

ORAL ABSTRACTS

Comorbidities and management of gout patients in general practice

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Background/Aims: To investigate the prevalence, comorbidities and management of gout in general practice in Townsville. **Methods:** Retrospective analysis of patients with gout, identified through the records of one general practice in Townsville. Terms such as 'gout' or 'gouty arthritis' were used to identify gout patients. Comorbidities such as obesity, ischaemic heart disease, and dyslipidaemia as well as aspects of management of chronic gout, including prescription of urate-lowering therapy (ULT), monitoring of serum urate levels in patients prescribed on ULT, diuretic cessation, and provision of lifestyle advice were assessed according to the therapeutic guidelines. The data was analysed using simple univariate and bivariate descriptive studies. **Results:** A pilot study was conducted with 58 patients attending one of the general practices. Obesity was the most common comorbidity (68%) followed by hypertension (62%) and dyslipidaemia (45%). In regards to management, current data shows ULT is prescribed in 38% (n=22) of patients. Of the patients prescribed allopurinol 59% of patients had a sUA of ≥ 0.36 mmol/l and 14% did not have a sUA level tested. Lifestyle advice was only provided in 14% of gout patients. Fifteen percent (15%) of patients with gout had a current prescription for diuretics. **Conclusion:** Chronic comorbidities associated with an increased risk of cardiovascular disease were common in gout patients. Furthermore, the primary care management of gout was not concordant with the national therapeutic guidelines, which is also evident in other studies. This data, although limited in sample size, reveals that guidelines alone are not enough to improve the quality of gout management.

Implementing evidence in order to promote freedom of movement for women in labour

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Background/Aims: There is clear and important evidence that upright positions in the first stage of labour reduces the duration of labour, the risk of caesarean birth and the need for epidural. Despite this evidence, conventional hospital labour management continues to restrict mobility and confine women to birthing beds. The aim of this study was to find evidence-based, new and innovative ways of promoting the use of upright and mobile positions for women who labour in conventional hospital settings. **Methods:** A literature review was conducted. The areas of focus included the reasons why, where, when and how promoting freedom of movement for women during labour could be achieved. Gaps and trends in research knowledge were considered. Strategies to overcome the theory-practice gap were developed for consultation and implementation. **Results:** Results indicate that optimising freedom of movement for women in labour requires a two-pronged approach. Firstly, research evidence must inform birth policies and guidelines. Secondly, policies and guidelines must inform labour ward design and midwifery intrapartum care. Each stage is equally important, as freedom of movement for women in labour can be restricted because

of intrapartum policy and/or environment and/or care. **Conclusion:** As midwives, we are obliged to inform women of the benefits to themselves and their babies of being upright and mobile during labour. In order to optimise freedom of movement for women during labour, we must actively promote and implement mobility-friendly birth policies and practices in our conventional labour ward settings.

Prevalence of chronic complications of type 1 diabetes at The Townsville Hospital: a retrospective review

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Background/Aims: Macro and microvascular complications of type 1 diabetes mellitus (DM1) are the leading cause of morbidity and mortality in developed countries, yet no study has been conducted that analyses the magnitude of these long-term complications in our region. The aim of the study was to determine the prevalence and risk factors of chronic complications of DM1 in The Townsville Hospital. **Methods:** Hospital-based cross sectional study was retrospectively conducted on all DM1 patients attending diabetes clinic at The Townsville Hospital from 1 February 2013 to 31 March 2014. Prevalence and risk factors of microvascular (nephropathy, retinopathy and neuropathy) and macrovascular (cardiovascular, cerebrovascular and peripheral vascular diseases) complications were determined from the clinical and biochemical profiles of the patients. **Results:** We identified a 38% prevalence of long-term DM1 complications in 153 subjects, with microvascular and macrovascular being present in 27% and 11% respectively. The major risk factors of long-term DM1 complications in the study population were age group of 40 to 79 years old (RR 4.18, 95% CI 2.25-7.76, $p < 0.0001$), duration of diabetes > 30 years (RR 2.29, 95% CI 1.27-4.1, $p = 0.0057$), glycaemic control (HbA1c) of more than 7% (RR 12.50, 95% CI 4.63-33.74, $p < 0.0001$). Other variables were tested but fell short of statistical significance. We report high prevalence of DM1 complications. **Conclusion:** Subjects who have any of the following criteria are at risk of developing the complications: older age group, long duration of DM1 and poor glycaemic control. Further prospective analysis on a larger population is needed to confirm our findings.

Patients' perceptions of hospital-acquired infections in two facilities in North Queensland, Australia: a pilot study

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Background/Aims: Although it is known that there are significant consequences to patients and health services of hospital-acquired infections, there is a lack of Australian studies about patients' knowledge of them. The aim of this study is to undertake a pilot study in two healthcare facilities in North Queensland about patients' knowledge and perceptions about hospital-acquired infections. **Methods:** We used a questionnaire previously used in the United Kingdom, adapted with permission, in a tertiary-level North