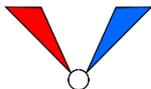


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| bncdoc.id | CAP |
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| bncdoc.info | Nursing Times. Sample containing about 41593 words from a periodical (domain: applied science) |
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| <p><1174/c></p>  <p>Key: Footprint ConEn1 Footprint ConEn2 Footprint ConEn3</p> | <p>a randomised double-blind study in India. Mefenamic acid is a non-steroidal anti-inflammatory drug that has been used for other gynaecological problems. For this study 160 women at risk of premature delivery were randomly allocated to the trial drug or placebo (80 each). Premature rupture of the membranes occurred in 10% of controls and 3.7% of the test group. Term delivery was achieved by 50% of the control women and 82% of the mefenamic acid group; a highly significant difference. The mean birth weight of the control group babies was 2.28kg, compared with 2.7kg for the experimental group. All patients in the study completed the course and no fetal abnormalities were found. While confident of the benefit of mefenamic acid, the authors advise more evaluation of its risks before recommending it to prevent pre-term labour. TREATMENT DELAY EXTENDS DEPRESSION The interval between the onset of major depression and receipt of treatment, and the degree of pre-morbid neuroticism seem to be significant predictors of how long the illness episode lasts. In a Newcastle study, 55 patients who satisfied research diagnostic criteria for primary major depressive disorder were followed up until recovery from the episode, which lasted from four to 29 months. Information obtained included socio-demographic characteristics, details of the episode, past history, life events in the six months before onset and pre-morbid personality. 'No treatment' interval was defined as the interval between date of onset and the date antidepressant therapy (equivalent to 75mg of tricyclic drugs) was prescribed; pre-morbid personality was assessed using the Eysenck Personality Questionnaire. These were the only two factors which made a significant contribution to the persistence of symptoms. The authors suggest that patients with high neuroticism scores require intensive early treatment to avoid chronic symptoms. CPR TEACHERS NEED MORE WORK Basic life-support skills in a group of 31 resuscitation trainers were poor before they attended a two-day training course, a study at London's Royal Free Hospital found. The trainers, who included 21 nurses, two resuscitation training officers and one nurse tutor, were assessed in skills, confidence and experience. None could perform external cardiac compression competently; only five could ventilate adequately. The number of years qualified was unrelated to initial skills. However, the longer since qualification, the greater their confidence in their skills. Practical experience (number of arrests attended) was not related to skills before or after the course. After completing the course, just three trainers were competent at compressions and only two could ventilate adequately. They did improve in carrying out the correct sequence of treatment (assessment, open airway, check breathing, check pulse). The authors accept that the course may not have given adequate time to practical skills, but the participants' inaccurate view of their own skills contributed to their lack of success. Cardiac compression technique was universally poor LOW LEVELS OF LEAD STILL HURT CHILDREN Low-level exposure to lead during early childhood is associated with delays in neurophysical development during the first seven years of life, concludes a study of 494 children in a lead-</p> |
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smelting community in South Australia. Reports at ages two and four also found developmental deficits. Exposure to lead was calculated from antenatal and delivery maternal blood samples, and samples from the children at birth, six and 15 months, two years, then annually. This study considered the progress of 494 children aged seven to eight. Blood lead concentrations had been highest at age two, but had now fallen by over 40%. The relation between lifetime average lead concentration and IQ showed an inverse gradient, with an increase in lead levels from 10µg/dl to 30µg/dl showing a decrease in IQ of 4-5%. Many of the children who had poor scores in the early studies had not improved greatly by age seven. The authors suggest that the social consequences of environmental lead may be serious, with a large increase in the proportion of children requiring educational assistance. µ is for greek letter mu

CLODRONATE FOR BONE DISEASE OF MYELOMA Clodronate delays osteolytic bone lesions, reduces the degree of hypercalcaemia and decreases pain in patients with multiple myeloma, claim the authors of a 24-month multicentre study. The drug was used in conjunction with a standard melphalan/prednisolone protocol in a controlled trial involving 350 patients in 23 centres in Finland. (Standard systemic chemotherapy may not prevent progression of skeletal disease in myeloma.) Statistically significant benefits in the clodronate group included an increase in those feeling no pain from 24 to 54%, compared with 29 to 44% in the controls. Serum calcium and urinary calcium excretion decreased in both groups, but more so in the clodronate group. The proportion of patients with progression of osteolytic lesions was twice as high in the control group. No difference was found in the incidence of side-effects.

LOOKING AFTER LONDON'S HEALTH I enjoyed Niall Dickson's article 'Capital punishment' (Body Politic, October 28) and was especially pleased to see my views accurately represented. So often defence of our hospitals is portrayed as a 'reactionary' defence of the status quo. I think that the real way to improve the health of the capital city's people lies with such old-fashioned concepts as full employment, decent housing and good education. These can only come in a planned economic system and will never come through the irrationalities of the market. In the absence of these things, I seek to defend the present service as the best achievable. We must defend every bed, every job and every