

# March 2020 Vol. 113 No. 3

## **ORIGINAL PAPERS**

PRENATALLY	DIAGNOSED	FETAL	ANEUPLOIDY:	Natural	HISTORY	AND	SUBSEQUENT
MANAGEMENT	Γ		•••••				P34

Murphy et al describe the outcome for cases of antenatally diagnosed trisomies 13, 18, 21, monosomy x, triploidy, and translocations. There were 482 cases between 2005-2015. The intrauterine death/miscarriage rates for the 3 main anomalies were as follows: trisomy 13 - 43.7%, trisomy 18 - 57%, trisomy 21 - 36.2%. [Read Article]

#### -Preview-

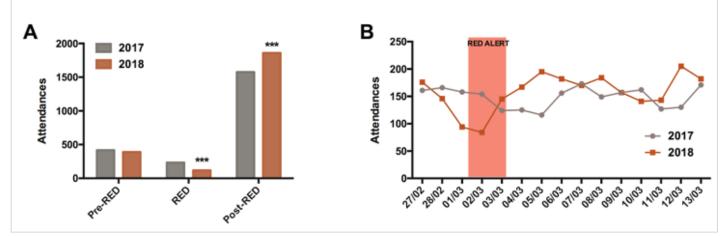
Table 1: Mode of delivery for patients who opted for expectant management and average gestation for miscarriage or intrauterine death (IUD)					
Anomaly	Mode of Delivery		Average gestation for miscarriage (<24/40)	Average gestation for Intra-uterine Death (>24/40)	
Trisomy 13 (n=16)	Caesarean Section Live birth after vaginal delivery Intrauterine Death/Miscarriage	18.75% (n=3) 37.5% (n=6) 43.75% (n=7)	n=2	n=5	
			17 weeks 1 day	30 weeks 3 days	
Trisomy 18 (n=65)	Caesarean Section (n=9) Live birth after vaginal delivery Intrauterine Death/Miscarriage (n=37)		n=15 15 weeks 1 day	n=22 33 weeks 4 days	
Trisomy 21 (n=80)	Caesarean Section Live birth after vaginal delivery Intrauterine Death/Miscarriage	33.75% (n=27) 30 % (n=24) 36.25% (n=29)	n=14 15 weeks 1 day	n=15 30 weeks 6 days	

THE IMPACT OF THE STORM EMMA ON IRISH EMERGENCY DEPARTMENT ATTENDANCES ......P35

Mulcaire et al demonstrate how the 2018 Storm Emma red alert affected ED attendances. They found a significant decline in attendances during the red alert. After the storm event was over there was a surge in ED numbers. The findings will enable departments to plan more effectively for future severe weather events. [Read Article]

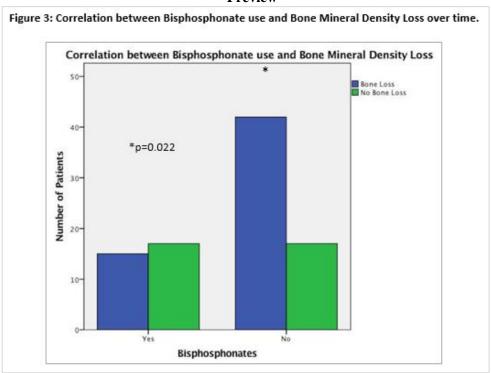
-Preview-(Next Page)

Figure 1: Attendance pattern. Effect of status red alert on total hospital attendances (A) and the daily attendance (B) for 2017 (grey) and 2018 (red). Data are absolute and statistical differences, as assessed by Chi-Square, are represented as follows: \*\*\* = p<0.001.



Swami and Molloy address the issue of bone protective therapy (BPT) for patients with polymyalgia rheumatica who are on glucocorticoids. The authors found that in their series 27% of patients were not receiving on BPT. The recommendation is that patients receiving  $\geq$ 7.5mgs of prednisolone for  $\geq$  3 months should have BPT. [Read Article]

-Preview-



ASSESSING THE	UTILITY OF	ELECTROEN	CEPHALOGRAPH	Y FOR S	STARING 1	Episodes 1	in Childri	ΞN
WITH AUTISM							P3	7

Conroy and Shahwan reviewed 120 EEGs performed on autism spectrum disorder (ASD) who referred because of staring episodes. They conclude that EEG investigations for staring episodes in children with ASD are probably not useful. [Read Article]

### -Preview-

Figure 2: EEG Testing Details

EEG Test	ting Details				
Type of EEG test:	N	%			
Routine	96	80			
Sleep deprived	8	6.6			
Sedated EEG*	16	13.3			
EEG Referral Source:					
Consultant Paediatricians	77	64.1			
Consultant Neurologists	36	30			
Consultant Psychiatrists	4	3.3			
Psychologists	3	2.5			
EEG Duration*:					
<30 minutes	92	76.6			
30-60 minutes	22	18.3			
>60 minutes	6	5			
Previous EEGs*:	12	10			
Hyperventilation:					
Performed by	73	60.8			
Unable/unwilling to perform	47	39.1			
Sleep Recording:					
Sleep obtained in EEG	24	20			
* Sedated EEG performed when EEG is not possible	e due to behavioural dif	ficulty.			
~ EEG duration varied depending on whether slee					
*None of the previous EEGs confirmed a diagnosis of epilepsy; N=number					

O'Sullivan et al have undertaken a cost analysis of a general practice and a hospital skin biopsy service. The cost per malignant lesion excised was epsilon1779.80 in general practice compared with epsilon381.78 in the skin cancer service. One of the reasons for the discrepancy is that 91% of lesions from general practice were benign compared with 62% in the skin cancer service.

[Read Article]

#### -Preview-

Table 2. Number (percentage) of malignant and benign lesions excised in General practice and secondary care.

	General Practice	General Surgery	Skin Cancer Service
Malignant	13 (9%)	18 (15%)	137 (38%)
Benign	126 (91%)	100 (85%)	226 (62%)
Total	139	118	363

Dennehy et al describe the attitudes of final medical year students towards UHC. They are generally in favour of UHC but feel that there are number of obstacles. The concern is that it will increase GP workloads. The other issue is that there is uncertainty whether the current system would be able to implement the reform.

[Read Article]

### -Preview-

Table 2: Perceived knowledge and opinions in regard to UHC (1 strongly disagree, 5 strongly agree; N = 98)

Question	Mean (SD)	Missing Values
The GP's workload would increase	4.3 (0.85)	1
A UHC system is preferable to one in which only some patients have free access to certain services	3.85 (1.05)	0
The hospital consultant's workload would increase	3.55 (1.06)	0
A UHC system is a viable option in Ireland	3.37 (1.08)	1
This is a key policy for the current government	3.12 (0.9)	0
It would become easier to see your GP with the proposed change	2.85 (1.33)	0
Were you aware of the government's goal to introduce UHC in Ireland	2.74 (1.36)	1
A UHC model would be cheaper to run than our current Irish healthcare model	2.47 (1.1)	0
Under a UHC model, patients would receive quicker care	2.29 (1.09)	0
It would be straightforward to introduce such a system in the practice(s) in which I have been on placement	2.14 (0.91)	0

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CPD QUIZ

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