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/](http://www.med.umich.edu/clinical/)

• Additional resources from the Library Website
  – [http://www.lib.umich.edu/thl](http://www.lib.umich.edu/thl)

• Research Guide for Psychiatry
  – [http://guides.lib.umich.edu/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/
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>
<thead>
<tr>
<th>Comparison of UptoDate and Dynamed by the George T. Harrell Health Sciences Library, Penn State Hershey</th>
<th></th>
</tr>
</thead>
<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>
</tr>
<tr>
<td><strong>Updated</strong></td>
<td>3 times per year</td>
</tr>
<tr>
<td><strong>Content</strong></td>
<td>More comprehensive: 7,000 topics</td>
</tr>
<tr>
<td><strong>Access off campus</strong></td>
<td>No: prohibitively expensive</td>
</tr>
<tr>
<td><strong>Targeted Audience</strong></td>
<td>Internal Medicine Pract.</td>
</tr>
<tr>
<td><strong>Authors</strong></td>
<td>Subject Experts</td>
</tr>
<tr>
<td><strong>Unique features</strong></td>
<td>Links to LexiComp Drug database</td>
</tr>
<tr>
<td></td>
<td></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>
</tr>
<tr>
<td><strong>Levels of Evidence</strong></td>
<td>Very few graded for EBM</td>
</tr>
<tr>
<td><strong>Graphics</strong></td>
<td>Yes, illustrated</td>
</tr>
<tr>
<td><strong>CME</strong></td>
<td>If accessed through EMR</td>
</tr>
<tr>
<td><strong>Major Criticism</strong></td>
<td>Cost</td>
</tr>
<tr>
<td><strong>Major Advantages</strong></td>
<td>Authoritative</td>
</tr>
<tr>
<td></td>
<td>Physicians preference</td>
</tr>
<tr>
<td><strong>Model</strong></td>
<td>Peer reviewed expert author</td>
</tr>
<tr>
<td><strong>Marketed to</strong></td>
<td>Physicians</td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td>Narrative</td>
</tr>
<tr>
<td><strong>Journals monitored</strong></td>
<td>430</td>
</tr>
<tr>
<td><strong>Both products</strong></td>
<td>Point of Care clinical decision support systems</td>
</tr>
<tr>
<td></td>
<td>Knowledge management</td>
</tr>
<tr>
<td></td>
<td>Fast, accurate, unbiased and valid</td>
</tr>
<tr>
<td></td>
<td>Peer reviewed</td>
</tr>
<tr>
<td></td>
<td>Provide patient handouts</td>
</tr>
<tr>
<td></td>
<td>Compatible for hand held / mobile devices</td>
</tr>
<tr>
<td><strong>Similar Resources</strong></td>
<td>ACP’s: Piers, eMedicine, Clinical Evidence, First Consult, BMJ’s Point of Care, Zynx Evidence</td>
</tr>
</tbody>
</table>
DynaMed shown to be THE MOST CURRENT point-of-care reference (BMJ 2011 Sep 23)
DynaMed 7-Step Evidence-Based Methodology
Introducing Practice Change Updates
Gonorrhea topics updated with CDC treatment recommendations (MMWR Morb Mortal Wkly Rep 2012 Aug 10)
Chronic kidney disease updated with CKD-EPI equations (NEJM 2012 Jul 5)
Obesity in adults updated with USPSTF 2012 3un screening recommendations
American College of Chest Physicians (ACCP) guidelines on antithrombotic and thrombolytic therapy updated 124 topics with ACCP 2012 3BD guidelines

DYNAMED WEEKLY UPDATE: Omega-3 Fatty Acid Supplementation Does Not Reduce Mortality or Cardiovascular Events in Patients with or at High Risk of Diabetes

PubMed @ UM
CINAHL Plus Full Text
Rehab Reference Center
EBSCOhost Research Databases
DOSS
Health Policy Reference Center
National Guidelines Clearinghouse
Cochrane/EBM Reviews
Global Health
Practice-Changing DynaMed Updates

What are Practice-Changing DynaMed Updates?

- DynaMed is updated daily through a 3-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 setting.

- 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 warrants a change in your practice occurs.
  - To create an alert:
    - Go to the Recent Updates page.
    - Customize the alerting function by selecting from Limit by Category and selecting the box labeled Practice-Changing Updates only.
    - Click the save button (green check mark) in the toolbar on the right side of the column.
    - Select frequency for receiving alerts. (Initially “Once a day” is the only option. This will be updated “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 topics, the rating process is comprised in partnership with McMaster University. Here is how the process works:
    1. McMaster University editors, appraise, and summarize the most relevant evidence for clinically relevant topics using the DynaMed Systematic Literature Surveillance process.
    2. Independently from the DynaMed 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 DynaMed users rate articles selected by both the DynaMed and McMaster processes according to their relevance for use in DynaMed.
  - Most articles selected from the McMaster process are also selected from the DynaMed 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 DynaMed will accelerate ratings by discipline-specific DynaMed editors or reviewers who contribute 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 select and evaluate the most important biology and medicine articles published.
  - Clinicians in the F1000 Faculty (2,200 medical experts) identify articles which change Clinical Practice based on direct instruction to a clinician, immediate implementability, and backed up by supporting references with meeting 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>08/02/2012 11:14:00 AM</td>
</tr>
<tr>
<td>Peginterferon Alfa</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>08/02/2012 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>07/30/2012 07:39:00 AM</td>
</tr>
<tr>
<td>Depression - differential diagnosis</td>
<td>MDD guideline on primary care diagnosis and management of adults with depression (National Guideline Clearinghouse 2012 Jul 23)</td>
<td>07/25/2012 02:25:00 AM</td>
</tr>
<tr>
<td>Vitamin D Intake and supplementation</td>
<td>vitamin D plus calcium supplementation may not reduce depressive symptoms in postmenopausal women (Am J Epidemiol 2012 Jul 1)</td>
<td>07/25/2012 11:48:00 AM</td>
</tr>
<tr>
<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>07/25/2012 19:12:00 AM</td>
</tr>
<tr>
<td>Delirium</td>
<td>nonpharmacological intervention may prevent delirium in hospitalized older patients (Age Ageing 2012 May 15 early online)</td>
<td>07/24/2012 09:00:00 AM</td>
</tr>
<tr>
<td>Obstructive sleep apnea (OSA)</td>
<td>Mediterranean diet may reduce apnea-hypopnea index during sleep compared to pristin diet in patients with OSA (Eur Respir J 2012 Jun)</td>
<td>07/23/2012 05:19:00 AM</td>
</tr>
<tr>
<td>Dementia evaluation</td>
<td>incidence varies with diagnostic criteria used and cohort studied (Lancet 2012 Jul 7)</td>
<td>07/19/2012 02:48:00 PM</td>
</tr>
<tr>
<td>Delirium</td>
<td>postoperative development of delirium associated with cognitive decline during first year after cardiac surgery (Eur J Med 2012 Jul 5)</td>
<td>07/19/2012 02:05:00 PM</td>
</tr>
<tr>
<td>Depression alternative treatments</td>
<td>music listening may improve depressive symptoms in adults (Complement Ther Med 2011 Dec)</td>
<td>07/18/2012 19:59:00 AM</td>
</tr>
<tr>
<td>Depression</td>
<td>transcranial direct current stimulation may improve mood in patients with depression (Br J Psychiatry 2012 Jan)</td>
<td>07/18/2012 19:41:00 AM</td>
</tr>
<tr>
<td>Anorexia nervosa</td>
<td>case report of eating disorder not otherwise specified (Br J Med 2012 Jul 12)</td>
<td>07/17/2012 00:14:00 AM</td>
</tr>
<tr>
<td>Bulimia</td>
<td>case report of eating disorder not otherwise specified (Br J Med 2012 Jul 12)</td>
<td>07/17/2012 00:24:00 AM</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>integrative psychological intervention may delay progression to psychosis compared to supportive counseling in patients with pronaloc symptoms (Br J Psychiatry 2012 Jan)</td>
<td>07/16/2012 05:28:00 AM</td>
</tr>
<tr>
<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 (POM 2012 May 13)</td>
<td>07/11/2012 09:08:00 PM</td>
</tr>
<tr>
<td>Topic</td>
<td>Date</td>
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<tr>
<td>Rheumatoid arthritis</td>
<td>09/30/2012 09:54 PM</td>
<td></td>
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<tr>
<td>Fibromyalgia</td>
<td>09/30/2012 09:52 PM</td>
<td></td>
</tr>
</tbody>
</table>

- **Rheumatoid arthritis (RA)**: Expert consensus (Grupo de Expertos en RA) consensus on the use of rituximab in rheumatoid arthritis (Reumatol Clin 2011 Jan-Feb).

- **Fibromyalgia**: No randomized trials certified evaluating drug therapy for fibromyalgia in adults (Cochrane Database Syst Rev 2012 May 16).

- **Combination therapies for rheumatoid arthritis**: Addition of biologic or traditional modifiers may decrease symptoms and increase physical function in patients with RA (Arthritis Care Res 2012 Aug 9).

- **Decision rules for computed tomography in head injury in adults**: Canadian CT Head Rule and later Orleans Criteria both have high sensitivity for patients requiring neurosurgical intervention, Canadian CT Head Rule has higher specificity which may result in reduced imaging rates (Acad Emerg Med 2012 Jan 20;19(1):2).


- **Complicated pregnancy**: Case presentation of bilateral spontaneous adrenal hemorrhage during pregnancy (Cochrane Database Syst Rev 2012 Aug).

- **Pneumonia in adults**: Angiotension converting enzyme inhibitors not associated with increased risk of pneumonia and pneumonia-related mortality (BMJ 2012 Jul 11).

- **Elbow dislocation**: Insufficient evidence to evaluate interventions for acute simple elbow dislocation in adults (Cochrane Database Syst Rev 2012 Apr 18).


- **HIV infection**: CDC interim guidance on use of preexposure prophylaxis for prevention of HIV infection in heterosexual active adults (MMWR Morb Mortal Wkly Rep 2012 Aug 10).
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<td>07/26/2012 07:33 AM</td>
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<td>07/23/2012 05:59 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>07/19/2012 02:46 PM</td>
</tr>
<tr>
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<td>postoperative development of delirium associated with cognitive decline during first year after cardiac surgery (N Engl J Med 2012 Jul 5)</td>
<td>07/19/2012 02:05 PM</td>
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<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 (BMJ 2012 May 3)</td>
<td>07/11/2012 09:08 AM</td>
</tr>
</tbody>
</table>
Dementia evaluation

- Updated 2012 Jul 19 02:46:00 PM: Incidence varies with diagnostic criteria used and cohort studies (Lancet 2012 Jul 7) View 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 dementias
  - 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 cognitive assessments (EPISO Level A)
    - assessment of activities of daily living (EPISO Level A)
    - behavioral and psychological assessment to check for depression and psychosis (EPISO 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 (EPISO Good Practice Point)
  - cerebral imaging (computed tomography (CT) or magnetic resonance imaging (MRI)) recommended for most patients (EPISO Good Practice Point)
- 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 (EPISO Good Practice Point)
- clinical dementia rating scale considered useful for identifying patients at increased risk for unsafe driving (AML Level A)
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What's New

Patient Education

Contents

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Contents: Calculators

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Cardiology calculators  Hematology calculators  Oncology calculators
Critical care calculators  Hospital medicine calculators  Pediatrics calculators
Emergency med calculators  ID calculators  Primary care calculators
Endocrinology calculators  Nephrology calculators  Pulmonology calculators
Gastroenterology and Hepatology calculators  Neurology calculators  Rheumatology calculators
General surgery calculators  Obstetrics calculators

Patient Information

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Contents: Pediatrics calculators

Clinical Criteria
- Calculator: Apgar Score
- Calculator: Newborn hyperbilirubinemia assessment

Medical Equations
- Calculator: Blood pressure percentiles for boys (2 to 17 years)
- Calculator: Blood pressure percentiles for girls (2 to 17 years)
- Calculator: Body Mass Index (BMI) percentiles for boys (2 to 20 years)
- Calculator: Body Mass Index (BMI) percentiles for girls (2 to 20 years)
- Calculator: Body Surface Area (Mosteller, square root method)
- Calculator: Body mass index for boys (Patient information)
- Calculator: Body mass index for girls (Patient information)
- Calculator: CDC height for age percentiles for boys (2 to 20 years)
- Calculator: CDC height for age percentiles for girls (2 to 20 years)
- Calculator: CDC weight for height percentiles for boys (77 to 121 cm tall)
- Calculator: CDC weight for height percentiles for girls (77 to 121 cm tall)
- Calculator: CDC/NCHS infant head circumference for age percentiles (<36 months)
- Calculator: CDC/NCHS infant length for age percentiles (<36 months)
- Calculator: CDC/NCHS infant weight for age percentiles (<36 months)
PsychiatryOnline

On campus, head directly to Psychiatry Online at www.psychiatryonline.com.

Off campus, head to www.lib.umich.edu/thl and search for “psychiatryonline” in the Search box. Click on the link to PsychiatryOnline in the Databases section. You will need to log-in using your Level One/Kerberos username and password.
What is PsychiatryOnline?
PsychiatryOnline is a mobile-friendly, web-based portal that provides instant access to resources

- **DSM® Library titles** including DSM-IV-TR®, DSM-IV-TR® Handbook of Differential Diagnosis, and DSM-IV-TR® Casebook and its Treatment Companion
- **Journals** including The American Journal of Psychiatry, Psychiatric Services, Journal of Neuropsychiatry and Clinical Neurosciences, and Academic Psychiatry
- **American Psychiatric Association Practice Guidelines** for the treatment of psychiatric disorders (quick reference and comprehensive versions)
- **Self-assessment tools** for study, board certification and recertification review, AMA PRA Category 1 Credits™, and lifelong learning
- **Clinical & research news** from Psychiatric News
- **Medication information handouts** for patients
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• Among the 65 titles that span 29 medical specialties are Harrison's Principles of Internal Medicine, 10 from the Lange Current Series, Davis's Drug Guide for Nurses, Nursing Diagnosis Reference Manual, and the soon-to-be-added Brunner & Suddarth's Textbook of Medical-Surgical Nursing.

• Evidence-based resources include the ACP's PIER and Griffith's 5-Minute Clinical Consult. Free PDA downloads of ACP's PIER to PalmOS users is included. Stedman's Medical Dictionary and a medical calculator are included.
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- [ ] Remember my profile on this computer

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• Guidelines
• Patient Education
• Drug Information
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• Access to over 60 medical textbooks
• Custom curriculum module for self-assessment
• Images & video library
• Diagnosaurus
  Allows you to search 1000+ differential diagnoses by:
  Symptoms
  Diseases
  Organ system
  All entries
McGraw-Hill's Diagnosaurus 2.0 on AccessMedicine

A differential diagnosis tool for the ages

Diagnosaurus allows you to search 1000+ differential diagnoses by:

- Symptoms
- Diseases
- Organ system
- All entries

Link from Diagnosaurus directly into AccessMedicine to learn more about 1000+ of the most common diseases and disorders.

Diagnosaurus 2.0 is derived from McGraw-Hill's AccessMedicine Quick Answers content and was created by Roni F. Zeiger, M.D.
Drug Databases

• Facts & Comparisons
• Micromedex
• Natural Standard
Facts & Comparison

Covers more than 22,000 Rx, almost 6,000 OTC, and orphan and investigational drugs, is a browser-based electronic version of the following print publications:

- Drug Facts and Comparisons
- Drug Interaction Facts
- Review of Natural Products
- Nonprescription Drug Therapy
- MedFacts
- Drug Interaction Facts: Herbal Supplements and Food
- A to Z Drug Facts

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A & D
A & D Jr.
A & D Ointment
A Thru Zinc
A To Z
A&B Otic
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A-200 Pyrinate
A-25 (Vitamin A)
A-3 Revised
A-4 Revised
A-42 Revised
A-C-D Modified Bracco

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I want to search for...
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- [ ] Globally distributed drug products in Martindale

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- Manufacturer Name

I want to filter by...
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- Deactivated
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  - Exclude Repackagers

Enter search term:

Submit
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Natural Standard was founded by healthcare providers and researchers to provide high-quality, evidence-based information about complementary and alternative medicine including dietary supplements and integrative therapies. Grades reflect the level of available scientific data for or against the use of each therapy for a specific medical condition.

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B: Positive Scientific Evidence
C: Unclear Scientific Evidence
D: Negative Scientific Evidence
F: Strong Negative Scientific Evidence

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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.

Moore ER, Anderson CG, Bergman N, Dowse W
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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 psychophysically 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.

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Cochrane Database Syst Rev 2007 (3); CD003519

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

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Abstract

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

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Times Cited: 229 (from Web of Science)

Cited References: 30 [ view related records ]

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 BAC. 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.

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

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