). Diagnosis was made by flexible sigmoidoscopy (63%) or colonoscopy (37%). In all cases the mucosa was reported as normal on endoscopy. 25 patients were discharged and only 2 were under active follow-up. Of the 25 discharged patients, 7 had at least 1 further flare up of symptoms within one year of being discharged. 12 patients were treated with 5-ASA (1) or oral budesonide (11) with remission in 10 of the 12. 15 patients did not receive therapy and 4 of these reported recurrent symptoms. 22 patients had received drugs reported to be associated with MC and in 11 the drug had not been discontinued. 4 of these reported at least one flare up. Coeliac serology was checked in 15 patients and the results were negative in all those tested. 6 patients (22%) gave a history of autoimmune thyroid disease.
Conclusion: The normal mucosa seen in all our patients reinforces the need to take colonic biopsies in cases of unexplained chronic diarrhoea. Only 55% of our cases were screened for coeliac disease and in 50% possible precipitant drugs were not stopped. Guidelines for the investigation, treatment and follow-up of MC would be valuable.

DRIVING AND BRAIN METASTASES – ARE WE DOCUMENTING THE ADVICE?

Janine Graham, Laura Griffiths.
FreemanHospital, Newcastle

RCP guidelines state patients with a diagnosis of primary or secondary brain tumour should be told of their legal requirement to inform the DVLA and that this should be documented in the patient's notes. We questioned whether this discussion was being recorded by retrospectively reviewing notes on patients who received whole brain radiotherapy between October and November 2010. Our standard was that all patients should have a documented discussion about driving in the case notes. Patients receiving prophylactic cranial irradiation or with a diagnosis of primary brain tumour were excluded. We identified 20 cases. Median age was 66, median performance status 1. In 60% the initial diagnosis of brain metastases was given by a consultant, in 40% by a registrar. Of the 20 case notes reviewed only 10% (2/20) had a documented discussion about the legalities of driving.
Conclusion: We have demonstrated poor documentation of legal driving regulations in patients with brain metastases.

GLYCAEMIC CONTROL IN PATIENTS WITH MYOCARDIAL INFARCTION - REGIONAL RE-AUDIT OF CURRENT PRACTICE

PreethiRao, SG Ashwell,V Connolly, K Narayanan, U Manian, J H Parr
SouthTynesideDistrictHospital, James Cook and QueenElizabethHospital, Gateshead

3 out of 8 hospitals in the Northern Deanery who took part in the original audit of glycaemic control in diabetes and myocardial infarction in 2000 participated in this re-audit in 2008. Over 6 months all centres prospectively identified patients suffering from AMI with known diabetes or with a blood glucose on admission of >11.0 mmol/l. 83 patients (61.% male) were identified. 88.0% were known to have diabetes prior to admission; 12.0% were newly diagnosed during admission. 37% suffered STEMI of whom 38.7% underwent PCA as primary treatment. In the original audit, intravenous insulin was used in the majority (68%) during the peri-infarct period however

only 45.8% of the patients received intravenous insulin in 2008. 6.1% were on subcutaneous insulin in 2000 however this rose to 19% in 2008. The number of capillary glucose levels > 7 mmol/l within 24hrs of AMI in patients receiving and not receiving iv insulin was 58.2% and 37.4%, respectively compared to 63% and 70.8% in 2000. Mean HbA1c on admission and 3 month follow up were 7.8% and 7.4% respectively and 8.0% and 7.8% in 2000.
Conclusions: Intravenous insulin use in the peri-infarct period has significantly decreasedcompared to practice in the year 2000. However glycaemic control in the peri-infarct period and HbA1c at 3 months has improved, although still remains poor.

USE OF SEHCAT TESTING IN PATIENTS WITH DIARRHOEA

JK Dyson, JA Barbour
QueenElizabethHospital, Gateshead

Bile salt malabsorption (BSM) may cause disabling diarrhoea. It can arise from ileal disease or resection, be associated with cholecystectomy or be idiopathic. Radiolabelled selenium homocholic acid taurine (SeHCAT) can be used to diagnose bile salt malabsorption. A normal result refers to retention of more than 15% of an oral dose. Our trust has performed 109 tests since 2007, 59 were abnormal, of which 12 were due to ileal disease, 33 associated with cholecystectomy and 11 idiopathic. All 59 with abnormal SeHCAT retention were sent a questionnaire. 27 (46%) resoponded. Of those responding 67% reported improvement with bile salt sequestrantsbut 41% reported side effects and 15% stopped treatment. 8 were intolerant of cholestyramine and 3 stopped taking colesevelam. 67% reported improved symptoms, 59% improved QOL and 93% were happy with their treatment.
Conclusion: 56% of SeHCAT tests were abnormal. 33 patients had idiopathic BSM. These patients had previously been diagnosed as having diarrhoea-predominant IBS. SeHCAT should form part of the investigation of chronic diarrhoea.

OXYGEN PRESCRIPTION AND ADMINISTRATION ON AN ACUTE MEDICAL ADMISSIONS UNIT.ARE WE ADHERING TO BRITISH THORACIC SOCIETY GUIDELINES?

Tedd HM, Gibson D, FodenA.
DarlingtonMemorialHospital

In 2008, the British Thoracic Society (BTS) developed oxygen guidelines to improve prescription, administration and monitoring of oxygen delivery. They reinforced the need for O_2 to be prescribed and titrated to achieve a target oxygen saturation. In the acutely ill patient, a target saturation of 94 to 98% should be aimed for, unless patients are at risk of hypercapnic respiratory failure, such as those with chronic obstructive pulmonary disease (COPD), where oxygen should be titrated to achieve saturations of 88 -92%. We audited adherence to BTS guidelines on the prescription and administration of oxygen on the acute medical admissions unit. 68 patients who were receiving oxygen were included, of which 28 had COPD. No patients had the oxygen they were receiving prescribed and only 3 patients (4.4%) had a target saturation set. Overall 50% of patients did not require oxygen as they had acceptable saturations off oxygen. This percentage was even higher in the COPD patient group, where 60% of patients were receiving oxygen inappropriately.
Conclusion: BTS guidelines are not adhered to, with poor compliance to recommendations on prescription and setting oxygen target saturations. Patients are inappropriately receiving oxygen with clinical implication for the patients, and financial implications for the trust. We highlight the need for further education on the indications, prescription and administration of oxygen.

SELLING OURSELVES SHORT: FINANCIAL CONSEQUENCES OF INCOMPLETE DISCHARGE SUMMARIES

Carson M, Pierscionek TJ, Smith J, Carson M, Smith A, Prescott R
Bishop Auckland and DarlingtonMemorialHospitals

Electronic discharge summaries provide valuable information about each episode of care and are important determinants for financial reimbursement. Many contain inaccuracies and omissions risking financial losses for trusts. We analysed 20 patients admitted to the Acute Medical Unit at Darlington Memorial Hospital (DMH) and the orthogeriatric rehabilitation unit at Bishop Auckland GeneralHospital (BAH). 17 sets of notes were obtained from the BAH group and 13 from the DMH group. A list of all diagnoses and co-morbidities was compiled from notes. The same information was gathered from discharge summaries. Both lists were coded and used to calculate a tariff for the episodes of care. In BAH patients 9 diagnoses were missing from letters. One diagnosis was absent from the DMH group. 35 co morbidities were missing from the BAH letters and 42 from DMH. There was a difference in the discharge letter versus the notes review tariffs amounting to a net loss of £3803 (20.56%).
Conclusion: Comprehensive discharge letters are key to remuneration for an episode of care. Omissions may significantly affect tariffs generated for episodes of care leading to shortfalls in funding for acute medicine services.

AUDIT OF PARENTERAL NUTRITION USE IN NORTH TEESANDHARTLEPOOL NHS TRUST

Page M, Wells C
University Hospitals of North Tees and Hartlepool.

The NCEPOD report "A Mixed Bag" identified a need to improve parenteral nutrition (PN) delivery. We used their standards to audit our practice. 55 patients were treated with PN between January and July 2010. 25 of these were reviewed. We found 70% of cases on PN could be prevented as many were suitable for enteral nutrition. 70% of our sample started PN at night or weekend; the NCEPOD report states that there is rarely an indication for starting PN out of hours. A treatment goal was documented in only 8% of cases. Monitoring was incomplete in 58%. Weight and ongoing need for PN were often not documented. A dietician was involved in starting PN in only 8% of cases.
Conclusion: Our deficiencies are likely to be found in other hospitals in the Northern Region. The Northern Nutrition Network is developing a standardised pro-forma for PN. Our data is being used to educate health professionals delivering PN and to support a case for a nutrition support team to ensure best practice.

THE EFFECTIVENESS OF SYMPTOM BASED AMBULATORY EMERGENCY CARE PATHWAYS.

ST Wahid, G Hattrick, D Conlon, J Russell, C Bentham
SouthTynesideHospital

To effectively manage the increasing number of emergency admissions to hospital, we developed an ambulatory emergency care service (AECS). Ambulatory emergency care requires prompt clinical assessment by a competent decision maker and prompt access to diagnostic support. An EAU audit suggested 5 admissions could be prevented each day if an ambulatory service was in place. Our AECS utilises 10 pathways based on: headache, breathlessness, pleuritic chest pain, palpitations, hypertension, cough, collapse, leg swelling, loin pain, seizure. In 3 months 231 patients were managed through AECS pathways. 7 of these were subsequently admitted to hospital and 3 attended A&E within 7 days of discharge from AECS. There have been no complaints or clinical incidents in this period. 19 pts returned a feedback questionnaire. 16 rated their experience as good or outstanding, 2 as satisfactory, and 1 no answer. Compared to their experience with previous referrals for admission 14 rated the service better or much better, 2 rated it no different.
Conclusion: Our AECS utilising symptom based pathways, and not the traditional condition based pathways, is effective in terms of emergency admission prevention and the provision of patient care.

STRIKINGLY LOW PREVALENCE OF ATRIAL FIBRILLATION IN PEOPLE AGED 70 YEARS AND OVER IN THE HAI DISTRICT OF NORTHERN TANZANIA

Dewhurst MJ, Adams PC, Gray WK, Dewhurst F, Orega GP, Chaote P, Walker RW
North Tyneside General Hospital, Royal Victoria Infirmary, Newcastle University, Kilimanjaro Christian Medical Centre Tanzania, District Medical Office Hai District Hospital Tanzania.

The epidemiology of AF in high-income countries is well described, and prevalence rates differ significantly worldwide. However, there are few data on AF prevalence from low-income countries, particularly those in sub-Saharan Africa. Approximately one quarter of the population aged 70 and over of a demographic surveillance site in the rural Hai district of Northern Tanzania underwent screening for AF by 12-lead electrocardiography (ECG). Demographic data were collected and functional status, body mass index, blood pressure and pulse pressure were recorded. The gender-specific prevalence of AF in each 5-year age band was determined. Of 2232 participants, only 15 (12 women, 3 men) had AF by ECG, giving a crude prevalence rate of 0.67% (95% CI 0.33 to 1.01) and an age-adjusted prevalence of 0.64% (95% CI 0.31 to 0.97). Prevalence in women was 0.96% (95% CI 0.42 to 1.49), and in men 0.31% (95% CI -0.04 to 1.24). Prevalence increased with age, from 0.46% (95% CI 0.01 to 0.90) in those aged 70-74, to 1.30% (95% CI 0.17 to 2.42) in those aged 85 years and over.
Conclusions: This is the first community-based AF prevalence study from sub-Saharan Africa. The prevalence of AF increased with age, and was more common in women than men. The prevalence rate of AF is strikingly lower than in other elderly populations studied.

AN INCREASING CAUSE OF PLEURAL EFFUSIONS?

Aujayeb A, Routh C, Forrest I, Stenton C
Royal Victoria Infirmary

We describe two cases of massive pleural effusions in two young non-white men, both born outside the UK. Culture and histology from pleural fluid and biopsy confirmed tuberculosis. One required intrapleural fibrinolysis for treatment of the effusion and the other also had vertebral TB, requiring neurosurgery. The annual rate and total of new TB cases in the North East has reduced in 2010 compared to 2009. This reduction was most marked in parts of Teesside, South of Tyne and CountyDurham, though other areas saw an increase, most noticeably Newcastle PCT (34 to 44 cases). The reduction is encouraging but should be interpreted with caution until all cases have been formally reported and reduction sustained over time.

Amongst non-white ethnic groups, incidence rates are particularly high amongst Black African and Indian groups. The percentage of cases born outside the UK (where reported) was 60%. The proportion of cases with pulmonary disease is lower than often seen in the North East at 51%. A higher proportion of pulmonary cases is seen in white ethnic groups (77%) than non-white groups, where the majority of cases present only with extra-pulmonary disease (71%).
Conclusion: The two cases highlight the need to have a high index of suspicion for tuberculous pleurisy. Local epidemiology suggests that in non white ethnic groups, TB may often present with such extra-pulmonary disease.

PATIENT REFERRAL TO ACTIVE SUPPORTIVE CARE (ASC): A RETROSPECTIVE, OBSERVATIONAL STUDY OF CHANGES IN DEMOGRAPHICS AND OUTCOME

F.E. Marr, T.M. Muniraju, T. Wood, C. J. Chisholm, N. Sheerin
Newcastle upon Tyne Hospitals

The majority of patients with advanced CKD (chronic kidney disease) have significant comorbidities and high mortality rate. Renal replacement therapy may not be the ideal or preferred treatment for these patients. Between March 2002 and December 2010, 387 patients were referred for active supportive care without renal replacement therapy. The numbers increased from 2002 to 2003 and then remained constant. Average age of referral was 81 years, average eGFR 17mls/min/1.73m^2, with no significant difference between years. 286 patients died and 89 remain under follow up. 8 were transferred to dialysis and 2 moved out of area. 1 went to pre-dialysis care and 1 patient's renal function improved. The average time on ASC was 14 months.
Conclusion: This study demonstrates that patients referred for ASC has increased over time, with no significant difference in eGFR at the time of referral. Age of referral has gradually increased since 2006. Average time spent on ASC is just over a year. These findings demonstrate significant service implications and reflect a shift in attitude.

QUALITY OF ERCP SERVICE IN A DISTRICTGENERALHOSPITAL – IS IT SUSTAINABLE?

Mitra V, Mitchison H, Nylander D
Sunderland Royal Hospitals

ERCP is an important diagnostic and therapeutic tool in the management of pancreaticobiliary disease. We audited our practice and compared it to results reported in the British Society of Gastroenterology (BSG) ERCP audit 2007. Data were collected from review of 236 case notes of patients who underwent ERCP between January and December 2009. Patients' mean age was 67; 56% were female; 100% were performed with therapeutic intent. Deep duct cannulation was achieved in 92% (86.5% BSG audit). Sphincterotomy (as % of intended procedures) in 94%, biliary stent insertion in 85% (73% BSG audit) and stone extraction in 88% (62% BSG audit). Complications including bleeding (1.7%), pancreatitis (3.8%) cholangitis (0.4%) renal failure (0.4%) compared favourably with BSG audit figures.
Conclusion: Our hospital provides a high standard of ERCP performance exceeding results seen in the BSG audit in certain areas with comparable complication rates.

ASSOCIATION BUSINESS

Date of next meeting:
Saturday 5th November 2011 at WansbeckHospitalAshington from 10.00 am to 1.00 pm.
Lunch provided. 3 hours CME approved.
Abstracts for poster or oral presentations from consultants, trainees and medical students are all welcome. Presentations should reflect the full range of clinical medical practice including original research, clinical series, audit and case reports. Please submit by email (around 250 words including a conclusion) by **Friday 16th September 2011** to the secretary clive.kelly@ghnt.nhs.uk.
The annual Margaret Dewar prize of £100 is awarded to the best presentation by a trainee and there is a separate prize for the poster of the year. We are keen to invite all consultants and specialist registrars to join the association. Please e-mail the names of any new consultant colleagues or your own name if you are not already on the mailing list to the secretary. Refreshments (including a meal) are now provided free of charge. To cover this, and the increased cost of The Proceedings, the annual subscription has been raised to £20 per annum. *(A further plea that if you have not already done so please increase your standing order to £20 per annum. This is essential to cover printing and refreshment costs. Standing order forms can be obtained from the secretary clive.kelly@ghnt.nhs.uk)*
We hope to see you on **Saturday 5th November 2011 at Wansbeck Hospital Ashington at 10.00 am**

President
Professor PH Baylis

Secretary
Dr Clive Kelly

Proceedings of the

Association of North of England Physicians

… The majority of deaths in AMU are expected, but patients are not receiving sufficient symptom control towards the end of their life, and communication between patients, relatives and clinicians are inadequate. More focus is needed on palliative care even when the patient is being actively treated.…

…Alcohol excess is directly or indirectly responsible for 1 in 15 medical acute hospital admissions…

…A successful and expanding home nutrition service service has been established in Newcastle serving the north-east of England...

Abstracts of the meeting held on Saturday 5th November 2011at WansbeckHospital

November 2011

STROKE PREVENTION IN ATRIAL FIBRILLATION: ARE WE DOING ENOUGH?

C Lawson, L Newton, R Graham, A Turley
FriarageHospital, Northallerton, North Yorkshire

We assessed retrospectively concordance with current European Society of Cardiology (ESC) recommendations on the use of warfarin in patients with AF and the use of the HASBLED and $CHADS_2$ scores. 45 case notes were analysed. 3 were excluded due to inaccurate coding of AF. 86% of patients did not have their $CHADS_2$ score documented on their most recent admission. Correct anticoagulation was only prescribed in 69% cases. Of the 13 cases in which the incorrect anticoagulation had been prescribed, 5 had contraindications for warfarin and 1 patient declined warfarin. In 7 the reason for receiving anticoagulation was not clear. Only 7 of 29 patients on warfarin had a bleeding assessment documented. 79% patients had an echocardiogram and 88% thyroid function tests.
Conclusion: We are not meeting guidelines for assessment of thromboprophylaxis in patients with AF and are exposing patients to both under- and over-treatment.

USE OF PREHOSPITAL OXYGEN FOR PATIENTS WITH ACUTE EXACERBATIONS OF COPD

Patel SJ, Tedd H, FodenA
DarlingtonMemorialHospital

Using titrated rather than high flow oxygen during ambulance transfer to hospital leads to hypercapnia, acidosis and mortality. The BTS guidelines on the use of oxygen in the prehospital setting in patients with COPD suggest patients should receive controlled oxygen titrated to achieve target saturation of 88-92%. We audited 56 admissions, 51 of which were transferred via ambulance. Ambulance crews were aware of the diagnosis of COPD in 86% of cases. 51% of patients received oxygen as per BTS guidelines. Of the remainder, 65% did not require oxygen but received it at flow rates up to 100%. Oxygen was indicated in the remaining 35% but was delivered at the wrong flow rates.
Conclusion: We only achieve 51% adherence to BTS guidelines on prehospital usage of oxygen in COPD patients. Strategies to improve adherence could include patient held alert cards and bracelets.

DELIBERATE SELF HARM IN THE ACUTE ASSESSMENT UNIT – AUDIT OF ADHERENCE TO NICE GUIDELINES

Andrew Tai Kie , Graeme Kerr, Sath Nag
JamesCookUniversityHospital

Deliberate self-harm (DSH) is the cause of 150,000 hospital admissions per year. It is one of the strongest predictors for completed suicide. We retrospectively audited 43 patients looking at documentation of ingestion times, biochemical results, completion of paracetamolnomogram and completion of suicide risk scores (SAD score, PIS scale) and compared findings to our acute assessment unit integrated care pathway and NICE Guidelines (2004). Paracetamol ingestion accounted for ½ of all presentations.7 overdoses were taken over a staggered period of time. 46% had an underlying mental illness prior to the drug overdose. 26% of the cohort had a previous history of depression and 12% alcohol dependence. 85% of patients with mental illness took an impulsive overdose. 37% of all drug overdoses occurred between 8pm and 2am.Of the patients who had a detectable serum paracetamol level, only 61% had levels plotted on the paracetamolnomogram. Documentation of ingestion time and biochemical results in the medical records was good but documentation of suicide risk and mental state examination was sub-optimal.
Conclusions: There are gaps in recording information in key domains in patients with deliberate self harm.

ESTABLISHING SYMPTOM BURDEN & DISTRESS LEVELS IN A LOW CLEARANCE CLINIC - A BASELINE SURVEY.

J Palfrey, S Fenwick, S Ahmed, M Lee
SunderlandRoyalHospital and St Benedict's Hospice Sunderland

The burden of symptoms in those with end stage renal failure (ESRF)is well established and comparable to patients with malignant disease. In our low clearance clinic we used the Palliative Care Assessment Tool (PACA) and Distress Tool (DT) to assess symptoms and the distress experienced by patient, carers and families. 18 patients and 13 carers were assessed. 77% of patients had 4 or more symptoms, which they perceived to have moderate or dominating effects on their day. These included fatigue (39%), breathlessness (33%), pain (22%), insomnia, depression and mobility (16% each).Distress scores were higher in relatives (DT score= 4, range 0-10) than in patients (DT Score 2, range = 0-8).
Conclusions: Patients with ESRF opting for conservative care have a large burden of symptoms with high levels of distress in both relatives and carers. Palliative care input enables us to better address the needs of patients and carers.

AUDIT OF THE COMPLETION OF DNAR FORMS

H M Collingwood
CountyDurham and Darlington Foundation NHS Trust

A retrospective audit was carried out on DNAR forms completed for medical inpatients. 78 DNAR were audited. There was good recording of clinical problems relevant to the decision, although documentation of reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests was poor. Only 4

cases were recorded as discussed with the patient. Reasons for not discussing were not always given, and of those given, not all were appropriate. Only 13 orders were recorded as discussed with those close to the patient. The name of the person making the order was always given. 23 orders were made by a Consultant, of the remainder only 5 were endorsed by a Consultant.
Conclusions: Guidance for recording DNAR decisions are not being strictly adhered to.

REVIEW OF END OF LIFECARE IN SUNDERLAND HAEMODIALYSIS PATIENTS

Jardine O, Ahmed S, Fenwick S, Lee M.
St. Benedict's Hospice, Sunderland. Renal Unit, City Hospitals Sunderland.

We collected data on all patients who died in 2008 whilst receiving haemodialysis (HD) at SunderlandRoyalHospital. Patients had an average of 14 hospital visits and spent 37 days as inpatients during the year prior to death. Mean weight change in the same period was -8%. Most patients died in hospital (17 of 27) and 3 had advanced care plans. HD was actively discontinued in 12 patients and mean time to death following withdrawal was 10 days (range 1-34 days). Where HD was withdrawn, patient involvement in the decision was documented in 8 cases, care-of-the-dying drugs prescribed for 10 and palliative care involved with 8. Our haemodialysis patients had a high burden of co-morbidity, poor functional status and a high daily pill burden. The last twelve months of their lives were characterised by frequent clinic and hospital visits and significant weight loss. Few of our patients had advanced care plans.
Conclusion: Withdrawal of HD often comes in the final days of life and triggers referral to palliative services. Earlier involvement of palliative care for all HD patients is needed to inform patients of their choices, and to develop jointly agreed advanced care plans.

VAT-ASSISTED IMPLANTATION OF THE LEFT VENTRICULAR LEAD FOR CARDIAC RESYNCHRONISATION THERAPY

K E Nelson, A J Turley, M G D Bates, W A Owens, N J Linker
JamesCookUniversityHospital

Cardiac resynchronisation therapy (CRT) is known to reduce symptoms and mortality in heart failure. Video-assisted thoracoscopy (VAT) can aid implantation of an epicardial left ventricular lead when standard endocardial placement fails. We report 30 patients who underwent attempted VAT-assisted lead placement. 25 had a previous endocardial attempt with a mean procedure time of 176 ± 57min. This had failed due to diaphragmatic twitch (5), unsuitable anatomy, unacceptable pacing thresholds or lead instability (16), coronary sinus dissection (1), peri-procedural hypotension with pulmonary oedema (1), subclavian stenosis (1) and endocardial lead fracture (1). VAT-assisted implantation was successful in 29 with a procedure time of 78 ±19 min. All had acceptable acute pacing parameters. Five had creatinine rises of greater than 20% although only one required renal replacement therapy. One patient died within 30 days of surgery. Over a median follow-up of 387 days only one patient experienced a deterioration in pacing parameters that required the lead deactivation. 2 patients had diaphragmatic twitch one of whom needed lead repositioning. 3 developed infection requiring explantation, and 1 late staphylococcal septicaemia.
Conclusion: VAT-assisted left ventricular lead placement for CRT is successful in the majority of patients. Long term lead integrity is good, but complications including infection occur.

PALLIATIVE CARE IN DARLINGTON ACUTE MEDICAL UNIT (AMU)

Chris Gibbins,
DarlingtonMemorialHospital

58% of patients who die, die in acute hospitals. We collected data on 43 patients with a mean age of 81.4 years who died on AMU. 70% of patients that died were not expected to survive their acute illness at the time of admission. Many patients had recognised symptoms of distress: 63% agitation, 33% breathlessness, 21% pain, 5% nausea, 5% secretions. 65% of patients that died had no medications prescribed to ease their symptoms. 14% of patients died on the end of life care pathway. In 44% of cases there was a documented discussion between staff and patients or relatives regarding the severity of the condition. The palliative care team was involved in only 5% of patients dying on AMU.
Conclusion: The majority of deaths in AMU are expected but patients are not receiving sufficient symptom control towards the end of their life and communication between patients/relatives and clinicians are inadequate. More focus is needed on palliative care even when the patient is being actively treated.

PELVIC FRACTURE AND MORTALITY IN THE ELDERLY: A TWO-YEAR BASELINE EVALUATION

XY Jiang, Y Shanshal

Are physicians better than orthopaedic surgeons in managing patients with pelvic fracture? Mortality and length of stay (LOS) were calculated for all patients $\geq$65 years admitted with pelvic fracture between 2007 and 2009. In hospital mortality in elderly patients admitted with pelvic fracture in QEH was high (11%) but comparable with literature standards (7.6-10%). The mean length of stay was mean 38 days but comparable with the literature standard of 21-40 days. Mortality was twice as high when under physicians

than surgeons: at 1 year 18% v 8%, 2 years 23% v 14%, and 3 years 29% *v* 15%, respectively. LOS was double in the physician group compare with the surgical group (51 v 25 days).
Conclusions: Mortality and LOS may be higher in patients with pelvic fracture under the care of physicians than surgeons. The results could arise from selection bias but more research is needed.

AN AUDIT OF VVIR PACEMAKER USE AT WANSBECK GENERAL HOSPITAL

Jennifer Orr, Louise Coats, Craig Runnett
WansbeckGeneralHospital

Single-chamber pacemakers (VVIRs) should be used for atrioventricular block. Dual-chamber pacemakers are recommended for sick sinus syndrome with the advantages of reduced atrial fibrillation and heart failure, improved exercise capacity and quality of life. A 2009 DH report stated that 42% of pacemakers inserted for sick sinus syndrome at Wansbeck General Hospital (WGH) were VVIRs which is above the National average (12%), suggesting a proportion were inappropriate. A local audit (2005-2008) concluded that inappropriate VVIR insertion was high, though inaccurate data entry led to an overestimation. We examined whether subsequent operator and technician education and improved data entry reduced inappropriate VVIRs and were able to demonstrate improved compliance with NICE guidelines. Appropriate VVIR implantation rose from 62% in 2005/2006 to 99 % in 2010/2011. This occurred despite total implantations almost doubling. Pacemaker insertion at WGH remains safe with an immediate complication rate of 1-2% and no mortality.
Conclusions: We have demonstrated improved compliance with pacemaker guidelines through ongoing education and improved data entry.

EFFECT OF PRIMARY PERCUTANEOUS CORONARY INTERVENTION ON STRESS HYPERGLYCAEMIA DURING ACUTE ST SEGMENT ELEVATION MYOCARDIAL INFARCTION

Andrew McGregor
FreemanHospitalNewcastle

How should we treat hyperglycaemia in the patient undergoing PCI? We measured blood glucose pre- and one hour post- primary percutaneous coronary intervention in all patients presenting with STEMI. The paired t-test was used for statistical analysis. 98 out of 157 patients accepted for primary PCI over 2 months were included in the analysis. Blood glucose pre intervention was 8.7±2.87mmol/L (mean±SD) and post intervention was 8.1±2.61mmol/L (mean±SD); p=0.002. In a subset of 19 patients with hyperglycaemia, glucose level pre intervention was 13.3±3.1mmol/L and post intervention was 10.8±4.6mmol/L; p=0.0008.
Conculsion: Mean blood glucose was significantly lower post revascularisation perhaps because stress hyperglycaemic response was diminished. Insulin treatment in this population may need reevaluating.

THE INFLUENCE OF ALCOHOL ON ACUTE MEDICAL ADMISSIONS (MAU)

Tom Leyland, Jennifer Hamilton, Georg Volz, Clive Kelly
QueenElizabethHospitalGateshead

We undertook a prospective clinical audit of all admissions to the MAU over two weeks in January 2011. Patients unable to give a history (eg dementia, low GCS) were excluded. Alcohol was directly (n=18) or indirectly (n=20) responsible for admission of 6.6% of 567 admissions. Direct admissions were usually due to withdrawal seizures or alcohol related liver disease, while contributory factors included aspiration pneumonia and osteoporosis. Among the 38 patients, adequate documentation in the notes on quantity of alcohol was found in 26 (68%), pattern of drinking in 24 (63%) and type of alcohol in 19 (50%). No clear documentation relating to alcohol consumption was found in the notes of 8 patients (18%) admitted as a consequence of alcohol excess.
Conclusions: Alcohol excess is directly or indirectly responsible for 1 in 15 medical acute hospital admissions. Consumption is often inadequately documented, even among these patients. The dangers of alcohol need to continue to be advertised.

THE DEVELOPMENT OF A HOME PARENTERAL NUTRITION (HPN) SERVICE IN A SINGLE UK CENTRE

C Mountford, J Ledger, H Leyland, B Davidson, N Thompson
Newcastle Upon Tyne Hospitals

We report on the experience of HPN in this single UK centre, serving a population of 2.6million. 83 patients were commenced on HPN during this period. These patients accrued a total of 48,520 patient days on HPN. 23 patients commenced HPN from 2000-2005, 60 commenced from 2006-2010. The average time spent on inpatient HPN training was 26 days. Indications for HPN included post-operative complication (24%), Crohn's disease (20%), ischaemia (16%), malignancy (17%), motility disorders (13%) and other indications (10%). Line infection rates for the period were 1 per 746 catheter days (0.48 per catheter year). Treatment was discontinued in 42 patients, 23 due to recovery which included surgery to restore bowel continuity and 19 due to death.
Conclusion:A successful and expanding HPN service has been established in Newcastle serving the north-east of England. Analysis suggests the service to be effective with safety data comparable to national standards.

Invited Lecture

STEM CELLS IN VASCULAR DISEASE
DR JOLA WEAVER

QueenElizabethHospitalGateshead&Institute of Cellular MedicineNewcastle University

Cardiovascular disease (CVD) remains the main cause of morbidity and mortality in the developed world. There are many endocrine conditions contributing to this, including diabetes and thyroid disease. Endocrine models of early CVD offer an opportunity for CVD prevention. These are: subclinical hypothyroidism (SCH) defined by elevated TSH levels (4-10) mu/l with normal T4 and T3 and subclinical thyrotoxicosis (SCT) defined by abnormally low TSH (<4 mu/l) and normal T4 and T3. SCH is the commonest endocrine condition with prevalence 2-3 times higher than type 2 diabetes. Nevertheless the management of SCH or SCT is still uncertain. Endothelial function (EF) plays a key role in coordinating tissue perfusion and modulating arterial compliance. It is believed to play an important role in the pathogenesis of atherosclerosis and can be detected years before overt CVD becomes manifested We have documented the presence of endothelial dysfunction in SCH, likely due to reduced endothelial nitric oxide secretion (eNOS), and shown significant improvement in EF can be achieved by thyroxine replacement therapy (100 mcg/day). Our recent Whickham survey reanalysis confirmed an association between SCH and CVD events. In our published meta-analysis we demonstrated SCH was related to increased CVD events particularly in subjects age<65 years. Endothelial regeneration is mediated by bone marrow derived vascular stem cells, known as endothelial progenitor cells (EPCs) involved in postnatal vasculogenesis. We have shown that EPCs are reduced in SCH, SCT and type 1 diabetes. Using Thyroxine therapy in SCH, we were able to improve the EPC count. In the *in vitro* model of SCT we have recently documented (unpublished) that an excess of thyroid hormones leads to increased EPC senescence (annexin V) and reduced eNOS expression. Last but not least fatigue is one of the most common presenting complaints to many physicians. We have shown that fatigue is associated with SCH (Whickham survey, longest known thyroid population survey). By applying SF36 assessment we showed an improvement of the fatigue in 100 SCH subjects treated with thyroxine. We are currently studying the underlying mechanism behind this finding.

ASSOCIATION BUSINESS

Date of next meeting:Saturday 3rd March 2012 at Royal Victoria Infirmary, Newcastle from 10.00 am to 1.00 pm.
Lunch is provided free. The meeting is approved for 3 hours CME.
Abstracts for poster or oral presentations from consultants, trainees and medical students are all welcome. Presentations should reflect the full range of clinical medical practice including original research, clinical series, audit and case reports. Please submit by email (around 250 words including a short conclusion) by Monday 23rd January 2012 to the secretary clive.kelly@ghnt.nhs.uk.
The annual Margaret Dewar prize of £100 is awarded to the best presentation by a trainee and there is a separate prize for the poster of the year. The very deserving winners in 2011 are **Dr J. Palfrey** for her poster presentation on symptom burden & distress levels in end stage renal failure and **Dr K Nelson** for her oral presentation on VAT assisted placement of left ventricular lead for cardiac resynchronization therapy.
We are keen to invite all consultants and specialist registrars to join the association. Please e-mail the names of any new consultant colleagues or your own name if you are not already on the mailing list to the secretary. Refreshments (including a meal) are now provided free of charge. To cover this, and the cost of printing The Proceedings, the annual subscription has been raised to £20 per annum. *A further plea that if you have not already done so please increase your standing order to £20 per annum. This is essential to cover printing and refreshment costs. Standing order forms can be obtained from the secretary clive.kelly@ghnt.nhs.uk*

We hope to see you on **Saturday 3rd March**at the **RVI** at 10.00 am.

President
Dr Peter Trewby

Secretary
Dr Clive Kelly

Proceedings of the

Association of North of England Physicians

… return to normal glucose control [following bariatric surgery],even in those with long duration of type 2 diabetes was related to degree of weight loss. There was no evidence of irreversible beta cell damage…

… all preventive measures carry risk, but because most benefit only a small percentage of those treated, the majority harmed would never suffer from the condition for which the intervention was designed. We tacitly accept that for the population to benefit we must harm patients….

… progressive lung disease is the dominant issue as patients with cystic fibrosis reach middle age. Additional medical problems occur which may represent late complications of CF (e.g. amyloidosis, diabetes) or problems of ageing (e.g. vascular disease), and there may be a higher prevalence of malignancy…

…Clostridium difficile associated diarrhoea is an important infection associated with a significant in-hospital length of stay and a 25% mortality…

Abstracts of the meeting held on Saturday 3rd March 2012 at the Royal Victoria Infirmary, Newcastle

March 2012

REVERSAL OF TYPE 2 DIABETES FOLLOWING BARIATRIC SURGERY IS NOT LIMITED BY DURATION OF DIABETES

Steven S, Coates JA, Ogilvie P, Carey PE, Small PK, Taylor R.
SunderlandRoyalHospital, Royal Victoria Infirmary.

Bariatric surgery is the most effective tool to reverse type 2 diabetes, but long duration diabetes is thought to be less likely to revert to normal. This study determined the reversibility of type 2 diabetes (HbA1c <6.1%). after bariatric surgery according to disease duration in 160 consecutive bariatric referrals (2009-2011). Data were available for 16 males and 41 females age 49±10 years and median pre-operative body mass index (BMI) 50.9kg/m^2 (39.0-77.0). 72% of the cohort underwent Roux en Y gastric bypass surgery. Diabetes reversal occurred in 67% of those with diabetes duration <4 years, 47% of those with diabetes duration 4-8 years and 32% of those with diabetes duration >8 years. Post-operative weight loss was a major predictor of diabetes reversal: <15kg: 7% and >15kg: 63%. In individuals with long duration type 2 diabetes, mean post-operative HbA1c was 8.5% with a weight loss of <15kg and 6.1% with a weight loss of >15kg. However, post-operative HbA1c and change in weight were correlated only in individuals with a diabetes duration of more than 8 years (Spearman rank correlation coefficient 0.80; p=0.000).
Conclusion: Return to normal glucose control, even in those with long duration of type 2 diabetes was related to degree of weight loss. There was no evidence of irreversible beta cell damage.

PORTOPULMONARY HYPERTENSION IN THE NORTHEAST OF ENGLAND: A REGISTRY EVALUATION

Arun Nair, Rachel Crackett, Jim Lordan, Andrew Fisher, Paul Corris
FreemanHospital, Newcastle upon Tyne

Pulmonary arterial hypertension (PAH) in the setting of advanced liver disease adversely impacts on survival and suitability for liver transplantation. We evaluated the prevalence and survival of patients with portopulmonary hypertension (POPH) in 351 patients enrolled on active treatment for PAH. 20% had idiopathic PAH, 18.5% connective tissue disease, 22% thromboembolism, 19% congenital heart disease, 29 unclassified PAH and 12% with "group 5" (unclear or multifactorial) PAH. There were 11 patients (6 males, 5 females) with a diagnosis of POPH. The mean(sd) age was 53(10.4) years. Sildenafil monotherapy was used in 7, dual therapy with iloprost and sildenafil in 2, and dual therapy with sildenafil and endothelin receptor antagonist in 1 patient.Mean improvement in 6 minute walking distance was 39.4 meters @ 6 months (95% CI -17 to 96, P=ns). The survival from time of confirmatory RHC was 80% at 6 months, 70% at 12 months and 43% at 3 years.
Conclusion: POPH remains under-diagnosed and under-reported condition with poorer survival than conventional IPAH.

NUMBER NEEDED TO SACRIFICE: STATISTICAL TABOO OR DECISION-MAKING TOOL?

PeterTrewby
DarlingtonMemorialHospital

All preventive measures carry risk, but because most benefit only a small percentage of those treated, the majority harmed would never suffer from the condition for which the intervention was designed. We tacitly accept that for the population to benefit we must harm patients. The harm (H) to benefit (B) - HB ratio or number needed to sacrifice - expressed as the number harmed for 100 to benefit allows comparison of the harm associated with different preventive measures. Thus for post TIA carotid endarterectomy 25 have a postoperative stroke and 7 die postoperatively (H) for 100 to be stroke free at 5 years (B). For warfarin in AF in patients age <65, 400 have a symptomatic intracerebral haemorrhage for every 100 thromboembolic (TE) events prevented; for fibrinolytic Rx for stroke 44 have a symptomatic intracranial haemorrhage for every 100 that have minimal or no disability at 3/12; for aspirin in high risk patients (H = major bleeding, B = prevention of any vascular event) the ratio is 33/100; for routine TE prophylaxis in hospital pts (H = major bleeding, B = prevention of pulmonary embolism) it is 133/100; for breast cancer screening (H = unnecessary cancer treatment, B = prevention of breast cancer death) it is 1000/100.
Conclusion: The number needed to sacrifice is higher than most suppose. Its use allows us to recognise the number harmed, compare different preventive stategies and better understand risks as well as the benefits of preventive treatments.

HIGH PREVALENCE OF VITAMIN B12 DEFICIENCY IN PATIENTS ON METFORMIN BASED TREATMENT.

J Bukowczan, M Bilous, R Bilous, S Jones, S Winship, S Nag
JamesCookUniversityHospital

Metformin is an effective oral hypoglycaemic agent but may cause malabsorbtion and vitamin B12 deficiency. We assessed the prevalence of B12 deficiency in 243 metformin patients (male 57.%) and estimated the risk of deficiency compared to patients not taking the drug. B12 status was available in 58 patients. B12 deficiency was defined as serum B12 $\leq$ 180 ng/L. 49% of the cohort (n=114) was on metformin therapy. Mean metformin group haemoglobin was 13.7g/dl, mean serum B12 level was 332 ng/L (SD 262.8). The

prevalence of B12 deficiency in the metformin group was 8.7%. Patients taking metformin were four times more likely to have B12 deficiency than patients not taking the drug (odds ratio 4.4; 95 CI 1.2-16.3).The relative risk of developing B12 deficiency in patients taking metformin was 3.1%(95%CI 1.1-8.7).
Conclusion: Patients taking Metformin are at risk of developing B12 deficiency. As B12 related peripheral neuropathy can co-exist with diabetic peripheral neuropathy, routine screening of metformin patients for B12 deficiency needs to be explored.

BENEFITS OF INTRODUCTION OF A SYMPTOM TRIGGERED REGIMEN FOR MANAGEMENT OF ALCOHOL WITHDRAWAL

Lee TJW, Samuel M, Bewick L, Rutherford H, Gilvarry E, Cunningham M, Dipper C, Masson S
FreemanHospital, Newcastle upon Tyne

NICE guidance (2010) recommends the use of a symptom triggered regimen (STR) rather than fixed-dose benzodiazepines for the management of acute alcohol withdrawal (AAW). We observed the effects of the STR during two 3-month periods before and after its introduction. The Clinical institute for Withdrawal Assessment for alcohol scale (CIWA-Ar) was used to assess AAW objectively. The introduction of the STR was overseen by alcohol liaison team of specialist nurse and gastroenterologist/hepatologist with links with community alcohol support and addiction psychiatry service. On fixed dose regime, 102 patients had a median length of stay (LoS) of 4.0 days (interquartile range IQR 2-6 days); median total chlordiazepoxide dose was 260mg (IQR 120-490 mg). After introduction of STR, 119 patients had median length of stay of 3.0 days (IQR 1.5-5.0 days), median total chlordiazepoxide dose was 200mg (IQR 55-450 mg). The reduction in length of stay and chlordiazepoxide dosage following introduction of the STR protocol were statistically significant ($p<0.001$).
Conclusion: Introduction of a STR protocol for management of acute alcohol withdrawal was associated with a reduction in length of stay and total benzodiazepine dose which could result in a potential savings of £280,000 per annum for this trust and justifies the presence of an alcohol liaison team.

COMPLICATIONS ARISING IN PATIENTS WITH CYSTIC FIBROSIS (CF) SURVIVING INTO MIDDLE AGE

L Tanner, A Anderson, SJ Doe, AD Gascoigne, SJ Bourke
Royal Victoria Infirmary, Newcastle upon Tyne

We reviewed all our patients with CF who had survived beyond 40 years. 240 patients attend the adult CF clinic. The oldest is 72 years old and 51 patients have survived beyond 40 of whom 39 are alive with mean age of 47.5 (range 40-72); 12 died at a mean age of 45 (range 40-60). All had classic CF but 14 were diagnosed in adulthood. 13 have had lung transplants. Progressive lung disease is the dominant problem with a mean FEV1 in non-transplanted patients of 1.45 L (0.35-3.14L); 11% had allergic bronchopulmonaryaspergillosis; 6% major haemoptysis; 4% pneumothoraces; 6% significant liver disease with portal hypertension; 10% cholecystectomy for gallstones; 49% diabetes and 3 retinopathy and nephropathy. Renal impairment from ciclosporin toxicity occurred in 3 patients post-transplantation. In other patients renal function was maintained (mean creatinine 83 umol/l; range 41-149) despite high cumulative doses of antibiotics. Only 2 patients have had fractures possibly related to osteoporosis. Additional medical problems include: amyloidosis, dilated cardiomyopathy (2), coronary disease requiring angioplasty, stroke disease (2), peripheral vascular disease, ischemic optic neuropathy, breast, colonic and oesophageal cancer, basal cell carcinoma, melanoma and meningioma.
Conclusion: Progressive lung disease is the dominant issue as patients with CF reach middle age. Additional medical problems occur which may represent late complications of CF (e.g. amyloidosis, diabetes) or problems of ageing (e.g. vascular disease), and there may be a higher prevalence of malignancy.

PREGNANT MOTHERS WITH CHRONIC HEPATITIS B (HBV): HOW OFTEN IS TREATMENT NEEDED?

Dyson J, Michael E, Turley A, Moses S, Valappil M, Hudson M, Bassendine M, McPherson S.
Newcastle upon Tyne Foundation NHS Trust

Vertical transmission is the commonest mode of HBV infection. Since 2000 antenatal HBV screening is offered to all pregnant women in the UK. Treatment is recommended in the 3rd trimester to reduce the transmission risk in mothers with an HBV-DNA level $>10^7$IU/ml. We reviewed the management of HBV-infected mothers who attend the Newcastle obstetric services from Jan 07 to Nov 2011. 81 HBsAg-positive mothers had 113 pregnancies in this period. 96% were referred; but 28% did not attend. 15% were HBeAg-positive, 85% HBeAg-negative and 79% anti-HBe-positive. 85% had HBV-DNA checked during pregnancy. 13% had HBV-DNA$>10^7$IU/ML, but only 2 were treated with tenofovir in the 3rd trimester. Of the 8 patients with active HBV, 6 were successfully treated post-partum with tenofovir or PEG-Interferon and 2 became inactive. 20% of inactive carriers experienced a post-partum ALT flare that settled spontaneously. 2 mothers were co-infected with HIV, but none with Hepatitis C or delta.
Conclusions: >1 in 6 Hep B +ve pregnant mothers had active chronic HBV or HBV-DNA$>1.7x10^7$IU/ML and were eligible for treatment to reduce vertical transmission risk &/or prevent disease progression. Efforts to improve attendance need to be intensified.

ASSESSMENT OF PRE-TEST LIKELIHOOD OF CORONARY ARTERY DISEASE IN PATIENTS WITH CHEST PAIN OF RECENT ONSET

IU Haq, PC Adams
Royal Victoria Infirmary

NICE guideline for chest pain of recent onset recommends diagnosing angina on estimated likelihood of CAD. Estimates are provided in a simplified table based on the Pryor risk

equation, and are used to guide further investigation. We assessed risk estimation by three methods: 1) NICE table; 2) risk estimates interpolated between low and high risk values in the NICE table according to the number of risk factors and 3) calculation by the Pryor equation. 2889 patients had atypical angina; 2313 had typical angina. The percentage of patients in five different risk groups (<10%, 10-29%, 30– 60%, 61-90% and >90%) by the three risk assessment methods was assessed. There was discrepancy between the 3 methods with the Nice table putting twice as many in the <10% category than the Modified table and Pryor risk equation (7.0%, 2.4% and 3.5% respectively). Use of the NICE table would result in fewer patients being referred for cardiac CT, more for functional imaging and more for invasive coronary angiography. Use of the modified table correlated with the risk equation better, but there were still discrepancies, and the percentage of patients for coronary angiography would increase overall.
Conclusion: Use of the NICE table compared to the Pryor risk equation, misclassifies a significant proportion of patients with clinical and cost implications.

LEFT VENTRICULAR SYSTOLIC FUNCTION (LVSD), OR HEART FAILURE WITH PRESERVED EJECTION FRACTION (HFPEF): DOES THE LABEL MATTER?

Singh R , Murphy JJ, Brennan G, Fuat A, HunginAPS.
DarlingtonMemorialHospital, School of Medicine and Health, DurhamUniversity

Heart failure (HF) with preserved ejection fraction (HFPEF) is recognised but there is little understanding of its natural history. From a designated HF clinic we identified patients having LVSD & HFPEF using echocardiography, physical examination, and pre-specified criteria. From 2002 to 2007, 1034 patients were referred to the HF clinic of whom 270 (26%) had LVSD and 242 (23%) fulfilled the criteria for HFPEF. No HF was diagnosed in 522. Compared to those with LVSD, patients with HFPEF were older, more likely to be female, have hypertension, atrial fibrillation & diabetes. A high proportion of patients with LVSD were on ace inhibitors and β blockers. After a mean follow up of 5.5 years (3-8yrs) there were significantly more deaths in the LVSD than the HFPEF group (163 v/s 119 P=0.01). In the LVSD group, most (68%) died of cardiovascular causes, approximately half of which were directly attributable to HF. In contrast more HFPEF patients died from non-cardiac causes (68 *v* 52, P=0.0001), with just 18 attributed to HF.
Conclusion: HFPEF patients were older and had more co-morbidities but significantly lower 5 year mortality and were significantly less likely to die from cardiovascular causes than those with LVSD. Most non cardiovascular deaths in HFPEF were from cancer and COPD

CLOSTRIDIUM DIFFICILE DIARRHOEA, EPIDEMIOLOGY AND CLINICAL OUTCOMES.

Jennifer Ross, Pamela Brown, Catherine Aldridge, Ling Lim, John Sloss, DeepaNayar, David Allison, AnjanDhar
CountyDurham&Darlington NHS Trust

Between June 2010-May 2011, 70 patients with positive stool C. difficile toxin were identified and 56 case notes reviewed. The annualised hospital incidence of Clostridium difficile associated diarrhoea (CDAD) was 0.05% (70/139882 admissions), age range 2 – 100yrs. 77% patients were over 70. 43% had received antibiotics prior to admission and 62% started antibiotics in hospital. The top 5 were amoxicillin, co-amoxiclav, flucloxacillin, cephalexin and trimethoprim. 62% of these had received one course, 30% two or more courses. 39% patients had a previous admission in the preceding 12 weeks. 46.4% were taking a PPI and 35.7% a laxative. C.difficile was confirmed by both toxin and GDH positivity in 80.4%, and by toxin positivity only in 19.6%. Total length of stay ranged from <10days (42%) to >51 days (16%). A positive diagnosis was made in <5 days in 76% of patients. Clinical assessment, CRP, and renal function was recorded in >80% patients, but severity was not always recorded. Stool charts were completed in 70%, serum lactate checked in 10% and abdominal X-ray done in 30%. Only 25% patients were seen by an MDT member. 79% were treated; 68% with metronidazole and 25% with vancomycin. 3/44 patients received both drugs initially. 30% received < 7 days treatment, 50% up to 14 days and 20% > 14 days treatment. All cause mortality was 25%, almost entirely in the elderly. 7% had a recurrence, all treated by vancomycin and pulsed/tapered regimes and probiotics were used infrequently.
Conclusions: CDAD is an important infection associated with a significant in-hospital length of stay and a 25% mortality.

CONSULTANTS' ATTITUDES TO THE E PORTFOLIO: A PILOT STUDY.

Ann Gill, Namita Kumar
SunderlandRoyalHospital, CountyDurham and Darlington Trust

The e portfolio is an on-line tool designed to allow trainees to plan, record and reflect on learning, and forms the basis of the annual review of competence progression. All consultants at two trusts in the Northern Deanery were asked to complete an on-line questionnaire during between October and November 2011. Answers were collated anonymously. 76 responded (37 from SunderlandRoyalHospital, 39 from CountyDurham and Darlington Foundation Trust). 84.2% thought the e portfolio provided a useful means of giving feedback, however 92.1% agreed with the statement 'consultants vary in their approach and standards' when completing workplace-based assessments. Respondents were happier describing a struggling trainee than rating an exceptional one. 38.2% felt that the e portfolio distracted trainees from clinical work. Over half felt the e portfolio would not have enhanced their own training.
Conclusion: Consultants' views on e portfolios vary. Whilst support exists for its educational role, the majority felt it would not have enhanced their own training. There is also concern about its impact on trainees' clinical work.

WHO IS BEST AT DIAGNOSING POTENTIALLY LIFE THREATENING ABNORMALITIES FROM ELECTROCARDIOGRAMS?

Authors: Z.Scott, S Junejo
City Hospitals Sunderland

Advances in intracardiac defibrillators and pacing for heart failure and arrhythmias can effect survival. Northeast

England has a lower implant rate compared to the rest of UK & Europe. Most patients requiring devices are older and their first contact is with non specialised medical teams so indications for device implant may be missed due to lack of awareness and inexperience in ECG interpretation. We invited 33 medical staff of various grades, 8 cardiac physiologists and 11 cardiology team members to participate in an unannounced ECG interpretation exercise. Only 12% of non cardiology medical respondents answered 75% of the answers correctly. 88% cardiac physiologists, 100% [4] cardiology consultants and 43% cardiology associates answered at least 75% correctly. Our results are limited by sample size and may not be entirely representative

Conclusion: Physiologists are better than non-cardiology respondents and almost as good as cardiology consultants in ECG interpretation . Recognition of indications for device implantations remains poor and may influence outcome for some patients. Algorithm driven reporting of ECGs may help identify patients eligible for implantable cardiac devices.

THE PREVALENCE OF ASTHMA AMONG CLEANERS IN UNITED KINGDOM

Al-fajjam S., Stenton C., Pless-Molluli T, Howel, D
Royal Victoria Infirmary

A number of epidemiological studies have shown a significant association between asthma and the occupation of cleaner, but reporting schemes have identified typical features in only a small minority. This discrepancy may be due to under-reporting; misattribution of work-exacerbated asthma, or development of occupational asthma with atypical symptoms that make it difficult to diagnose clinically. 557 of an estimated 1400 cleaners (40%) returned a respiratory symptom questionnaire distributed to cleaners in 3 local hospital trusts and 2 universities. It is uncertain how many received it and so the true response rate is uncertain. 42% reported at least one respiratory symptom: 33% wheezing,21% cough, 10% breathlessness and 11 % chest tightness. Night-time or early morning symptoms suggestive of asthma were reported by 17%. 10% reported symptoms only following exposure to chemicals used at work. 14% reported physician-diagnosed asthma. In 36% asthma developed after they started work as a cleaner with a mean interval of 8 years.

Conclusion: This study has identified a high prevalence of asthma amongst cleaners in the UK and a substantial proportion that developed after first exposure to cleaning agents. Symptoms on exposure to cleaning agents were also common.

FROM TINY TOTS TO TWEENIES TO "ADULTS".

Stewart A, Marron B, Parr JH, Wahid ST.
South Tyneside NHS Trust

From 2002 transitional diabetes care has developed from no formal process to an annual handover clinic between paediatric and adult teams, to the institution of joint paediatric clinics between the teams before an annual handover clinic. Has this made a difference? 25 patients were studied from a 1999 audit pre-transition service (Group-A); 23 from 2002-2005 following an annual handover clinic (Group-B); 24 from 2006-2009 following joint paediatric clinic reviews and annual handover clinic (Group C). All were comparable for age, gender, diabetes type and duration. On entry into the adolescent service from paediatrics, glycaemic control (defined as proportion with HbA1c < 58mmol per mol was better in Group-C (50%) compared to both Group-B (30%) and Group-A (16%), $p<0.05$ for trend. 1-year post-handover glycaemic control had improved in all 3 groups: Group-C 71%, Group-B 57%, Group-A 28%, $p<0.05$ for trend. Group-C had better DNA and screening rates, blood pressure and lipid control compared to the other 2 groups 1 year post-handover.

Conclusion: We demonstrate the effectiveness of a formal handover of care process between paediatric and adult services, with the benefits of joint review before transfer of care suggesting a legacy effect.

VALIDATION OF TRANSIENT ELASTOGRAPHY (TE) IN PREDICTING ADVANCED FIBROSIS AND CIRRHOSIS– A LOCAL PERSPECTIVE

HatimTaha, Margaret Bassendine, Mark Hudson, Christopher Record, HananMardini, Kerry Baxter, Carolyn Miller, Stuart McPherson
FreemanHospital, Newcastle Upon Tyne

Determination of the degree of liver fibrosis is important in identifying patients at risk of liver-related complications. Liver biopsy remains the current gold standard for assessing liver fibrosis, but is invasive. Fibroscan is a rapid, reproducible, non-invasive method to evaluate liver fibrosis but the cut-offs for stages offibrosis are controversial. We assessed the performance of TE for the diagnosis of advanced fibrosis/cirrhosis compared with liver biopsy and other simple non-invasive markers of fibrosis in 60 patients (median age 48 [23-70], 77% male). 21 had HCV, 22 had HBV and 17 had other liver diseases. 38% had advanced fibrosis (stage 3-4) and 23% had cirrhosis on biopsy. The median liver stiffness measurement (LSM) was 11.8 KPa, range 4-44. There was a strong relationship between LSM and stage of fibrosis ($r_s=0.71$, $p<0.001$).

Conclusion: TE was highly sensitive for advanced fibrosis/cirrhosis and performed better than other serological scores. LSM < 11 KPa may be used to reliably exclude advanced fibrosis, reducing the need for liver biopsy.

Invited Lecture

FROM BENCH TO RANDOMISED CONTROLLED TRIAL IN ACUTE LUNG INJURY

Professor John Simpson, Professor of Respiratory MedicineNewcastleUniversity

Our group's main interest is in innate immune regulation and dysfunction in nosocomial infection, particularly ventilator-associated pneumonia (VAP) and acute lung injury.
We have identified a mechanism by which neutrophils become dysfunctional in critical illness and extended this by demonstrating at the time of admission to the intensive care unit (ICU) neutrophil dysfunction independently predicted patients' risk for subsequent development of ICU-acquired infection. Co-existent abnormalities in monocyte function and numbers of regulatory T lymphocytes further increased the independent risk of developing nosocomial infection. In parallel with this work we established a means by which neutrophil function can be consistently improved *ex vivo*. Our work paved the way for a clinical study investigating whether function can be improved *in vivo* in patients with proven neutrophil impairment in the ICU. Our aim is to test whether pharmacological strategies can prevent nosocomial infections.
In a complementary body of work, we identified putative biomarkers with to exclude VAP from ICU patients in whom the suspicion of infection has been raised. These studies formed the basis for a current multi-centre study led from Newcastle to validate these findings with the aim of determining the optimal diagnostic biomarkers to take forward to a trial of biomarker-based discontinuation of antibiotics in suspected VAP.
We also have an interest in the response to acute inflammation in the human lung, using a model of inhaled lipopolysaccharide (LPS) and have described a novel population of monocyte-like cells, recruited rapidly to the lung after inhalation of LPS. We have subsequently undertaken a trial of monocyte depletion in volunteers inhaling LPS. Our aim is to characterise cellular mediators of acute lung inflammation with a view to identifying potential therapeutic targets for acute lung injury.
We have established strong collaborations within and outside Newcastle, including researchers from disciplines outside respiratory medicine/ICU and are always keen to discuss new research avenues. Please contact me on j.simpson@ncl.ac.uk if you are interested in collaborative studies.

ASSOCIATION BUSINESS

Date of next meeting:
Thursday 5th July 2012 at JamesCookUniversityHospital from 6.00pm to 9.00pm.
Refreshments provided. 3 hours CME approved.
Abstracts for poster or oral presentations from consultants, trainees and medical students are all welcome. Presentations should reflect the full range of clinical medical practice including original research, clinical series, audit and case reports. Please submit by email (around 250 words including a conclusion) to the secretary clive.kelly@ghnt.nhs.uk.

The annual Margaret Dewar prize of £100 is awarded to the best presentation by a trainee and there is a separate prize for the poster of the year. The worthy winners in 2011 were Katherine Nelson and Jennifer Palfrey.

We are keen to invite all consultants and specialist registrars to join the association. Please e-mail the names of any new consultant colleagues or your own name if you are not already on the mailing list to the secretary. Refreshments, including a meal, are now provided free of charge. To cover this, and the increased cost of The Proceedings, the annual subscription has been raised to £20 per annum. *(A further plea that if you have not already done so please increase your standing order to £20 per annum. Standing order forms can be obtained from the secretary clive.kelly@ghnt.nhs.uk)*

The Committee and I am sure all members of the association would like to extend our grateful thanks to Professor Peter Baylis who steps down as President of the Association, a post he has occupied for the past 5 years. Thanks to him and the secretary Dr Clive Kelly and the enthusiasm of all the members, the association is flourishing and in good heart. He will be replaced as president by Dr Peter Trewby, Consultant Physician at Darlington who has been a member of the Committee for the past 25 years and has edited these proceedings for the past 10 years.

We hope to see you on Thursday 5th July 2012 at James Cook University Hospital at 6.00pm.

President
Dr Peter Trewby

Secretary
Dr Clive Kelly

Proceedings of the

Association of North of England Physicians

… Our study suggests it is disease activity [in rheumatoid arthritis] rather than the use of DMARDs that is associated with development of lymphoma.…

…Future plans for handover should include consideration of standardised documentation, deanery online teaching modules, linking to the undergraduate curriculum, and training in leadership.…

… Autoantibodies are important in the diagnosis of pSS, but our data show that anti-centromere antibody (ACA) is not useful in diagnosis as only a small number of Ro/La negative patients were positive for ACA…

Abstracts of the meeting held on Thursday 5th July 2012 at James Cook University Hospital, Middlesbrough

July 2012

AUTOANTIBODY STATUS IN PRIMARY SJÖGREN'S SYNDROME

Collins K, Mitchell S, Griffiths B, Bowman SJ, Ng WF on behalf of the UK primary Sjögren's syndrome registry, Newcastle University, Freeman Hospital & University Hospital Birmingham

Primary Sjögren's syndrome (pSS) is a connective tissue disease characterised by an autoimmune response directed against the exocrine glands. Diagnosis includes assessment of autoantibodies, in particular Ro and La. Anti-centromere antibody (ACA) has attracted attention recently. Our aim was to assess the importance of ACA in pSS patients with negative diagnostic autoantibodies. Using the UKpSS Registry we identified the autoantibody status of 549 patients (94.8% female, average disease duration 12.2 years) with 15.8% of patients being Ro and La negative. Only 7 patients were ACA positive, with only 3 of these being Ro/La negative (3.4% of all Ro/La negative patients).
Conclusion: Autoantibodies are important in the diagnosis of pSS, but our data show that ACA is not useful in diagnosis as only a small number of Ro/La negative patients are positive for ACA.

BLOOD CLOT FORMATION IN PRIMARY SJÖGREN'S SYNDROME (PSS)

Collins K, Balasubramaniam K, Ng W-F, Zaman A
Newcastle University, Freeman Hospital

Primary Sjögren's syndrome (pSS) has overlapping features with connective tissue disorders such as SLE which have increased thromboembolic/cardiovascular risk. Are patients with pSS also at increased risk? We compared the clotting/platelet properties of blood from 12 controls to blood from 24 pSS patients (all females) using thromboelestrography (TEG) and multiplate platelet mapping. Samples were analysed for speed to clot formation, clot strength and ease of lysis of resultant clot (R time, maximum amplitude and LY30/60). The Multiplate analysed the platelet receptor responses to common agonists (ASP, ADP, TRAP, COL). TEG and Multiplate were performed on 24 pSS patients and 12 healthy controls. TEG parameters were similar for patients and controls with no statistically significant difference between any clotting parameters, The platelet function tests revealed similar platelet responses in both groups.
Conclusion: Analysis of ex-vivo blood clot formation and platelet receptors in pSS patients revealed no significant difference from controls, suggesting no clotting/platelet abnormalities in pSS.

ARE RED BLOOD CELL TRANSFUSIONS BEING GIVEN APPROPRIATELY IN NEWCASTLE?

Gholkar BK, Gaggar S, Whitehead S, Avery S, Hearnshaw, S.
Royal Victoria Infirmary

NUTH transfusion guidelines and SIGN guidelines on the management of acute upper GI bleeding were used as audit standards. RBC transfusion was deemed appropriate for those with Hb<7g/dL; high risk patients (frail elderly, cardiorespiratory disease) with Hb<8g/dL; and patients with ongoing bleeding. 89 transfusions occurred in 81 patients over 31 days in January 2012. Median age of recipients was 74 years (27-94). 46% (37) of patients were female.The commonest indication was acute bleeding (31%), fatigue/dizziness (17%) shortness of breath/chest pain (16%). In 22% no reason was recorded, 58% of these were appropriate according to the audit standards. 73% of patients were discharged, 20% died and 7% were still in hospital on 1st April 2012. There were no documented transfusion reactions.
Conclusion: 21% (19/89) of RBC transfusions were inappropriate according to current guidelines.

HIV TESTING: KNOWLEDGE, ATTITUDES AND PRACTICE AMONG NON-HIV SPECIALIST PHYSICIANS

Hunter E, Perry M, Leen C, Premchand N
Royal Victoria Infirmary, Newcastle, Infectious Diseases Unit, NHS Lothian University Hospital Trust

26% of people living with HIV in the UK remain undiagnosed. Current guidelines recommend routine testing in all patients presenting with a range of conditions in lower prevalence areas (<2/1000). We conducted an on-line survey of attitudes of non-HIV specialist physicians in North East England and South East Scotland, both low prevalence areas for HIV. Recommended indications for HIV testing were identified by between 0% and 44 % of 119 respondents. 48% cited a low prevalence of HIV as the reason for not testing. 88% of 60 consultant physicians were unaware of current guidelines on testing for HIV.
Conclusion: We found a low awareness of current guidance on testing for HIV and a high level of perceived barriers to testing.

HIGHER THROMBUS BURDEN IN PATIENTS WITH SUBCLINICAL HYPOTHYROIDISM AFTER NON ST ELEVATION ACUTE CORONARY SYNDROME

K Balasubramaniam, G N Viswanathan, S M Marshall, J JBadimon, A G Zaman, S Razvi
Newcastle University, Mount Sinai Medical Centre, New York, Newcastle upon Tyne Hospitals & Gateshead NHS foundation trust

Subclinical hypothyroidism (SCH) is associated with increased risk of atherosclerosis and cardiovascular (CV) events. We evaluated blood thrombogenicity (BT) in patients 1 week after non-ST elevation acute coronary syndrome (NSTE-ACS) in relation to their

thyroid status. Patients with known thyroid disease were excluded. BT was assessed using the ex-vivo Badimon perfusion chamber study. Individuals were classified as: SCH (TSH>4.0 mU/L with normal FT4, n=12) or euthyroid (normal TSH and FT4, n=58). Baseline cardiovascular risk profiles were similar between groups. The SCH group had a higher thrombus burden as evidenced by the area of the thrombus: mean (SD) 23,608 (10,498) vs 16,661 (10,902) μ^2/mm, p=0.02. TSH levels (beta co-efficient 0.28; p<0.005), presence of diabetes (beta co-efficient 0.29; p<0.001) and history of cerebrovascular accident (beta co-efficient 0.30; p=0.01) were the only independent predictors of thrombus area in multiple regression analysis.
Conclusion: Individuals with SCH have higher thrombus burden following NSTE-ACS which may explain their higher CV risk. Trials are needed to assess individualised anti-thrombotic and thyroid replacement therapy in this population.

DOES VITAMIN D DEFICIENCY CONTRIBUTE TO INFECTIONS COMPLICATING RHEUMATOID ARTHRITIS?

Aiken L, Rizzo S, Lumsley G, Kelly CA,
QueenElizabethHospital, Gateshead

Low vitamin D levels have been reported in rheumatological diseases and linked to the risk of developing immunological disease and infection. We assessed the contribution of low vitamin D levels to infection in 33 patients with rheumatoid arthritis (RA) and recurrent urinary tract infections (UTI), and 33 patients with RA and bronchiectasis and compared to matched controls with RA, but no history of bacterial infection in the past 5 years. We measured 1,25dihydroxy vitamin D levels in the early winter. The mean vitamin D value in RA patients with UTI was 48.0 nmol (SE 7.8),in those with bronchiectasis 50.9 nmol (SE 7.2). Among the 66 index RA patients with infection, 7% were vitamin D deficient (<20nmol), 50% were vitamin D insufficient (20-48 nmol) and 43% were vitamin D replete (>48 nmol). By comparison, the mean vitamin D level in the controls RA case controls was 55.0 nmol (SE 6.3), and 14% were vitamin D deficient, 33% insufficient and 53% replete. There were no significant differences in vitamin D levels between index cases and controls.
Conclusions: Our data show no association between vitamin D level and risk of infection in patients with rheumatoid arthritis.

WHAT FACTORS PREDISPOSE PATIENTS WITH RHEUMATOID ARTHRITIS TO DEVELOP LYMPHOMA?

QueenElizabethHospitalGateshead
Lawson R, Gowing A, Marshall S, Kelly CA,

Lymphoma is more common in rheumatoid arthritis (RA) than in the general population with an increased relative risk of 2.2. Is it the disease or disease modifying drugs (DMARDs) that cause this? The debate has become more relevant with the development of specific B cell monoclonal antibody therapy for lymphoma and recently licensed for the treatment of RA. We undertook a retrospective study to determine the association of RA and lymphoma in Gateshead. From 2005-11 13 out of 470 patients diagnosed with lymphoma were confirmed to have twin diagnoses of RA and B cell lymphoma,– an increased relative risk of RA in patients with lymphoma of 2.7. 92 percent were female, with mean age at diagnosis of 57 years. Mean duration of RA at diagnosis of lymphoma was 11.6 years. Disease severity was categorised as high in almost all patients and 84% were seropositive to RF or CCP antibodies. DMARDs were not associated with the development of lymphoma and rituximab therapy was associated with a trend toward better outcome.
Conclusion: Our study suggests disease activity rather than DMARDs is associated with the development of lymphoma. More effective modification of RA may reduce the risk.

A SNAPSHOT OF HANDOVER PRACTICE IN NORTH EAST HOSPITALS

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We surveyed all acute medicine trusts within the Northern Deanery to assess their handover arrangements between evening and night shift. 25% have no regular evening handover meeting. Most handovers involve medical and surgical juniors but a third have consultant presence. Five trusts have a clearly defined “leader” at the meetings – usually the medical registrar or the night nurse practitioner. 25% of trusts use standardised documentation for handover. Over 90% of medical registrars surveyed have had no training in handover, or how to lead a handover. All felt there was a useful educational component to handover.
Conclusions: There is room for improvement to bring handover arrangements in to line with national guidance and improve patient safety. Future plans for handover should include consideration of standardised documentation, deanery online teaching modules, linking to the undergraduate curriculum, and training in leadership.

IMPROVING THE HANDOVER PROCEDURE: AN AUDIT OF CUMBERLAND INFIRMARY'S PILOT HANDOVER PROJECT

CoulterCA, Hinchliffe W
Cumberland Infirmary

We assessed the adequacy of information being transferred at handover. In January 2012, on-call general medicine registrars were requested to complete the RCP handover proforma and summary sheet at each handover for a 2-week period. 28 registrar handovers took place. Response rate for completion of the pro-forma was 25%. 22 patients' details were recorded. 'Surname' and 'Forename' were always entered but the remaining sections had variable completion rates. The 'Summary Sheet' had a response rate of 46% but only 76% of these had every section completed. Average duration of handover was 9 ½ minutes. 23% of handovers were interrupted.
Conclusion: Although completion rates were low this study shows the suggested handover headings are often not used and there is a reluctance to use the formal handover procedure.

A SURVEY OF DOSE ADJUSTMENT FOR THROMBOPROPHYLAXIS IN ACUTE KIDNEY INJURY (ACI) AND CHRONIC RENAL FAILURE (CRF) ON THE MEDICAL ADMISSION UNIT

Shawcross J, Fenwick S, Moore I
Sunderland Royal Hospital

LMWH undergoes renal metabolism and excretion and can accumulate in patients with CKD and AKI. Evidence suggests an increased bleeding risk in patients on treatment dose LMWH with GFR<60. Furthermore a recent randomised trial has failed to demonstrate any mortality benefit from global provision of VTE prophylaxis with LMWH. The object of this survey was to discern current practice for VTE prophylaxis in CKD and AKI. 180 consecutive MAU admissions were analysed. Mean age was 64.1 years, 44.7%male. 54 had chronic kidney disease (CKD) stage 3, 4 or 5 of whom it was felt 43 may have benefited from dose reduction of prophylactic LMWH. This group comprised all patients with AKI 1 with pre-exisiting CKD 3, AKI 2 and 3, and CKD 4 and 5. Of these 43 patients, 13 were prescribed LMWH, of whom only 1 (7.7%) received a reduced dose.
Conclusions: The safest approach to LMWH dosing for VTE prophylaxis in AKI and CRF is unclear and our study shows little awareness or consensus on dose reduction.

CAN A TEN YEAR FRACTURE RISK SCORE (FRAX) BE USED TO AVOID DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA) SCANS IN PATIENTS WITH COELIAC DISEASE?

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Can the WHO Fracture Risk Assessment Score (FRAX) be used to screen patients with Coeliac disease to decide who needs a DEXA scan? We analysed the 50 most recently diagnosed patients with coeliac disease. 33 were female and 17 male, median age at diagnosis 45, with 30 (60%) aged between 42 – 71yrs, making them eligible for the FRAX scoring. Of the 30 patients, 13 had already had a DEXA scan; in 2pts a FRAX score was unable to be calculated due to information not being documented. 17 had not had a DEXA scan; 7 of these were unable to be FRAX scored due to information not being documented. 11 patients had both FRAX scores and DEXA scores: 4 had T scores < -2.5, indicating eligibility for treatment of osteoporosis. In these patients FRAX scores, without a BMD measurement, ranged from 6.1% to 13% for a major osteoporotic fracture and 0.9% to 6.6% for a hip fracture. In the 7 patients with T scores >-2.5, FRAX scores, without a BMD measurement, ranged from 3.1% to 9.5% for a major osteoporotic fracture and 0.2% to 1.8% for a hip fracture.
Conclusions: Coeliac patients, over the age of 40, with FRAX scores for a major osteoporotic fracture >9.5% and for a hip fracture >1.8% may need DEXA scans and be offered osteoporosis treatment. A cost effectiveness analysis of this strategy is needed.

REFEEDING SYNDROME IN 'AT RISK' PATIENTS

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Refeeding syndrome (RFS) is a potentially fatal condition which can occur when feeding begins following a period of relative starvation. We retrospectively audited patients at risk of RFS admitted from December 2010 - April 2011 using NICE CG32 as the audit standard. 51 notes were reviewed. 53% of patients had had nutritional assessment tools completed during admission. 40% had their weight documented during admission. Electrolytes were not checked as often as NICE recommends, and only 44% of low serum potassiums, 17.6% of low phosphate and 13.5% of low magnesium were treated in accordance with audit and NICE standards. Electrolyte levels generally fell 48-72 hours after refeeding was initiated, the period of greatest risk.
Conclusion: We are not meeting NICE guidelines in identifying and managing patients at risk of RFS.

OSTEOPOROSIS AND EATING DISORDERS

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Newcastle Upon Tyne Hospitals NHS Foundation Trust

Eating disorders are a recognised risk factor for development of secondary osteoporosis. Treatment should be aimed at managing the underlying disease and appropriate lifestyle advice and ensuring adequate Calcium/Vitamin D intake. There are no pharmacological treatments licensed due to lack of studies on efficacy and safety. We performed an audit of 40 patients attending the Bone Metabolic clinic between March 09 and July 11 who were known to have an eating disorder. 11 were vitamin D depleted, 14 osteoporotic, 12 osteopenic and 14 had normal BMD. Overall, 15 were given lifestyle advice, 24 were commenced on Calcium/Vitamin D supplements and 4 started bisphosphonates. Those with low BMD measurements were older with more risk factors. The osteopenic patients had lower calcium and vitamin D levels, although only a third had levels checked. **Conclusion:** There is lack of clarity as to who should be commenced on Calcium/Vitamin D or bisphosphonates and who offered follow up scan. There is scope to develop guidelines to standardise management of osteoporosis in patients with eating disorders.

FOUNDATION DOCTORS PERCEIVE THE NHS E-PORTFOLIO TO BE A USEFUL BUT STRESSFUL TRAINING TOOL.

M Carson, K Nelson, N Kumar

621 foundation doctors (234 male 379 female) from 9 trusts responded to the Northern Deanery's 'Your School Your Say (YSYS) survey. 318 (51%) were F1 doctors, 290 (47%) were F2 and 13 (2%) were in standalone F2 posts. 63% had completed undergraduate training within the region. 77% reported feeling prepared for the foundation program. 56% found the E-portfolio 'very useful', however there was significant variability between trusts within the region with only 42% agreeing in the lowest ranking trust as compared to 72% in the highest ranking trust. 79% found using the E-portfolio stressful but there was less variability between trusts in this respect (range 68-81%). 76% of respondents found work-place based assessments useful. 91% found assessors to be clinically knowledgeable whilst 82% found assessors to be knowledgeable in using the e-portfolio itself. 38% of respondents reported difficulty in finding an assessor but this was greater than 50% in four trusts. **Conclusion:** Foundation trainees in our region find the NHS E-portfolio a useful if stressful learning tool. Trainees found assessors to be knowledgeable. There was a marked variation in accessibility of assessors.

ASSOCIATION BUSINESS

Date of next meeting:
Saturday 3rd November 2012 at HartlepoolUniversityHospital from 10.00am to 1.00 pm.

Refreshments and lunch provided. 3 hours CME approved.
Abstracts for poster or oral presentations from consultants, trainees and medical students are all welcome. Presentations should reflect the full range of clinical medical practice including original research, clinical series, audit and case reports. Please submit by email (around 250 words including a conclusion) to the secretary clive.kelly@ghnt.nhs.uk.

The annual Margaret Dewar prize of £100 is awarded to the best presentation by a trainee and there is a separate prize for the poster of the year.
We are keen to invite all consultants and specialist registrars to join the association. Please e-mail the names of any new consultant colleagues or your own name if you are not already on the mailing list to the secretary. Refreshments, including a meal, are now provided free of charge. To cover this, and the cost of The Proceedings, the annual subscription is £20 per annum.

The web site is coming!

Put http://anep.co.uk/contact-anep.php into your browser, save it as a favourite and watch the web site of the year being born!

We hope to see you on Saturday 3rd November 2012 at HartlepoolUniversityHospital at 10.00am