New Fellow Orientation For The Department of Psychiatry

Rosenzweig, Merle

http://hdl.handle.net/2027.42/92476
Clinical and Research Resources at the University of Michigan

Merle Rosenzweig
Liaison Librarian to the Department of Psychiatry & the Depression Center
oriley@umich.edu
What Will Be Covered

• Intro
• Quick Tour
• Services
• Clinical Tools
• Research Resources
• There’s an app for that...
• Questions?
Taubman Health Sciences Library

- Access resources from the Clinical Homepage
  - http://www.med.umich.edu/clinical/
- Additional resources from the Library Website
  - http://www.lib.umich.edu/thl
- Research Guide for Psychiatry
  - http://guides.lib.umich.edu/psychiatry
- Services
  - Interlibrary Loan → When we don’t have it
  - 7-FAST (document delivery) → When you want it scanned & sent
  - Liaison Services → When you need some help
http://www.med.umich.edu/clinical/
<table>
<thead>
<tr>
<th>Clinical Knowledge References</th>
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<tbody>
<tr>
<td>Clinical Guidelines</td>
</tr>
<tr>
<td>Consult Request Guidelines</td>
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<tr>
<td>Geriatrics Resources and Assessment Tools - UMHS</td>
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<tr>
<td>National Guidelines Clearinghouse</td>
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<td>Skin-Wound Resource</td>
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<tr>
<th>Internal Guides and Protocols</th>
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<td>Immunization Resources</td>
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<td>Medline</td>
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<td>PubMed</td>
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<td>Methodological Clinical Queries</td>
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<table>
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<th>Medical Textbooks, Journals, or Portals</th>
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<tbody>
<tr>
<td>AccessMedicine</td>
</tr>
<tr>
<td>DynaMed</td>
</tr>
<tr>
<td>Up-to-date</td>
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<tr>
<td>E-Journals</td>
</tr>
<tr>
<td>R9 Digital Library (e-books)</td>
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<tr>
<td>StatRef - Books, Stedman's Dictionary</td>
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<td>MDConsult</td>
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<td>JAMAevidence</td>
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<td>Greenfield Surgical Atlas</td>
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<td>The Red Book, Pediatric Infectious Disease</td>
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<td>Pediatric Care Online (AAP)</td>
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<td>Available Diet Orders at UMHS</td>
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<th>Patient Education</th>
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<td>Patient Education from MDConsult</td>
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<td>Your-Child: Development/Behavior Resources for Parents</td>
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<th>Taubman Health Sciences Library</th>
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<tr>
<td>Library Contacts (Research Guides)</td>
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<td>Departmental Library Pages</td>
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<table>
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<tr>
<th>UMHS Policies and Procedures</th>
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<tr>
<td>Including Nursing Policies, Primary Care Nursing Protocols, UMHC Policies, Clinical Care Guidelines, and more.</td>
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<table>
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<th>DeepBlue</th>
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<tr>
<td>A permanent, safe, and accessible service for representing our rich intellectual community.</td>
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Access Off Campus

Level 1 Kerberos

AUTHENTICATION REQUIRED:

You are connecting to a U-M website that requires authentication. Please enter your Login ID (uniqname or Friend ID) and password to continue.

Need a Login ID?
If you don't have a Login ID, you can create one now.

By using this service you agree to adhere to the Information Technology Policies at U-M.
Clinical Tools

• Point-of-Care resources
• Clinical guidelines
• E-book resources
• Drug databases
• Patient education
Point-of-Care Resources
<table>
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<tr>
<th></th>
<th>UptoDate</th>
<th>Dynamed</th>
</tr>
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<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Highly referenced topic reviews written by recognized subject experts who synthesize the evidence, summarize it, and provide recommendations</td>
<td>Critically appraised evidence-based disease summaries</td>
</tr>
<tr>
<td><strong>Updated</strong></td>
<td>3 times per year</td>
<td>Daily</td>
</tr>
<tr>
<td><strong>Content</strong></td>
<td>More comprehensive: 7,000 topics</td>
<td>Less comprehensive: 3,200 topics</td>
</tr>
<tr>
<td><strong>Access off campus</strong></td>
<td>No; prohibitively expensive</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Targeted Audience</strong></td>
<td>Internal Medicine Pract.</td>
<td>Primary Care Providers</td>
</tr>
<tr>
<td><strong>Authors</strong></td>
<td>Subject Experts</td>
<td>Predominantly family practice physicians</td>
</tr>
<tr>
<td><strong>Unique features</strong></td>
<td>Links to LexiComp Drug database</td>
<td>Contains ICD codes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Links to primary literature</td>
</tr>
<tr>
<td><strong>Evidence Based Medicine</strong></td>
<td>Topic reviews from subject experts evaluated by physician editors for accuracy, completeness and beginning to grade for evidence.</td>
<td>Conclusions based on evidence systematically identified, selected and evaluated from the literature</td>
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<tr>
<td><strong>Levels of Evidence</strong></td>
<td>Very few graded for EBM</td>
<td>Yes, in descending order</td>
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<tr>
<td><strong>Graphics</strong></td>
<td>Yes, illustrated</td>
<td>No</td>
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<tr>
<td><strong>CME</strong></td>
<td>If accessed through EMR</td>
<td>No</td>
</tr>
<tr>
<td><strong>Major Criticism</strong></td>
<td>Cost</td>
<td>Expertise of authors</td>
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<td>Authoritative</td>
<td>Off campus access</td>
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<td></td>
<td>Physicians preference</td>
<td>Daily Update</td>
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<tr>
<td><strong>Model</strong></td>
<td>Peer reviewed expert author</td>
<td>Critically appraised evidence-based medicine</td>
</tr>
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<td><strong>Marketed to</strong></td>
<td>Physicians</td>
<td>Librarians</td>
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<tr>
<td><strong>Format</strong></td>
<td>Narrative</td>
<td>Bulletin List</td>
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<td><strong>Journals monitored</strong></td>
<td>430</td>
<td>500</td>
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<tr>
<td><strong>Both products</strong></td>
<td>Point of Care clinical decision support systems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Knowledge management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fast, accurate, unbiased and valid</td>
<td></td>
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<td></td>
<td>Peer reviewed</td>
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</tr>
<tr>
<td></td>
<td>Provide patient handouts</td>
<td></td>
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<tr>
<td></td>
<td>Compatible for hand held / mobile devices</td>
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<tr>
<td><strong>Similar Resources</strong></td>
<td>ACP's Piers, eMedicine, Clinical Evidence, First Consult, BMJ's Point of Care, Zynx Evidence</td>
<td></td>
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</tbody>
</table>
Practice-Changing DynaMed Updates

What are Practice-Changing DynaMed Updates?

DynaMed is updated daily through a 7-step evidence-based method for systematic literature surveillance so clinicians can find the best available evidence at the point of care. DynaMed topics provide synthesized summaries integrating new evidence with existing evidence to directly answer most clinical questions in a practice.

The Recent Updates page provides a view of the most recent articles added to DynaMed summaries and can be customized to find the articles of greatest personal interest. Recent Updates can be customized by:

- Category – allowing for example a dermatologist to limit searches to Dermatology content, or a public health officer to limit searches to Prevention and Screening.
- Practice-Changing – allowing narrowing of search results to the articles most relevant for changing clinical practice.

Creating Personal Alerts:

- DynaMed users can set personal alerts to be notified when Recent Updates meeting customized criteria occur. So you can be notified immediately when new evidence warranting a change in your practice occurs.

To create an alert:

- Go to the Recent Updates page.
- Customize the existing function by selecting from limit by Category and/or checking the box labeled Practice-Changing Updates only.
- Click the email icon (rings off) in the “Time settings” section on the right-hand column.
- Select frequency for receiving alerts. Initially “Once a day” is the only option. This will later add “Once a week” and “Once a month.”
- Add your e-mail address.
- Click “Create Alert.”
- Follow the instructions in your e-mail to confirm you want to receive these alerts.

McMaster University Partnership:

- McMaster University and EBSCO Publishing have partnered to create a system to identify practice-changing DynaMed updates.
- For most DynaMed updates the rating process is completed in partnership with McMaster University, here is how the process works:
  1. Dyamed editors identify, read, appraise and summarize the most valid evidence for clinically relevant concepts using the Dyamed Systematic Literature Surveillance process.
  2. Independently from the Dyamed Systematic Literature Surveillance process, the McMaster University Health Information Research Unit systematically monitors 120 journals, critically appraises research articles and selects articles that are methodologically sound.
  3. The McMaster Online Rating of Evidence (MORE) system includes about 4,000 practicing physicians from 61 disciplines in more than 100 countries. Over 1,000 MORE raters who are also Dyamed users rate articles selected by both the Dyamed and McMaster processes according to their relevance for use in Dyamed.
- Most articles selected from the McMaster process are also selected from the Dyamed process. For potentially critically important articles not covered by the McMaster process (for example, unpublished reports such as FDA MedWatch alerts) or for more rapid alerting, Dyamed will accelerate ratings by discipline-specific Dyamed editors, reviewers and contributors in clinical practice.

Faculty of 1000 (F1000) Partnership:

- F1000 and EBSCO Publishing have partnered to enhance the system to identify practice-changing DynaMed updates.
- F1000 is an international network of 10,000 experts who selects and evaluates the most important biology and medicine articles published.
- Clinicians in the F1000 Faculty (2,300 medical experts) identify articles which change Clinical Practice based on direct instruction to a clinician, immediate implementability, and backed-up by supporting references without needing validation by other studies.
- Articles highlighted as Changing Clinical Practice in F1000 are matched to article summaries in DynaMed and coded as practice-changing updates, thus expanding the network for identifying the practice-changing updates that occur across DynaMed.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Update Reason</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis C</td>
<td>prophylactic escitalopram appears to reduce incidence of peginterferon alfa-2a-associated depression in patients with chronic hepatitis C (Ann Intern Med 2012 Jul 17)</td>
<td>08/02/12 11:14:00 AM</td>
</tr>
<tr>
<td>Peginterferon Afi</td>
<td>prophylactic escitalopram appears to reduce incidence of peginterferon alfa-2a-associated depression in patients with chronic hepatitis C (Ann Intern Med 2012 Jul 17)</td>
<td>08/02/12 11:14:00 AM</td>
</tr>
<tr>
<td>Alcohol use disorder</td>
<td>therapist-delivered brief intervention in emergency department for adolescents with prior alcohol misuse and aggression may reduce alcohol consequences for 6 months and violence consequences for 1 year (Pediatrics 2012 Jun)</td>
<td>07/30/12 11:23:00 AM</td>
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<tr>
<td>Depression - differential diagnosis</td>
<td>MDGC guideline on primary care diagnosis and management of adults with depression (National Guideline Clearinghouse 2012 Jul 13)</td>
<td>07/25/12 02:29:00 AM</td>
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<tr>
<td>Vitamin D Intake and supplementation</td>
<td>vitamin D plus calcium supplementation may not reduce depressive symptoms in postmenopausal women (Am J Epid 2012 Jul 1)</td>
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<td>Erectile Dysfunction</td>
<td>FDA warns consumers not to consume X-ROCK 3 Day Pill for Men and Z-ROCK products (FDA MedWatch 2012 Jul 14)</td>
<td>07/25/12 19:12:00 AM</td>
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<tr>
<td>Delirium</td>
<td>nonpharmaceutical intervention may prevent delirium in hospitalized older patients (Age Ageing 2012 May 15 early online)</td>
<td>07/24/12 09:00:00 AM</td>
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<tr>
<td>Obstructive Sleep Apnea (OSA)</td>
<td>Mediterranean diet may reduce apnea-hypopnea index during sleep compared to prasert diet in patients with OSA (Eur Respir J 2012 Jun)</td>
<td>07/23/12 09:19:00 AM</td>
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<tr>
<td>Dementia evaluation</td>
<td>incidence varies with diagnostic criteria used and cohort studied (Lancet 2012 Jul 7)</td>
<td>07/19/12 02:00:00 PM</td>
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<tr>
<td>Delirium</td>
<td>postoperative development of delirium associated with cognitive decline during first year after cardiac surgery (N Engl J Med 2012 Jul 5)</td>
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<td>Depression alternative treatments</td>
<td>music listening may improve depressive symptoms in adults (Complement Ther Med 2011 Dec)</td>
<td>07/19/12 19:56:00 AM</td>
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<td>Depression</td>
<td>transcranial direct current stimulation may improve mood in patients with depression (Br J Psychiatry 2012 Jan)</td>
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<td>Anorexia nervosa</td>
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<td>Bulimia</td>
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<td>Schizophrenia</td>
<td>integrative psychological intervention may delay progression to psychosis compared to supportive counseling in patients with prodromal symptoms (Br J Psychiatry 2012 Jan)</td>
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<td>Alzheimer disease</td>
<td>memory clinics may not improve quality of life or caregiver burden compared to care by general practitioner in patients with newly diagnosed mild-to-moderate dementia (BMC 2012 May 15)</td>
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<td>Combination therapies for rheumatoid arthritis</td>
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<td>Decision rules for computed tomography in head injury in adults</td>
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<td>Endometrial adenocarcinoma</td>
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<td>Complicated pregnancy</td>
<td>09/10/2012.02:05:00 PM</td>
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<td>Pneumonia in adults</td>
<td>09/10/2012.02:01:00 PM</td>
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<td>Incidence varies with diagnostic criteria used and cohort studied (Lancet 2012 Jul 7)</td>
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<td>Depression alternative treatments</td>
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<td>Transcranial direct current stimulation may improve mood in patients with depression (Br J Psychiatry 2012 Jan)</td>
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<td>07/11/2012 09:08 AM</td>
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</table>
Dementia evaluation

- Updated 2012 Jul 19 02:46:00 PM. Incidence varies with diagnostic criteria used and cohort studied [Lancet 2012 Jul 7] Show more updates

Related Summaries:
- Mild cognitive impairment
- Alzheimer disease
- Vascular dementia
- Frontotemporal dementia
- Normal-pressure hydrocephalus (NPH)

Overview:
- Diagnosis of dementia based on decline in memory and cognitive abilities significant enough to interfere with ability to perform activities of daily living
- Common causes of dementia include neurodegenerative causes (such as Alzheimer disease) and vascular dementia
- Potentially reversible causes of impaired cognitive function include depression, delirium, seizures, infections, metabolic abnormalities, brain lesions, and medication
- Diagnostic evaluation
  - Begin with history and physical to identify any potentially reversible cause
  - Obtain additional clinical history from independent informant when available
  - Functional assessment should include:
    - Standardized assessments
    - Assessment of activities of daily living (EPSG Level A)
    - Behavioral and psychological assessment to check for depression and psychosis (EPSG Level A)
    - Blood tests recommended for most patients include complete blood count, electrolytes, glucose, calcium, renal function tests, liver function tests, thyroid stimulating hormone, vitamin B12, folate, erythrocyte sedimentation rate (EPSG Good Practice Point)
    - Electrical imaging (computed tomography [CT] or magnetic resonance imaging [MRI]) recommended for most patients (EPSG Level A)
- Diagnosis of dementia is not synonymous with mental incapacity
- Determination of decision-making capacity should involve evaluation of patient's current functional status to perform specific task required (EPSG Good Practice Point)
- Clinical Dementia Rating scale considered useful for identifying patients at increased risk for unsafe driving (AMA Level A)
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What's New
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UpToDate in Psychiatry

The UpToDate faculty is currently developing UpToDate in Psychiatry. Some content for this specialty is already included in UpToDate, with new topics being added to each new release.

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Endocrinology and Diabetes
Family Medicine and General Practice
Gastroenterology and Hepatology
General Surgery
Geriatrics
Hematology
Hospital Medicine
Infectious Diseases

Nephrology and Hypertension
Neurology
Obstetrics, Gynecology and Women's Health
Oncology
Pediatrics
Practice Changing UpDates
Psychiatry
Pulmonary, Critical Care, and Sleep Medicine
Rheumatology

Calculators
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Contents: Calculators

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Critical care calculators
Emergency med calculators
Endocrinology calculators
Gastroenterology and Hepatology calculators
General surgery calculators

Hematology calculators
Hospital medicine calculators
ID calculators
Nephrology calculators
Neurology calculators
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- Calculator: CDC weight for height percentiles for boys (77 to 121 cm tall)
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- Calculator: CDC/NCHS infant head circumference for age percentiles (<36 months)
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Figure 21.11: Curttage of a nodular basal cell carcinoma.
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Figure 80-2: Latissimus dorsi muscle free flap to the scalp after recurrent basal cell carcinoma.

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Early skin-to-skin contact for mothers and their healthy newborn infants.
Early skin-to-skin contact for mothers and their healthy newborn infants.

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Abstract

BACKGROUND: Mother-infant separation postbirth is common in Western culture. Early skin-to-skin contact (SSC) begins ideally at birth and involves placing the naked baby, head covered with a dry cap and a warm blanket across the back, prone on the mother’s bare chest. According to mammalian neuroscience, the intimate contact inherent in this place (habitat) evokes neurobehaviors ensuring fulfillment of basic biological needs. This time may represent a psychophysiological’s sensitive period for programming future physiology and behavior.

OBJECTIVES: To assess the effects of early SSC on breastfeeding, physiological adaptation, and behavior in healthy mother-newborn dyads.

SEARCH METHODS: We searched the Cochrane Pregnancy and Childbirth Group’s Trials Register (30 November 2011), made personal contact with trialists, and consulted the bibliography on kangaroo mother care (KMC) maintained by Dr. Susan Ludington.

SELECTION CRITERIA: Randomized controlled trials comparing early SSC with usual hospital care.

DATA COLLECTION AND ANALYSIS: We independently assessed trial quality and extracted data. Study authors were contacted for additional information.

MAIN RESULTS: Thirty-four randomized controlled trials were included involving 2177 participants (mother-infant dyads). Data from more than two trials were available for only eight outcome measures. For primary outcomes, we found a statistically significant positive effect of early SSC on breastfeeding at one to four months postbirth (13 trials, 702 participants) (risk ratio (RR) 1.27, 95% confidence interval (CI) 1.06 to 1.53, and SSC increased breastfeeding duration (seven trials; 324 participants) (mean difference (MD) 42.55 days, 95% CI -1.69 to 86.79) but the results did not quite reach statistical significance (P = 0.05). Late preterm infants had better cardio-respiratory stability with early SSC (one trial; 31 participants) (MD 2.88, 95% CI 0.53 to 5.23). Blood glucose 75 to 90 minutes following the birth was significantly higher in SSC infants (two trials, 94 infants) (MD 10.56 mg/dL, 95% CI 8.40 to 12.72). The overall methodological quality of trials was mixed, and there was high heterogeneity for some outcomes.

AUTHORS’ CONCLUSIONS: Limitations included methodological quality, variations in intervention implementation, and outcomes. The intervention appears to benefit breastfeeding outcomes, and cardio-respiratory stability and decrease infant crying, and has no apparent short- or long-term negative effects. Further investigation is recommended. To facilitate meta-analysis, future research should be done using outcome measures consistent with those in the studies included here. Published reports should clearly indicate if the intervention was SSC with time of initiation and duration and include means, standard deviations and exact probability values.

Update of
Cochrane Database Syst Rev 2007 (3) CD003519

PMID: 22602691 [PubMed - indexed for MEDLINE]
Early skin-to-skin contact for mothers and their healthy newborn infants

Moore, Elizabeth R; Anderson, Gene C; Bergman, Nils; Dowswell, Therese

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Correction of deafness in shaker-2 mice by an unconventional myosin in a BAC transgene

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Abstract: The shaker-2 mouse mutation, the homolog of human DFNB3, causes deafness and circling behavior. A bacterial artificial chromosome (BAC) transgene from the shaker-2 critical region corrected the vestibular defects, deafness, and inner ear morphology of shaker-2 mice. An unconventional myosin gene, Myo15, was discovered by DNA sequencing of this BAG. Shaker-2 mice were found to have an amino acid substitution at a highly conserved position within the motor domain of this myosin. Auditory hair cells of shaker-2 mice have very short stereocilia and a long actin-containing protrusion extending from their basal end. This histopathology suggests that Myo15 is necessary for actin organization in the hair cells of the cochlea.

Document Type: Article
Language: English

KeyWords Plus: HAIR-COMPL; MOUSE; GENE; ALIGNMENT; ACTIN

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