This search summary contains the results of a literature search undertaken by the Lincolnshire Knowledge and Resource Service librarians in;

March 2013

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If you would like this search re-run with a different focus, or updated to accommodate papers published since the search was completed, please let us know. This literature searching service is available to support public health / health and social care commissioning in Lincolnshire.

Alison Price alison.price@lincolnshire.gov.uk
Janet Badcock janet.badcock@lincolnshire.gov.uk

Lincolnshire Knowledge and Resource Service
Lexon House, Stephenson Road
North Hykeham, Lincoln LN6 3QU

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“Google can bring you back 100,000 answers, a librarian can bring you back the right one.”
Neil Gaiman
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Urinary Tract Infection

Could self-management challenge pharmacotherapy as a long-term treatment for uncomplicated lower urinary tract symptoms?

Brown, Christian Ta; Emberton, Markb
Current Opinion in Urology: January 2004 - Volume 14 - Issue 1 - pp 7-12

Abstract
Purpose of review: This review highlights the lifestyle and behavioural management strategies (self-management) available to men with lower urinary tract symptoms.
Recent findings: Pharmacotherapy has evolved considerably over the last decade and now most men with lower urinary tract symptoms are treated at some point with either single or combined therapy. However, recent studies reporting the longer term usage of pharmacotherapy have shown significantly high rates of discontinuation due to patient compliance, treatment ineffectiveness, side effects and patient choice. Not all these men will require or desire surgery. For those with bothersome symptoms self-management may be an effective strategy. Self-management interventions include education, reassurance, fluid management, caffeine avoidance, rescheduling concurrent medications and bladder retraining. As in other chronic disease areas such as diabetes and arthritis for which self-management is well established, lifestyle and behavioural interventions for men with lower urinary tract symptoms aim to allow the patient some day-to-day control over their symptoms. These interventions have been shown to be in wide use in the UK without good quality supporting evidence, suggesting that they are thought to be safe and effective.
Summary: Self-management (lifestyle and behavioural) interventions provide men with some control over their symptoms, their role as either a primary treatment strategy or to augment pharmacotherapy has yet to be defined.

Accuracy of individuals with spinal cord injury at predicting urinary tract infections based on their symptoms.

OBJECTIVE: To determine whether individuals with spinal cord injuries (SCIs) who complain of symptoms of a urinary tract infection (UTI) actually have a UTI.
DESIGN: A 9-month prospective case review.
PARTICIPANTS: One hundred and forty-seven persons with SCI who presented to an outpatient urology clinic with symptoms they attributed to a UTI.
MAIN OUTCOME MEASURES: Presence or absence of a UTI as determined by signs and symptoms of a UTI and a microscopic urine analysis (UA) for white blood cell (WBC) and bacterial colony counts.
METHODS: A UTI was defined as new onset of clinical signs and symptoms, significant bacterial colony counts in the urine, and evidence of tissue invasion with elevated WBC count $\geq 10$/high power field in the urine. Evaluation of each individual included history, physical examination, and UA with a culture and sensitivity.
Evaluation for other medical problems was undertaken if history, physical examination, and laboratory results were not consistent with a UTI.

RESULTS: Sixty-one percent (90/147) of SCI persons were accurate in predicting the presence of a UTI based on their symptoms; 39% (57/147) were not accurate. In the group of 57 persons who were not accurate in predicting whether they had a UTI, 12 persons had other medical problems including fecal impaction, bowel obstruction, dehydration, heat intolerance, glucosuria, other infectious processes, respiratory problems, and neurologic problems. The remaining 45 had bacteriuria with no pyuria. The type of bladder management did not have an impact on the accuracy of predicting the presence or absence of a UTI (P = 0.03).

CONCLUSION: Individuals with SCI were frequently not accurate at predicting whether they had a UTI based on their symptoms.

The use of urinary dipstix in children with high-risk renal tracts (104kb)
Cathy Poole British Journal of Nursing, Vol. 8, Iss. 8, 22 Apr 1999, pp 512 - 516
Urinary tract infection (UTI) is one of the most common acute illnesses found in infants and children and up to 5% of girls and 1% of boys will experience one or more episodes. Babies and children with abnormal renal tracts are at risk of developing scarred kidneys as a result of recurrent UTI, leading to an increased risk of hypertension and end-stage renal failure in later life. It seems logical, therefore, to place high priority on the early detection, prompt treatment and adequate follow up of children with high-risk renal tracts. This article describes the use of home urine testing for the early detection of UTI in children with high-risk renal tracts

Telehealth Evidence

NICE support for commissioners and others using the quality standard for Chronic obstructive pulmonary disease (COPD)
July 2011 http://www.nice.org.uk/media/715/02/COPDCommissionersSupport.pdf

Whole Systems Demonstrators
An Overview of Telecare and Telehealth

Home telehealth reduces healthcare costs
Noel H C, Vogel D C, Erdos J J, Cornwall D, Levin F
The goal of this study was to determine whether home telehealth, integrated with the health facility’s electronic medical record system and combined with nurse care management, reduces health care costs and improves quality of life outcomes among homebound elderly patients with complex co-morbidities. The comparator was standard home care plus nurse care management. The hypothesis of the study was that telemedicine would enable the transmission of valid and reliable data to health care providers, thus preventing costly and unnecessary resource use. The perspective adopted in the study was that of the health care provider.

The effectiveness study showed that the integration of home telehealth with the health care institution’s electronic database significantly improves the cognitive status and stability of chronic disease for homebound elderly with common complex co-morbidities.
http://www.crd.york.ac.uk/crdweb/ShowRecord.asp?LinkFrom=OAI&ID=22004001102
A review of telehealth in Scotland  

Home telehealth for chronic disease management  
The authors concluded that despite the limited evidence, overall home telehealth can reduce health service resource use. The authors’ cautious conclusions reflected the limited evidence. The limitations of the evidence should be taken into account when interpreting the review findings.  
http://www.crd.york.ac.uk/crdweb/ShowRecord.asp?LinkFrom=OAI&ID=12010008017

An assessment of the development of telecare in Scotland  

Effect of telehealth on quality of life and psychological outcomes over 12 months  
(Whole Systems Demonstrator telehealth questionnaire study): nested study of patient reported outcomes in a pragmatic, cluster randomised controlled trial  
This trial assessed the effect of second generation, home based telehealth on health related quality of life, anxiety, and depressive symptoms over 12 months in patients with long term conditions.  
http://www.bmj.com/content/346/bmj.f653

Telehealth and telemedicine case studies  
These four case studies describe ways in which telehealth and telemedicine have been implemented and scaled up in various organisations. They also outline lessons learned from early adopters.  

RCN  
Telehealth and telecare  
http://www.rcn.org.uk/development/practice/e-health/telehealth_and_telecare

Telehealth case studies  
Telehealth is helping individuals across the UK to gain better control of their long term conditions and improve their quality of life. Findings from the Whole System Demonstrators have shown that telehealth can help people stay out of hospital, reduce the number of visits needed to Accident and Emergency departments and, perhaps most significantly, reduce mortality. Research papers can provide the evidence, but they don’t tell the whole story. Case studies from across the UK are being collected to highlight just how beneficial telehealth can be for anyone who is in need of this technology enabled service.  
http://3millionlives.co.uk/resources

Healthcare without walls A framework for delivering telehealth at scale  
John Cruickshank  
November 2010  
REQUEST FROM LKRS

We have the Technology The changing face of healthcare delivery HSJ supplement  

Telecoaching, Telemonitoring, Telemedicine
Yorkshire and North Humber

Research

Effects of Home Telemonitoring to Support Improved Care for Chronic Obstructive Pulmonary Diseases
Objective: To assess the impact of a home telemonitoring technology on patients with chronic obstructive pulmonary disease in terms of care satisfaction, patient empowerment, improved quality of life, and utilization of hospital and home care. Design: A quasi-experimental retrospective and prospective design was developed with a matched control group to compare the effects of telemonitoring (the experimental group, n=23) with the traditional homecare offering (the control group, n=23). Measurements: Satisfaction, patient empowerment, and quality of life were measured using validated Likert scales, whereas the data on care utilization were collected from the participating patients' medical record. Results: Mixed results were observed. The clinical effects of home telemonitoring were very positive in terms of patients' satisfaction and empowerment. The perceptions of care providers as well as those of patients were congruent in this respect. Also, the study suggests that telemonitoring may have a positive effect on quality of life for patients with chronic obstructive pulmonary diseases. In contrast, the results were disappointing in terms of resource savings for the use of both homecare and hospital care. Conclusion: Capturing the full potential of these new technologies will require a much more fundamental reorganization of work than just a simple deployment of the technology.

Promoting and sustaining independence in a community setting: Kent telehealth evaluative development pilot: a study into the management of people with long term conditions
Kent County Council, 2010. 144p., In 2004, The pilot programme set out to establish whether outcomes from US studies could be replicated in the UK. The study concluded that telehealth brought peace of mind and improved quality of life for patients and carers. It supported independence, empowerment and self-management of conditions, and both patients and carers embraced the technology and valued it. People who used telehealth had fewer hospital admissions, shorter lengths of stay, reduced GP contacts and, in some cases, fewer nursing visits. Financial savings were possible through fewer unplanned admissions, A&E visits and clinician home visits.