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Laughter is the best remedy

Cartoons in a guidebook affect kidney patients positively

Report: Mark Nicholls

It has long been suggested that laughter could be the best medicine – and now a group of researchers in the United Kingdom is applying that theory to help patients cope with long-term conditions.

At the University of Southampton in Hampshire the research team has used patient feedback to create a series of cartoons that demonstrate common experiences, problems and anxieties.

The cartoons were incorporated into a guidebook given to chronic kidney disease patients, who were asked their opinion on the use of cartoons and humour in regular patient information and then asked to evaluate the cartoons drawn for the guidebook.

Results showed a range of feelings towards the cartoons including amusement, recognition, hostility and incentives to action.

Overall, patients found the cartoons useful in lightening the tone of information and giving them insight and understanding not gained before.

The findings were initially published in the Health Services Research journal and the study was carried out under the auspices of the National Institute for Health Research (NIHR).

Inspired by patients' quotes

As the study leader, Associate Professor Dr Anne Kennedy, pointed out: 'Humour is frequently and naturally used by people with chronic illnesses, to help them adjust and understand what is happening to them. Our study has shown that cartoons could provide clarity to patients and be a way to engage with them. It is an untapped resource and could be a potential approach to support self-management.'

Dr Kennedy's team worked closely with cartoonist Fran Orford, who



© Fran Orford

Patient takes things into his own hands due to long waiting list for surgery. Other cartoons show diagnostic concerns when doctors request so many repeat tests

followed her brief, along with quotes and stories provided by patients. The cartoons cover a range of topics from 'uncertainty about diagnosis because being called into GP practice for so many repeat tests', a 'GP judging that the time is not right to tell a patient about yet another condition', 'making family decisions about meals and shopping' and 'exercise motivation – how dog-walking introduces you to others'.

Anne Kennedy believes health professionals could use the cartoon approach to help their patients engage more in the management of their own conditions. 'Cartoons can be challenging,' she added, 'and the difficult emotional responses some pictures evoke could be used to help people adjust to their situation, but they can also be used to dispel

some of their misconceptions.

'The word chronic is often misinterpreted as meaning terminal – reaction to the particular cartoon that demonstrated *chronic* did prove a bit shocking to some patients but it allowed the word to be talked through and it was a tipping point for patients to better understand what their condition was.'

Fran Orford believes his background (his 15-year experience in social work, working with vulnerable children) helped him set the right tone for the cartoons. 'I've drawn for hundreds of clients and am well aware that cartoons can perform a number of different functions, from simply amusing to inspiring. They can add a valuable visual 'tag' to grab the viewers attention in a way that words sometimes

don't. They can also help to lend text a little emotion.

Visual emotional creatures

'The messages were undoubtedly very serious, but people who suffer from a medical condition may have enough potential gloom in their lives without health messages being presented in a depressing way. The images weren't meant to detract from the seriousness of the message, but just present it in a different way.'

With humans being visual, emotional creatures, the cartoonist said it was not unreasonable for health professionals to experiment with providing information in an attention-grabbing way and that cartoons can help as part of the 'mix'. 'I hope patients using the booklet would



Dr Anne Kennedy is a Senior Research Fellow in the Department of Health Sciences at the University of Southampton. Her main academic interests concern the self-management of long-term conditions. To that end, she has developed a number of self-management support interventions and tested them in randomised controlled trials. Dr Kennedy has a long-standing belief in patient involvement in research.

like the fact that effort has been put in to make it as attractive as possible for them. I believe the cartoons would make it more likely that people would pick it up and read it, even if they hate the cartoons, the messages will still have more impact than uninterrupted text.'

Professor Anne Rogers, from the NIHR, who also worked on the study, said: 'Cartoons, drawn with patient input, have potential to help communicate important advice and to help patients self-manage their conditions while boosting moral.'



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New imaging for ischaemic heart disease

Myocardial Perfusion Scintigraphy (MPS) with Positron Emission Tomography (PET)

Report: Mark Nicholls

A session at the forthcoming British Cardiovascular Society annual conference (2-4 June, in Manchester) will hear about the latest imaging techniques for acquired heart disease, with PET technology playing a key role in those advances.

Within the session 'Future perspectives - New imaging techniques in acquired heart disease*', Dr Parthiban Arumugam will examine what PET can offer in this context.

MPS with Single Photon Emission Computed Tomography (SPECT) is an established non-invasive technique for the diagnosis and management of patients with coronary artery disease and is the most commonly used functional test to detect inducible ischaemia.

However, Dr Arumugam, who is the Clinical Director of Nuclear Medicine at Central Manchester University Hospitals (CMUH), will highlight how the oncology-driven increase in PET scanner availabil-

ity, along with the introduction of the generator-produced PET tracer Rubidium-82, has enabled the growth of MPS PET as a new imaging tool for detecting CAD.

Speaking to European Hospital Journal ahead of the Manchester conference in June, he explained that his presentation would cover the technology of cardiac PET, before looking at the clinical aspects including routine use of perfusion imaging with blood flow quantification which, in the last four years, has moved from being a research tool to a mainstream functional imaging technique for detecting CAD, particularly in the USA. The discussion will primarily focus on myocardial perfusion using the PET tracer Rubidium-82.

Dr Arumugam said PET was only used in specialist research centres until recently because the tracer was not widely available. 'Now that it is commercially available and there has been marked growth in the number of PET scanners around



A consultant in Nuclear Medicine and Clinical Director of Nuclear Medicine at Central Manchester University Hospitals (CMUH), Dr Parthiban Arumugam is also the immediate past president of the British Nuclear Cardiology Society. Additionally, he is the Clinical Lead for Nuclear Cardiology at CMUH with a special interest in quantitative myocardial perfusion assessment.

the country to support oncology imaging, there is the potential for those scanners to be used for myocardial perfusion using Rubidium-82 as well,' he explained.

The widespread use of PET was

previously limited because of the capital cost (~£1.5m/€1.8m for a PET/CT scanner) but oncology-targeted funding has seen an increase in PET/CT scanners.

Centres with a reasonable clinical workload for SPECT and access to a PET/CT scanner may well be able to justify establishing a cardiac PET service.

Delegates will hear of the importance of forming a strong business case for such a centre, not only to secure access to a PET/CT scanner, but because the monthly cost of the tracer can be as much as £30,000/€36,000.

Other techniques including dobutamine cardiac stress echo and cardiac MR will be discussed during the session but, according to Dr Arumugam, cardiac PET is unique in that it is currently the only modality that can offer quantitative myocardial blood flow measurement for routine clinical use.

He explained that many of the potential artefacts associated with SPECT imaging, which affect diagnostic accuracy, are overcome by this new technology. Additional

patient-centred benefits include a lower radiation dose and a much shorter stay in the department compared to SPECT.

'The diagnostic accuracy of MP PET is superior to MPS with SPECT and the ability to quantify myocardial blood flow in millilitres per minute per gram makes PET an exciting modality. You can look at early disease and non-ischemic pathology routinely as well as for research purposes.

'From the session, delegates should be able to understand the basics of PET/CT cardiac imaging and appreciate the advantages compared to present technologies for function testing for ischemia, and discover the emerging role of myocardial perfusion quantification and its impact on patient management.

'I am hoping to educate delegates about what the technology means, what the future of cardiac PET promises and the impact it will have on clinical management.'

* This session is scheduled for Tuesday 3 June, from 8.30-10 a.m.

Surgical lighting

The NeXt generation of LED lamps

STARLED5 NX is a new surgical lamp with NeXt generation LED technology, explains its Bologna-based manufacturer the ACEM Medical Company. 'It boasts an excellent light quality. The special optics of its LEDs, generates a shadowless, clear and homogeneous light assuring visual comfort and best working

conditions both for the surgeon and medical staff.'

The firm also points out that the lamp provides 'perfect illumination under every condition generating a IR-free light without heat, an excellent colour temperature and a practically endless life cycle at low consumptions'.

The 43 LEDs produce a light spot of 21cm at 1m with a high illumination level of 135.000 lux (160.000 lux optional) for a steady life cycle of about 50,000 hours, the company reports, adding that, due to a micro-processor the ACRIS system 'ensures the control of electrical curves typical of LEDs to remain unaltered over the time but maintaining a long life cycle.

The colour rendering index of Starled NX is 95 and its colour temperature 4.500°K. These two values allow reproduction of the exact chromatic scale of the colours of the human body'.

The system's control system I-Sense also provides simple, quick, precise management and the lamp can produce focused or ambient light (using the ENDO function), with the special optics enabling accurate adjustment of the light spot diameter to ensure sharpness in the operating area. Smart ergonomics also ensure easy positioning.

For easy cleaning, the lamp is made of a smooth and resistant material and the central handle is removable for sterilisation.

This handle can also house a video camera, on demand.

Further details: www.acem.it

Delirium – an unrecognised risk factor

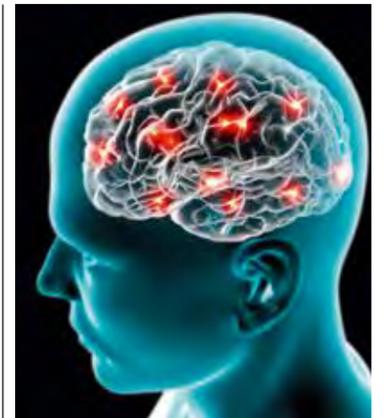
Symptoms of delirium – disorientation, anxiety, hallucinations – can occur post-operatively (particularly in older people). A patient's age, medical condition and type of surgery are contributing factors. Those cases affected by delirium are at increased risk of longer-term cognitive impairment. Anja Behringer reports

Delirium is a particularly common comorbidity in the context of hospital treatment. The causes of delirium are manifold and many patients recover only slowly. Some of the terms still commonly used such as 'transition syndrome', 'OBS' (Organic Brain Syndrome) or 'ICU psychosis' trivialise the clinical picture, as they don't do justice to the high rate of complications, the European Delirium Association emphasises: 'Waiting for the transition syndrome to pass amounts to medical malpractice.'

The mortality rate is also increased and the condition always necessitates intensive care. As yet there is no real treatment available to shorten the duration of delirium, and even just recognising the symptoms requires a lot of experience from anaesthetists and other medical and nursing staff.

In a recent randomised, controlled study, Professor Claudia Spies MD and her colleagues at Berlin's Charité University Hospital showed that the incidence of post-operative delirium can be lowered significantly – by around 22.9% – by neuromonitoring the depth of anaesthesia with EEG. The brain's electrical activity is measured by recording frequency fluctuations on the scalp.

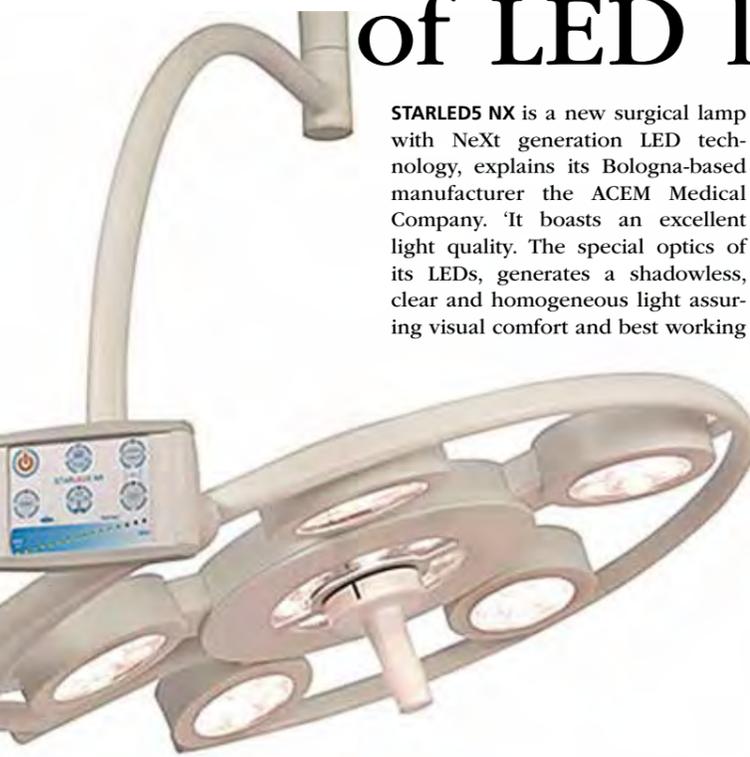
1,155 patients over aged 60 were split into two groups. In the intervention group (n=575) the anaesthetists monitored the depth of anaesthesia during surgery with an EEG. In the control group (n=580)



monitoring was blinded. 'The EEG shows the effect of the anaesthetic on the brain. It allows us to administer anaesthetic more precisely, to detect changes in the patient during the anaesthetic and to react to them,' the professor explains. 16.7% of patients in the intervention group were found to have postoperative delirium after surgery, but the proportion in the control group was 21.4%. The results of the study were published in the British Journal of Anaesthesia.

'As there are only a few therapeutic procedures available for the treatment of postoperative delirium this type of prevention is the best option,' said Professor Christian Werner MD, president of the German Society of Anaesthesiology and Intensive Care Medicine (DGAI) commenting on the significance of the study.

Bearing in mind that postoperative delirium goes hand in hand



Bologna – ITALY
Tel +39 051 721844

info@acem.it - www.acem.it

