**21st Annual Multidisciplinary Research Conference**

**Covid–19 Challenges, Experiences & Learning**

**27th November 2020, Sligo University Hospital / IT Sligo / Virtual, 0930 to 1630 GMT**

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35. **Title:** Loneliness and social isolation in attendees of a Psychiatry of Old Age Service in the North West of Ireland: preliminary findings of a cross-sectional study during the COVID- 19 pandemic.

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***Introduction***

Loneliness is considered a discrepancy between the social relations one has and their desired level.(1) It is estimated that one third of older adults will experience loneliness, which along with social isolation has been linked to poorer health outcomes, reduced quality of life and cognitive decline.(2) Government advice in Ireland in 2020 to reduce social activity due to COVID-19 pandemic is likely to compound this. Preliminary findings of an ongoing study investigating loneliness, social isolation and related factors in older adults referred to a Mental-Health Service in the North-West of Ireland in 2020 are presented.

***Aims & objectives***

The primary aim is to establish prevalence of loneliness and social isolation in older adults referred to a Psychiatry of Old-Age Service. Secondary aims include exploring associations between loneliness, social isolation and, well-being, depression, cognition and health status.

***Methodology***

Using a cross-sectional study design, participants complete UCLA (University of California, Los Angeles) Loneliness Scale, capturing data on perceived loneliness and a social isolation measure; Berkman-Syme Social Network Index, during psychiatric assessment. Quality of life was measured using WHO Well-being Index(WHO-5). Information was also captured on other personal, clinical and social factors.

***Results***

Data from 30 questionnaires completed January-August 2020 showed average participant age was 74years with 63% female. Average perceived loneliness score was 4.3(UCLA maximum score=10). 83%(n=25) reported some degree of loneliness(UCLA >0) and 7%(n=2) reported the highest level of loneliness(UCLA =10). Majority of the cohort 83%(n=25) were socially isolated; with 40%(n=12) ‘mostly isolated’ and 43%(n=13) ‘moderately isolated’. Gender differences were found in the ‘mostly isolated’ categories with females more isolated.

***Conclusion***

Preliminary results illustrate majority of older adults referred to a mental-health service over a time period spanning the COVID-19 pandemic are lonely and socially isolated. High levels of loneliness and social isolation, likely compounded by changes to daily routines during COVID-19 pandemic, is concerning given the adverse health implications.(3) We hope final results will guide enhancement of clinical-care through linkage of mental-health services with local community agencies, social-care supports and use of e-health technologies.

**2. Title:** “Prevalence of Orthorexia Nervosa in a Sample of Patients Attending Sligo/Leitrim Mental Health Services with a Diagnosis of Eating Disorder”

**Authors & Department(s):** Dr Ignazio Graffeo, Mary Harron, Dr Edmond O’Mahony (St Columba’s Hospital – Sligo/Leitrim Mental Health Services)

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***Introduction***

The term Orthorexia Nervosa was coined in 1997 by American physician Steven Bratman. Since then many studies have been conducted in several countries with the aim to define clearer diagnostic criteria for ON and its prevalence and incidence in different populations. It is interesting to understand if the phenomenon is present in Irish territory*.*

***Aim and objectives***

Principal aim of the research is to establish the prevalence of Orthorexia Nervosa in a sample of patients attending Sligo/Leitrim Mental Health Services with a diagnosis of eating disorder attending appointments with the eating disorder specialist.

***Methodology***

Those patients were approached at the time of the appointment and asked to complete a demographic grid and the Orto-15 questionnaire.

***Results***

 For the patients who scored below 40 at the Orto-15 questionnaire was calculated range, mean, median, mode, variance and standard deviation. Prevalence of ON was calculated and also percentages of the different ICD-10 diagnosis. 128 questionnaires were handed or posted to the patients attending the Eating Disorders Nurse Specialist as above indicated: 5 people were no longer at their addresses, 92 people refused to participate or never posted the questionnaires back, 31 people responded. Of the 31 questionnaires received, 2 were incomplete, 1 was excluded because the respondent was 17 years old and 29 were complete and compliant with the proposed exclusion and inclusion criteria, of them 23 were positive for diagnosis of Orthorexia and 5 negative. The Point Prevalence obtained was 17.9%.

***Conclusion***

According to previous Italian studies, the expected rates of Orthorexia Nervosa in the general population are between 6.9% and 57.6%, fact that places our examined sample in the lower side of the prevalence previously considered. It is very difficult to comprehend and explain the reasons behind this fact and probably this is due to an overshadowing of symptoms with the major eating disorders.

1. **Title:** Questioning the usefulness of CDAI as a measure of disease activity in a Treat To Target Programme.

**Authors & Department(s):** Imran Ali1, 2, Emma Ison3, Muhammad Tauseef Ghaffar1,2 , Luke Conroy1,2, Noreen Harrington1, Carmel Silke1, Miriam O'Sullivan1, Bryan Whelan1,3

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***Introduction***

Rheumatoid arthritis (RA) is a chronic autoimmune condition which if not treated can lead to joint destruction and long term disability**.** In RA, the concept of T2T is recommended as the appropriate method to manage early arthritis **1**. It has shown promising results to achieve clinical **remission** (CR) or **low disease activity** (LDA) **2**.

***Aims & objectives***

The objective of this study was to investigate the potential to achieve remission or LDA according to the Clinical Disease Activity Index (CDAI) for RA, during treatment with Disease-Modifying Anti-Rheumatic Drugs (DMARDs) and Biologics, and the factors that affect the remission/LDA outcome.

***Methodology***

We performed an observational prospective study on patients’ data available from our Early Arthritis Cohort. All patients with newly diagnosed RA who met the American College of Rheumatology (ACR) criteria were enrolled. Patients are managed by an Advanced Nurse Practitioner (ANP) with consultant supervision. To assess their response to treatment, we used the Clinical Disease Activity Index**3**. Analysis was performed using SPSS.

***Results***

Out of a total of 459 patients, 353 completed the programme. 217 patients (61.5%) were female and (136) 38.5 % were male. Mean age was 53.98 (SD 14.66). 195 patients were on monotherapy, 40 on combination DMARDs and 115 were on Biologics/Janus Kinase Inhibitors (JAK-Inh). Remission-rates in the monotherapy and combination DMARDs groups were approximately 60%, whilst the remission rate in the Biologics/JAK-Inh group was 41.7%. Amongst female patients 15.9% had erosions on X-ray at the time of diagnosis whilst the equivalent figure for male patients was 29.6%.

***Conclusion***

An association between male gender and the likelihood of erosions on X-Ray was observed. In addition an association between final medication and outcome was observed. An increased likelihood of non-remission was noted in patients that required escalation to Biologics/JAKs. A possible explanation for the lower levels of remission seen throughout the groups is the difficulty in achieving remission under the CDAI score as compared to DAS-28.

1. **Title:** Does time to remission differ depending on route of administration of Methotrexate in an Early Arthritis Treat to Target (T2T) cohort?

**Authors & Department(s):** Imran Ali1, 2, Emma Ison3, Muhammad Tauseef Ghaffar1,2 , Luke Conroy1,2, Noreen Harrington1, Carmel Silke1, Miriam O'Sullivan1, Bryan Whelan1,3

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***Introduction***

Rheumatoid arthritis (RA) is a multisystem inflammatory disorder that affects the joints and other body tissues. Approximately 1% of the worldwide population is living with RA **1**. Methotrexate is the first line DMARD used for treatment of RA **2**.

***Aims & objectives***

The aim of this study was to analyse MTX use in achieving remission in early arthritis patients and to compare the route of administration to see whether it affects the time interval to remission.

***Methodology***

An observational, prospective study was performed on patients’ data available from our Early Arthritis Cohort. Newly diagnosed patients with RA meeting the American College of Rheumatology (ACR) criteria were enrolled in T2T programme led by Advanced Nurse Practitioner (ANP) with consultant supervision. To assess their response to treatment, we used the Clinical Disease Activity Index (CDAI)**.**  SPSS was used to analyse the data.

***Results***

A total of 353 have completed the programme and of these, 341were commenced on MTX. 208 patients (61%) were female. The MTX starting dose was 15mg for 88.4% (305/341) of patients. The median time to first increment in MTX dose was 7 weeks and the figure was identical for the second increment. Of the 238 patients who started oral MTX, 18.48% (44) discontinued. 21.4% (22) of the 103 who started on SC-MTX discontinued (The p-value for discontinuation was 0.538). P-value for likelihood of achieving remission based on oral versus SC MTX was 0.248 and the p-value for time to achieve remission was 0.671 for oral versus SC MTX groups,

***Conclusion***

Patients in this cohort are being started promptly on an appropriate dose of MTX and are escalated in a timely manner in-line with guidelines.Analysis showed no statistically significant difference in terms of time to remission, likelihood of achieving remission or discontinuation of MTX between oral and SC-MTX groups.

1. **Title:** Effectiveness of a nurse led Treat to Target (T2T) model in achieving remission for Early Rheumatoid Arthritis patients in a real-world setting.

**Authors & Department(s):** Imran Ali\*1, 2, Muhammad Tauseef Ghaffar2, Noreen Harrington1, Carmel Silke1,3, Miriam O‘Sullivan1,3, Bryan Whelan1,3

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***Introduction***

Rheumatoid Arthritis (RA) is a chronic, inflammatory and systemic autoimmune disease, affecting multiple joints particularly small joints in hands and feet.**1** Early diagnosis and aggressive management of RA is considered key role for preventing permanent damage to joints.**2** Treat to Target (T2T) strategy has been proven to be very effective in achieving pre-decided outcome either clinical remission (CR) or low disease activity (LDA).**3**

***Aims & objectives***

To assess the outcome of nurse led T2T strategy in Early RA patients within first 2 years of treatment.

***Methodology***

This was Observational Prospective Study, based on data collected in our ANP led Early Inflammatory Arthritis clinic. All patients diagnosed with inflammatory arthritis were managed following a T2T protocol. Clinical Disease Activity Index (CDAI) tool was used to assess disease activity. The primary analysis in this study was the proportion of patients who achieved CR or LDA using different DMARDs used alone or in combination and the clinical determinants of this outcome.

***Results***

Out of 417 patients with Early Inflammatory Arthritis, 300 met criteria for RA. 27 were lost to follow up (3 deaths) and 44 remained on the T2T pathway. For the 229 patients completing the pathway, mean age was 43.25 years (SD 9.405), Female gender 146 (63.75%), CDAI at baseline was 22.65 (SD 22.19). Outcome of T2T strategy showed that 151 (65.93%) achieved clinical remission and 78(34.06%) achieved low disease activity.

***Conclusion***

Remission in patients who were less than 40 years of age was 100% as opposed to 49% above the age of 40 years. This difference was found to be statistically significant with a p value of <0.05. Further to this, Methotrexate monotherapy was the dominant DMARD used to achieve remission and/or low disease activity in more than 50 % of the RA patients.

1. **Title:** A survey of skin cancer knowledge and sun protection practices within cohabiting heterosexual couples.

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***Introduction***

Marriage is associated with improved health1, and is advantageous in terms of improved outcomes from malignancy, including breast, colon and renal cancer2,3. There remains a paucity of data pertaining to the impact a relationship plays with regard an individual’s beliefs and behaviour regarding photoprotection, self monitoring and concern for skin cancer development.

***Aims & objectives***

We aimed to assess the impact a relationship has on an individuals beliefs and behaviour regarding photoprotection, self-monitoring and concern for skin cancer.

***Methodology***

A written survey examining skin cancer knowledge and sun protection practices among cohabiting couples was conducted among a wide variety of cohabiting couples at an Irish agricultural show. Each member or the couple each completed the survey separately. The results were statistically analyzed. A univariate and multivariate analysis was performed using Fishers exact test and Wilcoxon signed ranked test with continuity correction.

***Results***

Ninety-two couples participated. Couples were shown to be more likely to behave concordantly rather than discordantly in their sunscreen use (p-value = 2.53 x 10-3). Females reported greater concern for skin cancer development than their male counterparts (p-value = 0.03). Females were also found to be more likely to perform regular skin self examination than males (p-value =2.58 x 10-3). Females were noted to be significantly more likely to examine their partners skin than males were to examine their partners skin (p-value =3.29 x 10 -5). Couples who were married were found to be more likely to examine each other’s skin than couples who were unmarried (p-value = 8.86 x 10-4). Within couples, females were more likely to report their partners showed a lack of interest in their skin health than their male partners (p-value = 1.33 x 10-5).

***Conclusion***

Amongst couples, females report greater awareness regarding photoprotection, skin monitoring and concern for skin cancer. Educational campaigns aimed at males are vital.

1. ***Title:*** Unique clinical and pathologic features of poorly differentiated primary pleuro-pulmonary synovial sarcoma

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**Introduction**

Primary pleuro-pulmonary synovial sarcoma (PPSS) is rare and diagnostically challenging when poorly differentiated. We present 15 poorly differentiated PPSS and compare results with published series on better differentiated tumors.

**Aims & objectives**

To evaluate and compare clinical and pathologic features of poorly differentiated PPSS with published series on better differentiated tumors.

**Methodology**

Primary pulmonary sarcoma cases(n=119) from 1981-2016 were retrieved from tissue archives. Cases(n=104) that failed to meet World Health Organization(WHO) criteria or were non-poorly differentiated were excluded. Imaging and follow-up data were obtained from patient records. Grading was performed by a pulmonary pathologist. Immunohistochemistry(IHC) and molecular analysis (RT-PCR) of *SYT/SSX* RNA fusion transcripts from t(x;18)(p11;q11) translocation were performed on paraffin embedded samples.

**Results**

Clinical findings were similar to usual PPSS without primary mediastinal involvement. Seven of 10 patients with outcome data died of disease within 5 years. Histologically, round cell and rhabdoid morphology were unique to poorly differentiated tumors. Immunohistochemistry demonstrated focal expression of epithelial markers and diffuse positivity with CD99 and bcl-2. Ten PPSS with tissue available were positive for t(x;18), with even distribution of SYT/SSX1 and SYT/SSX2.

**Conclusion**

Our clinicopathological analysis of poorly differentiated PPSS confirmed none were primary to mediastinum, in contrast to about 11% of better differentiated tumors. Approximately half of patients died of disease within 5 years after diagnosis, similar to better differentiated tumors. Based on our molecular data, poorly differentiated PPSS can be expected negative for t(x;18) by RT\_PCR in approximately 6-7% of cases, compared with 10% of better differentiated tumors. SYT/SSX fusion types were evenly distributed. Histologically, poorly differentiated PPSS demonstrated round cell and/or rhabdoid morphology. These features may lead to misdiagnosis as malignant peripheral nerve sheath tumour(MPNST), primitive neuroectodermal tumour(PNET), or rhabdomyosarcoma. Awareness of histology and IHC of poorly differentiated PPSS should prevent diagnostic pitfalls.

1. **Title:** Safety & Sustainability: A Win-Win for Neuraxial Anaesthesia

**Authors & Department(s):** Dr Therese O’ Connor, Dr Maeve Leonard, Dr Lauren Hughes.

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***Introduction***

Spinal Anaesthetic Blocks are performed multiple times a day in Sligo University Hospital (SUH). These are prepared for using pre-made ‘block packs’ for convenience and aseptic technique. However, each pack contains multiple plastic disposable instruments, some of which are not routinely used and disposed of clean. The presence of certain instruments, such as a plastic pouring tray, may be a potential safety hazard as it encourages pouring of solutions for cleaning or anaesthesia, this risking contamination of anaesthetic materials with antiseptic solutions, either due to accidental injection or splashing of materials. There have been documented adverse patient outcomes due to this. (2,3).

***Aims & objectives***

1. To establish the amount unused single-use-plastic associated with SAB procedures, with view to eliminating excess material, thus reducing waste and hospital cost.
2. To create a safer environment for SAB by highlighting possible sources of danger when preparing both antiseptic and anaesthetic agents.

***Methodology***

Retrospective numbers of SABs performed in SUH were examined, by analysing logbooks all theatres. Data was selected from March 1st 2019 to February 29th 2020 (prior to the COVID-19 pandemic).

A survey was conducted among staff to identify which skin cleaning procedures and instruments they routinely use. The individual contents of each ‘block pack’ were weighed and the combined weight of the materials wasted was calculated.

***Results***

94.4% stated they do not use the tray, foam applicators or 10ml in routine practice.

The total weight of one spinal pack is 208g. 55g of plastic in each pack is not used and discarded. This accumulates to almost 44kg of plastic being discarded over a 1 year.

***Conclusion***

We are not optimizing our practices to minimise waste. 44kg of unnecessary plastic is wasted each year.

The excess plastic poses a safetly risk to SAB delivery. The presence of a tray for liquid containment leaves opportunity for potential mix up of solutions and agents.

1. ***Title:*** *COVID-19 innovation experience – An evaluation of the use of tele-psychiatry by CAMHS clinicians in the Sligo/Leitrim Mental Health Services*

***Authors & Department(s****): Dr.Petra McLoughlin and Dr.Claire Veitch Child and Adolescent Mental Health Services, Sligo Leitrim Mental Health Services*

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***Introduction***

Due to the restrictions imposed on service delivery due to COVID-19 the Sligo CAMHS service was required to initiate tele-psychiatry which includes either telephone or video call technology to interact with service users. As the pandemic progresses, it is important to evaluate clinician’s experience to improve ongoing delivery.

***Aims & objectives***

This survey aims to investigate clinician’s opinions of and identify issues with the use of tele-psychiatry in the Sligo CAMHS service.

***Methodology***

A survey was carried out using an online survey tool ‘SurveyMonkey’ and a written format in October 2020. 7 clinicians from a team of 13 responded to the survey. Microsoft Excel was used to collate and analyse results.

***Results***

Clinicians rated their concerns from 1-10 with difficulties in managing a patient in distress through tele-psychiatry rated as of most concern, followed by lack of connection to a support network, connectivity/equipment issues for service users, difficulty in establishing rapport, privacy issues for service user, difficulty in communicating for service user, lack of visual non-verbal cues, difficulty in ending a consultation and clinicians difficulty in communicating.

All clinicians rated ‘reduced need for travel’ as an advantage and 6 out 7 rated ‘continuity of care despite national health emergency’ as an advantage. Only 2 rated ‘video calls being a form of communication more in line with service users daily methods of communicating’ or’ time saving’ as an advantage.

6 out of 7 clinicians see a role for tele-psychiatry in the future. 5 out of 7 would recommend tele-psychiatry to a service user while 6 out of 7 agreed tele-psychiatry is best used in combination with face-to-face reviews.

***Conclusion***

This survey displays clinician’s enthusiasm for future use of tele-psychiatry beyond the COVID-19 pandemic while also highlighting the main concerns which could be addressed by implementing a local tele-psychiatry improvement committee.

1. **Title:** Did Covid19 REsTRAIN the use of Seclusion in SLMHS? Review of Seclusion Usage in a Six month period pre and post the occurrence of COVID-19.

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***Introduction***

The REsTRAIN group was set up in 2018 as a seclusion reduction strategy for the Sligo Leitrim Mental Health Services (SLMHS) based on the *Six Core Strategies to Prevent Conflict, Violence and the Use of Seclusion and Restraint*. This review reflects Strategy 5 which involves the use of data to inform change. There was a need to review the impact of COVID-19 on seclusion usage.

***Aims & objectives***

To investigate whether COVID-19 impacted the timing, number of episodes and length of seclusion period in St.Columbas, Adult Mental Health Unit, Sligo.

***Methodology***

Quantitative study of seclusion data over a six month period from March 1st – Sept 30th in 2019 and 2020. Analysed using Microsoft Excel in October 2020.

***Results***

Admissions reduced from 217 to 165 (27%) and seclusion episodes reduced from 21 to 13 over the same time period.

The busiest months were June and July respectively with 5 and 6 episodes.

There was a male predominance in 2019 (18 vs 3) with a more equal distribution in 2020 (7 vs 6)

The median age remained similar – 30 in 2019 and 31 in 2020.

There was a low incidence of those >65yo with 2 in 2019 and 1 in 2020.

The majority of seclusion episodes occurred outside of office hours with a greater percentage in 2020 (84% vs 71%)

There was a greater number of hours spent in seclusion in 2020 (191:53 vs 166:30) with 2 lasting >24hrs vs 0 in 2019.

***Conclusion***

The decrease in seclusion usage may be partly explained by the decrease in admissions. This could be attributed to fewer presentations due to fears of COVID-19 infection and/or a service directive to use all community supports possible to avoid admissions. There is an overall trend of seclusion episodes occurring outside of office hours, which requires further investigation.

1. **Title:** Patient and staff satisfaction with remote psychiatry assessments using mobile tablets in long-stay facilities in rural North-West Ireland.

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***Introduction***

The COVID-19 pandemic has required services to evolve quickly to continue to provide routine care and telemedicine has been rapidly implemented to facilitate this. Older persons are at high risk of serious complications of COVID-19 and it is essential that their exposure to COVID-19 is minimized.1

***Aims & objectives***

The aim of this project was to assess staff and patient satisfaction with remote psychiatric assessments using mobile tablets in long-stay facilities.

***Methodology***

Remote clinics using Skype video on mobile tablets were conducted in long-stay facilities with patients attending the Mental Health Services for Older Persons in Sligo/Leitrim/South Donegal between April and July 2020. At each review, a satisfaction survey instrument was administered to the patient, their keyworker who was facilitating the review and the clinician. The patient/keyworker survey instrument had four yes/no statements and the clinician survey had four statements using a 5-point likert scale (1=very low to 5=very high). Open feedback was also obtained on survey instrument for thematic analysis. Descriptive analyses were undertaken using the SPSS software.

***Results***

23 patients were assessed in 10 long-stay facilities using the tablets. The mean age was 80.9yrs and the most common diagnosis was Dementia (N=14, 60%). All patients assessed were agreeable to participate in the video consultation although only 13 patients were able to respond to all survey statements due to cognitive impairment. There was a 92.3% positive patient response (12/13) and 95.7% positive keyworker response (N=22/23) for all statements. The mean score on the assessor response ranged from 3.43 to 4.04 with the lowest rate for quality of transmission and the highest for effectiveness in developing a management plan. The main themes identified were related to the quality of connection and sensory difficulties.

***Conclusion***

Video consultations using mobile tablets offer an acceptable form of remote psychiatry assessment for older persons in long-stay facilities.

1. **Title:** Do it yourself (DIY) related extremity injuries during the period of enforced lockdown after the outbreak of Covid-19 Pandemic

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**Introduction:**

DIY(Do it yourself) injuries are a common cause of morbidity and sometimes mortality among an enthusiastic population. Incidence of those injuries increased dramatically during lock down.

**Aims and Objectives:**

To see the pattern, causes and sociodemographic correlates of DIY related injuries so that they may be prevented or at least the risk may be minimised; hereby decreasing the mortality, morbidity as well as the finances spent on these preventable injuries.

**Methodology:**

This study was conducted in the Orthopaedic Department of a Regional Hospital in 27th of March 2020 to the 8th of June 2020 during the outbreak of Covid -19 pandemic. Patients who visited the Department of Trauma and Orthopaedics with DIY related hand and foot open injuries were included in the study.

**Results:**

A total of 15 patients with DIY related injuries were admitted. This number was quite high as compared to 3 patients in the same duration in 2019.

The mean age was 47.8 years (Range 16-69). Male, Right hand dominant mostly manual workers. Majority of injuries occurred between 12:00- 16:00 Hours and presentation to ED was between 16:00-21:00 hours. Mechanism of injury involved were crush injury, log cutter, angle grinder, circular saw, electric saw, chop saw, chain saw and hedge trimmer. Nine patients were having associated fractures. Procedures were done under general anaesthesia in 4 patients, spinal in 1,7 in regional block and 2 patients didn’t require any anaesthesia. None of the patients developed any complication.

**Conclusion:**

The incidence of DIY related injuries dramatically increased during the lockdown period of the Covid-19 pandemic. These injuries could have been prevented by using protective gloves, keeping the hands well away from the blades of sharp implements and by switching off the power source before unplugging the power to the implement in case it failed during its normal function.

1. **Title:** Dedicated Baby Hip Team improves service delivery of Ultrasound screening for developmental dysplasia of hips for infants in Sligo

Dr Karl James (Consultant Radiologist), Roisin Cannon (Clinical Specialist Sonographer), Donna Kavanagh (Clinical Specialist Sonographer), Mr William Gaine (Consultant Orthopaedic Surgeon), Rachel Wirtz (Clinical specialist Paediatric Physiotherapist), Derek Wynne (Senior Paediatric Physiotherapist)

Contact: Dr Karl James Karl.james@hse.ie

Introduction

The National Program for Developmental Dysplasia of the Hip (DDH) in Infants set guidelines for screening for DDH(1). The identification of those at risk of DDH and early ultrasound diagnosis of infants with DDH allows for early diagnosis and enables non-operative (harness) treatment of DDH which is successful in over 90%(2)(3).

In Sligo University Hospital (SUH) a multidisciplinary Baby Hip Team (BHT) was set up in November 2019 to improve our service delivery. This is the first dedicated baby hip team in the country.

Aims & Objectives

We aim to show that since the utilization of the BHT, there has been increased efficiency in SUH from ultrasound diagnosis to referral for physiotherapy and harnessing. We also aim to show better adherence to national guidelines for ultrasound follow-up of those in harness since the inception of the BHT(4).

Methodology

We compared time taken from ultrasound diagnosis to physiotherapy referral in 2018 and 2020.

We also assessed adherence to recommended guidelines regarding mid-treatment ultrasound assessment of those in harness.

Results

Since the inception of the BHT, 100% of babies diagnosed with DDH on ultrasound were referred to physiotherapy with 24 hours. This compares to on 60% in 2018 with 20% of referrals being received more than 1 week after diagnosis.

Mid treatment ultrasound assessment is also significantly improved since the introduction of the BHT with 100% of harnessed babies being scanned an average of 14.5 days following harness application.

In comparison, in 2018 only 60% of in-harness babies had the recommended mid-treatment scan and those that did were scanned on average 24 days post harness application.

Conclusion

The adoption of a BHT has improved efficiency in screening and surveillance ultrasound for DDH allowing for more timely treatment of babies with DDH and at no additional cost to the department. This could be easily implemented in other hospitals around the country.

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5. **Title:** Orthopaedic Fracture Clinic Documentation in Need of Fixation?

**Authors**: Patrick McCabe, Muhammad Bilal Tahir, Eilis Fitzgerald, John Kelly, Barry O’Neill Trauma and Orthopaedic surgery department, Sligo University Hospital.

**Contact Name**: Muhammad Bilal Tahir**voiceofqmc@yahoo.com**

**Background/ Introduction:** Significant amount of research undertaken regarding Inpatient and Perioperative Documentation.

Minimal examination of Outpatient Documentation

Potential to have a different doctor consulting patient on each visit

Clear, concise and legible note is thus paramount

**Aim:** To review the quality of fracture clinic notes according to the criteria set by

*A-National Standards for Safer Better Healthcare (Health Information and Quality Authority) (June 2012).*

*B-Health Service Executive Standards and Recommended Practices for Healthcare Records Management, Version 3 (May 2014)*

*And improvement of Notes.*

**Methodology:**

All Orthopaedic Fracture Clinics in Sligo University Hospital

Consecutive clinics analysed until 100 charts accumulated

All patients included for analysis

Patients seen by Orthopaedic staff of all levels

SHO, Registrar, SpR & Consultants

Retrospectively analysed and assessed by metric outlined

Blinded assessor used in all cases.

**Results:** More Than 90% Compliance in Doctor’s Signatures, Patient identification number, permanent ink, Patient Name, Date , Clinical Stamp and Less Than 30% Compliance in Job title, Social History, Relevant medical history and ‘Information Provided to Patient’

**Conclusion:**

Excellent results in some categories

Average results regards the patient interaction / consultation

Deficiencies in documenting

Doctors level

Relevant information in patient history

Conveyance of information to patients

Management plan identified in 54% of cases and not documented in a single case that this information was indeed conveyed to the patient

Areas of deficiency correlate to those of highest potential medicolegal repercussions

Repeat Audit Required

1. **Title:** An Unusual transcapital fracture of the femur secondary to osteonecrosis

Muhammad Bilal Tahir, Satish Kutty, Usman Alvi, Orthopedic Surgery department Sligo University Hospital Sligo.

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**Summary:** Femoral head fractures are uncommon and usually are a result of high energy trauma in a relatively younger population. They may present in different patterns, on their own or in combination with other fractures and dislocations around the hip joint. There are various treatment options ranging from nonoperative to surgical management, depending on the fracture pattern and associated injuries. We herewith present a case of a right sided transcaptial pathological fracture of the femur in a 77 year old male, which was not as a result of a high energy but as a consequence of a fall from a standing height with a background of osteonecrosis in the hip.

A 77 year old gentleman presented to the Emergency Department with pain in his right hip after he had slipped and fallen on his right hip at home. His pain was said to be deep seated and severe on attempted hip movements. Simple analgesia was not effective to control his pain. On clinical examination there was a mild swelling over the right hip region and the right lower limb looked shortened and externally rotated. There was tenderness on deep palpation over the hip. While passively moving the hip there was pain in the groin and over the lateral aspect of the hip. Active straight leg raising was not possible while passive straight leg raising was not attempted. Neurovascular examination was normal. The patient gave a past medical history of ischemic heart disease, coronary stenting, hypothyroidism and COPD.

**Investigations:** Anteroposterior view of both hips and a lateral view of the right hip were obtained which showed a transcaptial fracture of the right femur. Routine blood investigations were done, which were normal.

**Treatment:** A femoral nerve block (? fasciiliaca block) was carried out and the patient was admitted to the Orthopaedic Ward. The patient underwent a right sided uncemented total hip replacement with an uneventful postoperative recovery.

**Follow-up**; The patient was followed up 8 weeks post operatively in the outpatient clinic and had no major or minor adverse symptoms. His operative wound looked well healed and the patient showed a good range of movement in his right replaced hip. He was able to ambulate using a walking stick in his left hand and had no limp or pain.

**Discussion**: The Pipkin classification is most commonly used in describing femoral head fractures. Pipkin I and undisplaced Pipkin II fractures with <1mm of step off can be managed non-surgically, Pipkin II fracture with >1mm of step off or displacement, Pipkin III and Pipkin IV are usually managed surgically with Open Reduction and Internal Fixation. However, arthroplasty appears to be a better option particularly in the elderly and can be performed on all types of femoral head fractures in that age group.

|  |
| --- |
| Pipkin classification for femoral head fractures |
| Type I: Fracture caudal to fovea capatis  |
| Type II: Fracture cephalad to fovea capatis |
| Type III: Is Type I or Type II fracture with associated fracture of the femoral neck  |
| Type IV: Is Type I or type II fracture with associated fracture of the acetabular rim  |

Femoral head fractures are rare, particularly in the elderly, femoral neck fractures are extremely common in comparison. Pathological femoral head fractures are uncommon and one may or may not be able to find an underlying cause.

Avascular necrosis as an underlying cause should always be sought as suspected and confirmed histopathologically in this case.

Treatment with arthroplasty usually gives a good result such as in our case.

1. **Title:** A Latent Class Analysis of Nutrition Impact Symptoms in Cancer Survivors

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**Introduction**: Those with a cancer diagnosis report experiencing a wide range of nutrition impact symptoms with prevalence varying by study, group and cancer type. **Objectives**: We aimed to identify groups of cancer survivors with specific patterns of nutrition impact symptoms.

**Methods**: 226 individuals attending oncology day ward and outpatient clinics completed a series of questionnaires and physical measurements. A latent class analysis was performed to identify subgroups based on 13 nutrition impact symptoms taken from the Patient Generated Subjective Global Assessment Short Form. The identified classes were subsequently compared using analysis of variance and chisquare tests, by sociodemographic, clinical and nutritional variables as well as by Global health status (GHS) and five functioning scales determined using the EORTC QLQ-C30.

**Results**: Three latent subtypes were identified: (1) High Symptom Burden (n=23, 11%); (2) Fatigue (n=61, 29.6%) and (3) Low Symptom Burden (n=142, 59.4%). Those in the High Symptom Burden group were more likely to be female, not working and have consumed less food than usual in the last month compared to those in the Low Symptom Burden group. Those in the Fatigue group were more likely to be undergoing treatment, receiving chemotherapy or have received their diagnosis in the last five years compared to those in the Low Symptom Burden group. The EORTC-QLQ-C30 functioning and GHS scores were all significantly different between the three nutrition impact symptoms classes (p<0.001)

**Conclusion**: This is the first study to examine heterogeneity of nutrition impact symptoms in Irish Cancer Survivors. The findings of this work will inform and allow for more individualised nutrition care.

1. **Title:** Providing nutrition advice in the oncology setting: A survey of current practice, awareness of guidelines and training needs of Irish healthcare professionals in three hospitals

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***Aims and Objective****:* To determine the current practices of Irish healthcare professionals working in the oncology setting of three hospitals in the north-west of Ireland with regards to nutrition screening, provision of nutrition advice and training needs.

***Methods:*** This cross-sectional study distributed a questionnaire to healthcare professionals in the oncology departments of three hospitals between November 2018 and April 2019. Data was analysed using SPSS and one open-ended question underwent thematic analysis.

***Results****:* 51 individuals completed the survey. 66.7% rated nutrition as very or critically important in cancer management. 74.5% nutritionally screen inpatients while only 17.6% screen outpatients. The majority (86.3%) provide nutrition advice to patients, yet only 19.6% collect data on nutrition status. Doctors and nurses report low levels of confidence and lack of awareness of guidelines. 78.4% of respondents were interested in further training in oncology nutrition, preferably through a conference study day. Respondents reported that early nutrition intervention and integration into current practice was important, that there is a current lack of resources and a need for different interventions depending on cancer type and stage.

***Conclusion****:* Current practice varies, however positive attitudes towards nutrition and interest in additional training were found.

1. **Title:** The Effectiveness of Dialectical Behavioural Therapy in Patients Diagnosed with Borderline Personality Disorder in a Community Mental Health Service**.**

**Authors & Department(s):**O’Halloran, Joanne1 & Mc Greal, Catherine2,

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***Introduction***

Dialectical Behavioural Therapy (DBT)1 to date is the largest evidence psychological-based intervention for Borderline Personality Disorder (BPD)2. This treatment is targeted for BPD individuals that engage in high risk self-harm, present with suicidal behaviours and emotional dysregulation. This treatment has been available in Sligo/Leitrim Mental Health Services since 2014.

***Aims & objectives***

This study aims to evaluate the effectiveness of DBT in reducing the recurrence of BPD patients’ self-harm behaviours. This study also focuses on the effectiveness of DBT in decreasing the frequency and duration of hospital admissions and psychiatric consultations with community mental health teams. This study will also allow comparisons between the outcomes of Sligo/Leitrim DBT services with national and international norms.

***Methodology***

Twelve patients referred to the DBT Service in Sligo/Leitrim Mental Health Services who are deemed suitable, following a period of pre-treatment assessment, are eligible for inclusion in this study. Quantitative research methods will be used to collect data at four time points: Start of the treatment (Baseline), Midway through treatment (6 months from baseline), End of treatment (12 months from baseline), and 6 month follow up (18 months from baseline). Measures included the Borderline-Symptom List (BSL-23), Questionnaire for Suicidal Ideation (QSI) and The Dialectical Behaviour Therapy-Ways of Coping List (DBT-WCCL.

***Results***

Data is not yet fully collated at the time of this application. However, Preliminary findings indicate that the number of patients engaged in self-harm behaviours decreased: Overall group mean DBT-WCCL dysfunctional coping scores decreased from Time 1 (*M* =1.93) to Time 2 (*M* =1.23) to Time 3 (*M* =.88). Decreases in QSI scores were also observed from Time 1 (*M* =2.43) to Time 2 (*M* = 1.12) to Time 3 (*M* =.64). DB-WCCL coping skills scores increased from Time 1 (*M* =1.23) to Time 2 (*M* =1.73) to Time 3 (*M* =1.83).

***Conclusion***

Preliminary findings indicate that DBT has been successful in reducing overall rates and frequency of self-harm behaviours. Preliminary data also indicates decreases in the frequency and duration of General Hospital presentations and admissions.

1. **Title:** Attendance at Phase III Cardiac Rehabilitation: the effect on Psychosocial Health and Caregiver Burden in Patients and Spouses

**Authors & Department(s):** McGlone, Conal1 & McBride, Ciara2

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**Contact Name:** Ciara McBride, ciara.mcbride@hse.ie, 071-91-55132

***Introduction***

Cardiac Rehabilitation (CR) is a multidisciplinary intervention for people who experience a new cardiac event1. The goals of CR have broadened to reflect the importance of patient psychosocial recovery2,3.

Levels of depression and anxiety can be higher in spouses, which is linked to poorer psychosocial health in patients4,5. Higher levels of caregiver burden in spouses can impede psychosocial recovery in patients6.

***Aims & objectives***

This study sought to evaluate a Phase III CR programme at Sligo University Hospital, focusing on psychosocial outcomes for patients and spouses.

***Methodology***

The study employed a within-subject repeated measures design. Participants included patients (n=95) attending the Phase III CR programme and their spouses (n=22) recruited between May 2018 and September 2019. Data was collected via questionnaires at pre-intervention, post-intervention and 6-month follow-up. Measures included the Patient Health Questionnaire – 9 (PHQ-9)7 and the Generalised Anxiety Disorder – 7 (GAD-7)8 for patients. The PHQ-9, GAD-7 and Bakas Caregiving Outcomes Scale9 were administered to spouses. Psychologically focused intervention was delivered by the Clinical Psychologist embedded in the CR team, using a Stepped-Care model.

***Results***

For patients, analysis revealed significant reductions in depression across time with reductions maintained at 6-month follow-up. Analysis also revealed significant differences in anxiety across time with reductions maintained at 6-month follow up. No significant findings were revealed for spouses; albeit, non-significant improvements in depression and anxiety, and a reductions in caregiver burden across time were observed.

***Conclusion***

These findings for patients have implications for the Clinical Model of CR at the present study setting. Findings for spouses, however, should be viewed as illustrative due to the small sample size. Appropriate management of psychosocial risk factors is an ethical requirement of care during Phase III CR, which needs to receive adequate funding allocation to ensure the assessment and management by trained professionals.

1. **Title:** Examining the acceptability and perceived usefulness of an Attachment Awareness Group – Intellectual Disability for residential Care Staff delivered remotely during Covid-19 by MHID Service

**Authors & Department(s):** McBride Ciara1 & Watters, Johnny2

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***Introduction***

The utility of understanding emotional distress and behaviours of concern in people with Intellectual Disability (ID) from an attachment theoretical perspective has been highlighted1. There has been an increased emphasis on a need for services to provide education and support to care staff so that they can incorporate an attachment perspective into their work2.

***Aims & objectives***

This pilot study aimed to examine the acceptability and perceived usefulness of an Attachment Awareness Group developed by Clinical Psychology in the MHID Service and delivered remotely to care staff who work in a HSE funded residential care service for adults with IDs. The intervention consisted of six weekly sessions.

***Methodology***

A mixed-method design was used. Quantitative and qualitative data was collected via questionnaires at pre-intervention and post-intervention. Participants included staff from the residential care setting in the North West of Ireland (*N*=8).

***Results***

Participants rated improved knowledge of attachment theory in relation to persons with ID at post-intervention. Participants experienced theoretical concepts and visual diagrams as being useful and demonstrated increased awareness of attachment behaviours in people with intellectual disabilities. Responses provided by participants illustrated the importance of responding in an attachment informed manner to promote co-regulation of emotion and to foster security in persons with ID. Participants reported they would continue to apply knowledge of session content in their work settings post-intervention. Remote delivery of sessions presented some difficulty for most participants at some point (e.g., video content freezing, loss of contextual cues).

***Conclusion***

Preliminary findings suggest this novel Attachment Awareness Group intervention was acceptable to and valued by residential care staff. Future delivery of this intervention should be via a video platform that works reliably for presenters and participants. An attachment perspective can serve to augment behavioural approaches, by offering an integrated approach to understanding and responding to behaviours of concern in people with ID.

1. **Title:** Role of Telemedicine in Stroke Rehabilitation: Past, Present and Future.

<https://practicalneurology.com/articles/2020-june/poststroke-telerehabilitation>

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The evolving role of telemedicine can be used within many different areas of health care1. This review gives an introduction into the areas of Telemedicine, Tele-neurology and Tele-stroke.

Telemedicine (TM) has been described as “the use of telecommunication systems to deliver health care at a distance”1. TM has the potential to improve patient health outcomes, increase access to health care and reduce healthcare costs1.

The average estimated cost of a telehealth visit is $40-$50 compared to the average estimated cost of $136-$176 for in-person acute care along with lower patient out-of-pocket expenses2.

**Table 1. TM interventions broadly categorised, Flodgren et al. (2015).**

A systematic review identified the barriers to adopting TM globally which are listed in Table 23. It positively reported that these barriers could be addressed with training and change management techniques.

**Table 2. Barriers to adopting TM globally, Scott Kruse et al (2016)**

Tele-neurology has been shown to have potential benefit to populations with epilepsy, chronic headaches, Parkinson’s Disease (PD), multiple sclerosis, dementia, traumatic brain injury, movement disorders and stroke2. There are reported developments using smartphones to measure speed and tremor severity in PD, and to potentially detect and quantify seizures in people with epilepsy4.

Tele-stroke Guidelines were published in 2017 to assist practitioners to set up and implement tele-stroke services5. The use of tele-stroke in emergency situations is one of the most commonly applied tele-neurology applications6.

**Table 3. Some of the scientific validation studies that have led to the success of tele-stroke, Weschler (2013)**

Early results show potential benefit for post stroke rehabilitation through telehealth and virtual reality systems2, however, large scale RCT’s with further health economic analyses are required5.

Research and best practice guidelines encourage early supported discharge and home-based interventions following mild to moderate stroke7, 8. Patients themselves have identified the benefits and preference of home-based rehabilitation for goal setting and community re-integration9.

With the high incidence, cost and burden of neurological conditions globally, telemedicine, tele-neurology and tele-rehabilitation has a growing body of evidence in support of its use as a cost-effective and feasible option in the provision of healthcare.

1. **Title:** The effect on the physiotherapy services following the introduction of Baby Hip Team in Sligo University Hospital 2019

**Authors & Departments:** Derek Wynne, Senior Paediatric Physiotherapist, Rachel Wirtz, Clinical Specialist Paediatric Physiotherapist, Physiotherapy Department Sligo University Hospital and Sheila Kiely, Physiotherapy Manager III

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**Abstract:**

The introduction of Baby Hip Team (BHT) in Sligo University Hospital (SUH) in October 2019 has led to multidisciplinary team (MDT) approach to the management of babies being treated for Developmental Dysplasia of the Hips (DDH). This approach meets the recommendations of the National Child Health Review Steering Group 2017 (2), and is the first full MDT of its kind in Ireland.

DDH is one of the most prevalent congenital abnormalities in the newborn (1). The aim of the BHT is to introduce an evidence-based, patient centred care pathway that represents the most efficient approach to the management of DDH for babies and their families. The BHT comprises of a Consultant Radiologist, Sonographers, Paediatric Physiotherapists, Clerical Administration and Orthopaedic Consultant. Weekly MDT meetings take place to discuss newly diagnosed and current babies in treatment for DDH. The MDT members review recent hip ultrasound scans (USS) and/or x-rays, agree treatment commencement with follow up, plan weaning protocols and organise transfer of care to Orthopaedics. A shared data base is used to record each baby’s journey through their DDH management. A service review was undertaken using retrospective data from routine physiotherapy statistics from January 2008 to September 2020. There was a 144% increase in the number of babies being treated with DDH in 2019 (n=39) from 2008 (n=16).The results revealed a reduction in the average number of physiotherapy treatments from 11 contacts per baby pre-introduction of the BHT to 8 contacts post-introduction of the BHT. Analysis of the data indicates a 98% success rate using Pavlik harness treatment with a 2% conversion to orthopaedic intervention. This result is in keeping with a recent systematic literature review relating to successful reduction of subluxed and dislocated hips (3).

**Conclusion:**

The introduction of the BHT in SUH has resulted in improved communication and efficiency between MDT members resulting in more timely repeat follow-up USS or x-rays and more efficient use of physiotherapy resources, without compromising successful patient outcomes despite increasing patient numbers.

1. **Title:** What are the effects of Pilates in the post stroke population?
A Systematic Literature Review & Meta-analysis of randomised controlled trials

**Authors & Department(s**): Eimear Cronin (St. John’s Hospital, IT Sligo), Dr. Patrick Broderick (IT Sligo), Helen Clarke (SUH), Dr. Kenneth Monaghan (IT Sligo)

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***Introduction***

Stroke is a leading cause of death and disability worldwide(1). Pilates is a programme of mind-body exercises focussing on strength, core stability, flexibility, muscle control, posture and breathing(2). Pilates is theorised to have beneficial effects on strength, postural control, alignment, stability, balance, proprioception, coordination and gait in people with deficits due to a neurological condition, through retraining low threshold activity of local muscles and decreasing over-active global muscles (3). However, the evidence of pilates in stroke patients has never been systemised

***Aims & objectives***

The aim of this systematic literature review is to investigate the effects of pilates in post stroke individuals.

The objectives include;

* To ascertain if pilates is superior to any other form of exercise in post stroke individuals
* To compare pilates interventions with standard care and/or other forms of physiotherapy
* To identify potential areas for future study

***Methodology***

A comprehensive search was conducted in the following databases: Pubmed (including MEDline), Web of Science, the Cochrane library, Science Direct, Embase and PEDro. Studies were rated using the Physiotherapy Evidence Database (PEDro) scale. A Meta-Analysis was completed using RevMan 5 software.

***Results***

A total of 5 studies with 122 participants were eligible for inclusion in this review. The mean PEDro score for all 5 studies was 4.8, or “fair” quality Experimental groups in all studies partook in some form of traditional pilates method exercises, often with variations and/or equipment. Significant findings were found in favour of the pilates intervention groups for balance (P<0.0001) (4,5,6), quality of Life (P=0.0002) (4,8) and gait parameters (P=0.05) (4,6,7) when results from the studies were combined and analysed.

***Conclusion***

This review found moderate evidence for pilates method exercise improving balance in post stroke individuals and limited evidence for improvements in quality of life, cardiopulmonary function and gait parameters. Future studies should examine long term follow up, unsupervised or home based pilates interventions and comparing pilates with other forms of exercise in post stroke patients.

1. **Title:** An interpretative phenomenological study of the lived experience of female parents/guardians of young males (aged 15-24), who have intellectual disability and autism spectrum disorder, regarding transition from child services to adult ones

**Authors & Department(s):**

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***Introduction***

Young people with Intellectual Disability (ID) and Autism Spectrum Disorder (ASD) can experience significant difficulties on transitioning to adulthood1. Existing research regarding this transition generally focussed on people with ID, or with ASD, and less so on people with both conditions2,3. Also, as existing research has not focussed solely on the female parent/guardian, there is value in having a homogenous female participant group.

***Aims & objectives***

To explore female parent/guardian perceptions and experiences of the transition to adult services for their child/young adult who has ID and ASD, with a view to enhancing existing practices and guidelines.

***Methodology***

A qualitative methodology, namely Interpretative Phenomenological Analysis (IPA), was used. Participants were sough via the local Autism Service (HSE), a Special Interest Group of Psychologists who work with people with ASD, a Twitter posting (read 13,553 times), and through a West of Ireland parent’s partnership. Six parents were interviewed. Interviews were audio recorded and transcribed by the first author. Ethical approval was granted by SUH & NUIG Research Ethics Committees. Data was analysed using IPA principles4.

***Results***

The results yielded four superordinate themes:

1. Central Role of the Mother in Transition
2. Meeting his Needs
3. When I’m not There
4. When I’m not Here

***Conclusion***

This study, and its emergent themes, has implications for policy, clinical practice, and future research. These include the importance of including the female parent/guardian in all aspects of transition, and that transition is planned for at least two years in advance (i.e., from age 16 or sooner). Other implications are the emphasis mothers place on her child’s needs being met, the significant concern she has about how to ensure he receives a service of appropriate quality, and how he will be treated were she not in a position to be involved in his care.

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1. **Title: An Exploration of the Perceptions of Health and Wellness using a Participatory Action Research (PAR) approach amongst Children within a Primary School Setting**

Authors: Margaret Mc Loone & Eva Capasso, Department of Health & Nutritional Sciences,

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Introduction:

This study gives children an *‘active voice’* in illustrating their own emotions, thoughts and beliefs regarding their perceptions of health and wellness. ‘Draw and write’1 has become *“widely used by practitioners and researchers to ‘start where children are’ in their understanding of health and health-related behaviours”*2.

Aims & objectives:

To explore children’s *own* perceptions of health and wellness.

Methodology:

Data was gathered by means of a participatory action research (PAR) approaches utilising various data collection methods including the ‘Draw-and-Write’ technique1 to explore children’s perceptions of health and wellness. The sample included 28 primary school students with a mean age of 10.14 years.

Results:

Data was analysed using Braun & Clarkes’ 6 Step Thematic Analysis Framework3. The thematic analysis derived a range of key categories and themes that emerged in relation to children’s perceptions of health and wellness. These included; healthy eating, physical activity, sleep and rest, mental health, body composition and personal achievements.

Conclusion:

Some results were similar to previous relevant research studies exploring children’s perceptions of health and wellness (4,5) this was particularly evident around the themes of healthy eating, physical activity and mental health. However, concepts underpinning health are abstract and complex. *“It is easy to assume that young children know little about health, or that what they know is ‘wrong’* “2. The results of this study are insightful as the children involved were given an ‘active voice’ into illustrating their own emotions, thoughts and beliefs towards health and wellness.

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6. Title: The Discord Between Self-Perceptions and Reality: Attitudes and Perceptions of Breastfeeding Amongst Women Living in a Rural Community in the North West of Ireland.

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Introduction

The Institute of Public Health’s report on Breastfeeding on the Island of Ireland (2017)1 reported that just 58% of infants in the Republic of Ireland were getting some amount of breastmilk on discharge from hospital in 2015. 48% were exclusively breastfed when leaving hospital and this figure significantly drops at 3 months1. The Department of Health’s (2016) National Maternity Strategy, ‘Creating a Better Future Together’, reports that Ireland has the lowest BF rate in Europe2.

Aims & objectives

To explore the attitudes and perceptions of breastfeeding amongst women living in a rural community in the North West of Ireland.

Methodology

Following ethical approval from the Research Ethics Committee in IT Sligo, consenting women participated in the qualitative study by means of a structured telephone interview. Women were purposively selected for this study with all participants living in a rural community in the North West of Ireland. Interviews were conducted until saturation of data was achieved. All interviews were transcribed verbatim and analysis was conducted using Braun & Clarkes’ 6 Step Thematic Analysis Framework3 Finally, an inter-rater reliability check was conducted to ensure reliability of the categories and themes selected.

Results

A total of 8 women completed the extensive interviews. Qualitative data was analysed using a thematic analysis approach generating 8 key categories and a wide range of sub themes (n=18) including personal challenges, external challenges and personal opinions to breastfeeding in public.

Conclusion

In conclusion, women living in rural north west Ireland have good knowledge and awareness of the breastfeeding recommendations, there is a disparity in women’s self-perceptions of breastfeeding in public and their perceptions of others breastfeeding in public, and more needs to be done in Ireland to increase breastfeeding rates through awareness, education, and social and cultural change.

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1. **Title:** Service Users Feedback on Advanced Midwifery Practice Care in Sligo University Hospital

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***Introduction***

The advanced midwifery practice (AMP) service was introduced into SUH in 2017. It offers a continuity of care pathway for pregnant women with pre-existing conditions that exclude them from the supported care pathway. Traditionally these women would attend for obstetric care and be high risk. With an extended scope of practice and critical decision making skills the AMP is the lead professional for this care pathway from booking to postnatal discharge. Part of AMP care involves feedback about the service to inform future service delivery.

***Aims & objectives***

To ascertain if the AMP service meets the needs and expectations of the service users based on the principles of care giving being in partnership with the woman and facilitates informed decision making. The core concepts of compassion, consideration, kindness, dignity, privacy and respect were explored.

***Methodology***

In April 2020 a retrospective online study involving all 260 women who attended the AMP service in 2019 was undertaken. The questionnaire consisted of 10 quantitative questions and 2 asking what could be improved and general feedback. 65 (26%) participated.

***Results***

All felt their needs were met and were given informed choices. 99% felt care giving was in partnership. 70-71% rated the care and overall experience as excellent, 20-24% as good, 4-8% as fair and 1-4% as poor. 96% would recommend AMP care. From the written comments care was excellent, thorough, safe, respectful and professional. Continuity of care, communication and information giving was described favourably. Waiting times and the lack of a 24/7 service was criticised.

***Conclusion***

The AMP service was rated highly. Women would like an on call service and the AMP to provide intrapartum care. The need for a postnatal review prior to discharge from the maternity services was suggested. A qualitative study is in progress to obtain a more in-depth insight about the service.

1. **Title:** An Ounce of Prevention is better than a Pound of Cure!

**Authors & Department(s):** Roisin Lennon, Heather Langan, Marie Farry

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***Introduction***

In 2016 blood transfusion rates in Sligo maternity services were above the national average. An audit was undertaken in 2018 which identified several issues pertaining to monitoring haemoglobins in pregnancy. Only 49% of women had a full blood count at 28 weeks. There was no standard approach to correcting antenatal anaemia either. 45% were anaemic but never received treatment. Only 7% with ongoing anaemia had further investigations to identify the reason. The audit was presented and to improve patient care, in service education in accordance with the Saolta Guideline Management of anaemia in pregnancy and postnatally was undertaken. Following this patient care was to be based on this document.

***Aims & objectives***

To investigate if following departmental education that the management of anaemia in pregnancy and postnatally in maternity services Sligo University Hospital is in accordance with the Saolta Group Guideline CLN-OGCP-324 (2019).

***Methodology***

One year after the staff education and full implementation of the guideline a retrospective study of the maternity records of 255 randomly selected women who birthed between October 2019 and March 2020 was undertaken.

***Results***

All women received oral and written information at booking about iron rich foods and all had their haemoglobin checked at 28 weeks. 22% of women continued to have low haemoglobins with 67% of them having no further investigations to identify the root cause. 9% of women presented in labour with anaemia (i.e. Hb <10.5g/dl). Only 45% of women who met the criteria for a post Hb had one performed.

***Conclusion***

Monitoring haemoglobin in pregnancy has improved. Identifying the root cause for anaemia and monitoring haemoglobin postnatally needs to improve to ensure the health and well-being of our postnatal women. A follow up study is planned for 2021.

1. **Title:** Staff Perception toward Social Integration for People with Intellectual Disabilities

**Authors & Department(s):** Shane Curry (Author) Dr. Gail Cummins / Dr. Louise McBride (Research Supervisor) Nursing/Health and Social Care Department LYIT

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***Introduction:*** Social integration is a topic of great interest among intellectual disability services of Ireland. Social integration is seen as “enabling every citizen, notably the most disadvantaged, to fully participate in society.” 1

***Aims and Objectives:*** The purpose of this research was to investigate staff perceptions towards social integration for people with intellectual disabilities. As the researcher I wished to provide a better understanding of social integration for people with Intellectual Disabilites. Throughout this research I also wished to highlight and promote public education, increase social interaction and create community initiatives.

***Methodology***: This research followed a qualitative approach by utilising a focus group and purposive sampling method to gather information and participants who held a wide amount of knowledge in relation to social integration and the intellectual disability services. All information was then analysed using comparative analysis of findings which led to the creation of notable presenting themes. When discussing social integration for people with ID there were many key findings noted.

***Results:*** Findings such as acceptance and community involvement helped with defining social integration while educational opportunities, community initiatives and valued social roles presented as barriers or enablers of social integration.

***Conclusion:*** As a result of this research it has been concluded that social integration is a very important term and it can be seen that for people with ID to have meaningful lives they need to avail of high social integration levels. It has also been concluded that there are many issues affecting social integration such as public education and resources. As a result there is a need for further work in order to diminish these barriers, provide a better quality of life for people with ID and to improve the intellectual disability services.

1. **Title:** Are Clients Satisfied with Integrated Care? Client Feedback on Discharge from a domiciliary based multidisciplinary Integrated Care Service in county Sligo.

**Authors & Department(s):** Integrated Care Team for Older Persons (ICTOP) Sligo

**Contact Name:** Elaine Cannon & Sharon Porter**,** **elaine.cannon1@hse.ie****,** 071 9142606

***Introduction:***

The Integrated Care Programme for Older People has identified in its 10 step Integrated Care Framework, the importance of person centred care planning and service delivery (Step 7) and to monitor and evaluate Integrated care services, particularly service user experience (Step 10)². The project aim was to develop an ICTOP Client Feedback questionnaire to provide a formalised process of assessing client satisfaction and enable the team to monitor and evaluate the service.

***Aims & objectives:***

The Sligo ICTOP team was established in November 2017. The process of client feedback was not developed at this time. Team members received feedback from clients and families in an “ad hoc” basis. There was no formalised method of collecting data.

From collating this data in a formal manner, the aim was to evaluate and reflect on the data received to improve on client experience and practice development of the Sligo ICTOP Team.

***Methodology:***

Qualitative study design. The feedback questionnaire was adapted from the Integrated Care Team Older Persons, Community Healthcare East¹. It is a seven item questionnaire with an additional section for open ended comment and or suggestion for team improvement.

A client-feedback form was sent to clients discharged from the Sligo ICTOP service during the months January-August 2020 inclusive (n= 97). Feedback forms were not circulated to discharged clients during this period who were admitted to acute care services or who had a cognitive impairment which would impede their completion of the form (n=40).

The anonymised feedback forms were circulated via post by ICTOP Administrator and a self-addressed envelope was enclosed. The envelope required clients to acquire a stamp and return via post.

Completed feedback forms were received at ICTOP office and the information was collated (n=56). The respondent rate was 57.7%. Thematic analysis was utilised to appraise recurring themes in the open-ended section of the completed forms.

***Results:***

100% reported that they were involved and informed in decisions about their care and that team members listened to them. 100% reported that treatment and health advice was explained in a way that they could understand. 100% reported that they were treated with dignity at all times and had confidence and trust in the team. 100% reported that the treatment was effective in meeting their needs. All respondents would recommend this team/service to another older person.

Respondents also provided individual comments that indicated satisfaction with the service with some recommendation for service development.

***Conclusion:*** Older people accessing integrated care delivered in their home reported a positive experience and reported to appreciate the MDT input. Receiving feedback on the service enables the team to understand the effect and experience of treatment, interventions and interactions with our clients.

1. **Title**: Standardisation of Comprehensive Geriatric Assessment across integrated care for Older Persons Service.

**Authors & Department(s):** Aislinn Gannon, CNS Digital Transformation

Sophie Alookaran (Advanced Nurse Practitioner Older Persons)

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***Introduction:***

Comprehensive Geriatric Assessment (CGA) is a holistic, multidimensional and interdisciplinary assessment of an individual. CGA has been proven to minimise adverse effects such as, disability, cognitive decline, long-term residential care and death. CGA uses a structured format to determine the medical, psychological, functional capacity and social circumstances of an older person to develop a coordinated and integrated plan for treatment and long term follow-up1,2,3,4.

CGA is used by all members of the Older Persons service across Frailty team in Sligo University Hospital (SUH) and Integrated Team for Older Persons (ICTOP), Sligo to improve outcomes for frail Older Persons2. Hence it was vital to get feedback from members across all disciplines to improve its effectiveness and standardise the document2.

***Aims & objectives:***

The aim of this study was to standardise the CGA document across integrated care for Older Persons in County Sligo.

The objectives of this study were to:

* Improve patient experience and outcomes.
* To avoid duplication of patient data.
* Easy accessibility to crucial data required for the informed clinical decision making process

***Methodology***

Focus groups were employed with all disciplines from SUH Frailty team and ICTOP, Sligo (n= 15) to implement a CGA. Once it was piloted for 6 months, a closed structure questionnaire was delivered to all the above members to get feedback on the CGA. To explain the statistical significance, data was collected and analysed using t-test5

***Results***

The survey findings suggest that CGA provides holistic assessment to develop an individualised care plan and enhances effective discharge planning in the care of Older Persons. The survey also suggested that CGA should be standardised to improve Integration of services.

***Conclusion***

CGA was identified as an interdisciplinary, multicomponent process in the care of older persons to develop an integrated plan of treatment and longterm follow up.

1. **Title:** A Clinical Review to Determine the Prevalence of Sarcopenia among Inpatients on a Gerentology Rehabilitation Unit

**Authors / Department(s):** Wayne McNulty, Hilary Cullinan, Physiotherapy Dept, St John’s Hospital, Sligo

**Contact Name:** Wayne McNulty, wayne.mcnulty@hse.ie, 0868377755

***Introduction***

Sarcopenia has been recognised as a progressive and generalised skeletal muscle disorder. It is associated with functional decline, frailty, falls and mortality[[1]](#footnote-1). Rates of sarcopenia among community dwelling older adults have been previously been reported between 9.9-40.4%[[2]](#footnote-2) The authors found limited identified research on rates of sarcopenia in rehabilitation type settings. The current study looks to determine the rates of sarcopenia in the inpatient rehabilitation setting.

***Aims & objectives***

The aim of this study was to determine the prevalence of sarcopenia in an inpatient population using operational definitions and guidelines as outlined by European and International guidelines.

***Methodology***

An inpatient screening assessment was composed based on European guidelines and algorithm to find, assess and confirm inpatients for potential cases of sarcopenia. Quantative assessment and analysis was performed of 31 inpatients data over a 5 month period during their admission.

The battery of assessments included Sarc-F questionnaire, grip strength, five time sit to stand. Sarcopenia severity was assessed using Timed up and go and/or 3m gait speed.

Inclusion Criteria:

Inpatient on a gerontological rehabilitation ward.

Age >50.

Under the care of a geriatrician / hospital physician.

Exclusion Criteria

Acute Stroke or Traumatic brain injury

Severe Cognitive or physical impairment affecting completion of outcome measures

Terminal ilness

***Results***

* 59% of inpatients screened Sarc-F Questionnaire were at risk of Sarcopenia. 23% were deemed low risk using the Sarc-f questionnaire while 18% were not screened using the Sarc-F.
* Grip strength showed 70% participants scored below clinically identified cut off points and deemed ‘propable sarcopenia’ as per guideline recommendations.
* Chair stand test showed 88% of participants scored below cut off points.
* 90% of those identified with ‘probale’ sarcopenia from strength assessments scored below cut-off placing them in the ‘SEVERE’ sarcopenia category.

***Conclusion***

* Sarcopenia is prevalent among inpatients on the BRU when assessed using recommended screening measures for the condition.
* Identified incidence is higher than those previously reported among their community dwelling counterparts.
* Routine sarcopenia screening in the community may allow earlier targeted intervention.
* Follow up from this study should include a multi-disciplinary team approach to identification and management of the condition.
1. **Title:** Clinical Audit and Review of Compliance with Sarcopenia Guidelines during Routine Physiotherapy Care on a Gerontology Rehabilitation Ward

**Authors & Department(s):** Wayne McNulty, Hilary Cullinan, Physiotherapy Department, St John’s hospital, Sligo

**Contact Name:** Wayne McNulty**, :** **wayne.mcnulty@hse.ie****,** 0868377755

***Introduction***

Sarcopenia is a condition involving loss of muscle mass and function and associated with functional decline, frailty, falls and mortality. International and European guidelines recommend routine screening for sarcopenia among the older population to promote early detection and treatment of the condition1,2 It is important to establish compliance with these guidelines among physiotherapists in the inpatient rehabilitation setting.

***Aims & objectives***

The aim of the research project is to consider compliance with sarcopenia guidelines during routine physiotherapy care on the Benbulben Rehabilitation Unit (BRU), St John’s Hospital.

Additional comparison of validated outcome measures for sarcopenia during routine physiotherapy assessment of patients during their admission on the BRU.

***Methodology***

Quantative retrospective analysis was performed of 50 inpatient physiotherapy charts on the BRU. All patients were admitted to the BRU during 2019. Charts were randomly selected and audited over 3 day period to assess compliance with sarcopenia guidelines during routine physiotherapy care.

Inclusion Criteria included

* Inpatient on a gerontological rehabilitation ward.
* Age >50.
* Under the care of a geriatrician.

Exclusion Criteria

* Acute Stroke or Traumatic brain injury
* Severe Cognitive or physical impairment affecting potential completion of outcome measures

***Results***

* *0*% of inpatients were screened using the Sarc-F questionnaire to find potential cases of sarcopenia.
* Validated sarcopenia outcome measures were used during routine assessment with 60% of patients. However this figure was corrected to 20% as performance was not considered specific to sarcopenia assessment.
* A minimum of at least one validated outcome measure was used during routine physiotherapy assessment with 90% of inpatients*.*

***Conclusion***

* Current physiotherapy practise for identification and management of sarcopenia in BRU inpatient did not meet current guidelines.
* Overall validated outcome measures were used with 90% of patients during routine physiotherapy care.
* Validated sarcopoenia outcome measures were used with 60% of patients. However, this figure was corrected to 20% as performance /recording displayed a lack of specificity for sarcopenia.
* It is necessary to implement a sarcopenia inpatient screening and management pathway in support of current clinical guidelines. A follow up audit planned.
1. ***Title****:* Novel characterisation of baseline myocardial lymphocytic infiltrate in non-viral lymphocytic myocarditis cases

**Authors & department(s):**Karen Leydon, QUALITY & PATIENT SAFETY DEPT. SUH; Dr. Paul Hartel, HISTOPATHOLOGY, SUH; Liam O’Grady, LABORATORY MANAGER, SUH

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**Introduction**

In current literature there is no established baseline for lymphocytic infiltrate(LI) in myocardial tissue. Pathologists may misdiagnosis viral lymphocytic myocarditis(LM) in post-mortem cases where LI is identified. An established baseline for myocardial LI would help pathologists avoid misdiagnosis. To our knowledge this is the first study to undertake this investigation.

**Aims & objectives**

The aims of this project were to establish, in comparison to viral LM, a baseline of expected lymphocytes in myocardial tissue and identify sub-types of lymphocytes. As heart-disease would be expected to be associated with increased lymphocytes we evaluated both heart-disease (HD) and non-heart disease (NHD) cases.

**Methodology**

Sections were from formalin-fixed paraffin-embedded post-mortem heart muscle (n=100; 50 HD, 50 NHD). Immunohistochemistry was applied to identify lymphocyte sub-types including T-cells, T-helper cells, Natural Killer cells, B-cells and degree of myocardial fibrosis (CD3, CD4, CD8, CD79a and CD34, respectively). No cases had clinical or laboratory evidence of viral myocarditis. Cases were blindly reviewed by consultant histopathologist and senior scientist for number of lymphocytes/mm2 away from areas of fibrosis. Fibrosis was graded from 1+ (mild) to 3+ (marked). Chi-Square and T-tests were performed.

**Results**

This study confirms a baseline LI in non-viral LM cases. There was no statistically significant difference between HD and NHD cases. There was a trend for more CD8-positive Natural Killer T-cells and CD34-positive interstitial fibrosis in HD cases. The range and average of CD3 (1-39, m= 13), CD4 (1-27, m=7), CD8 (0-35, m=6) are similar in HD and NHD and establish an upper threshold of 40 lymphocytes per mm2 as a baseline.

**Conclusion**

This study reports a baseline number of lymphocytes in myocardial tissue that should not be misinterpreted as viral LM in post-mortem cases. Further research should include a larger sample of cases which would ideally include cases of viral LM for comparison.

1. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)