

33. Glynn LG, O'Riordan C, MacFarlane A, Newell J, Iglesias AA, Whitford D, et al. Research activity and capacity in primary healthcare: The REACH study: A survey. BMC Family Practice. 2009 //;10.

Background. Despite increased investment in primary care research and development (R&D), the level of engagement of primary healthcare professionals with research remains poor. The aim of this study is to assess the level of research activity and capacity for research among primary healthcare professionals in a health authority of over one million people in a mixed urban/rural setting in the West of Ireland. Methods. A questionnaire, incorporating the R+D Culture Index, was sent to primary healthcare professionals in the HSE Western Region. Baseline characteristics were analysed with the use of one-way ANOVA and Chi-square test and the dependence of R&D Culture Index score on all sixteen available covariates was examined using multiple regression and regression tree modelling. Results. There was a 54% response rate to the questionnaire. Primary healthcare professionals appeared to have an interest in and awareness of the importance of research in primary care but just 15% were found to be research active in this study. A more positive attitude towards an R&D culture was associated with having had previous research training, being currently involved in research and with not being a general practitioner (GP) ($p < 0.001$), but much variability in the R&D culture index score remained unexplained. Conclusion. Despite awareness of the importance of R&D in primary care and investment therein, primary healthcare professionals remain largely unengaged with the R&D process. This study highlights the issues that need to be addressed in order to encourage a shift towards a culture of R&D in primary care: lack of research training particularly in basic research skills and increased opportunities for research involvement. The use of the R&D Culture Index may enable groups to be identified that may be more research interested and can therefore be targeted in any future R&D strategy.

34. Jan MMS, Zuberi SA, Alsaihati BA. Pregabalin: Preliminary Experience in Intractable Childhood Epilepsy. Pediatric Neurology. 2009 //;40(5):347-50.

Pregabalin is a new antiepileptic drug that acts at presynaptic calcium channels, modulating neurotransmitter release. We report on treating consecutive children with severe drug-resistant epilepsy in a prospective, open-label, add-on trial. Nineteen children (63% male) aged 4-15 years (mean, 9.7; S.D., 2.9) were included. Most (74%) had daily seizures that failed multiple drugs (mean, 5). Epilepsy was symptomatic in 58%, and 74% exhibited associated cognitive deficits. Seizures were mixed in nine (47%), and four (21%) manifested Lennox-Gastaut syndrome. Pregabalin was maintained at 150-300 mg/day. On pregabalin, one (6%) child became seizure-free, and seven (37%) had >50% seizure reduction. The percentage of children with daily seizures was reduced from 74% before pregabalin to 37% afterward ($P < 0.002$). Side effects were evident in six (32%) with somnolence, weight gain, dizziness, or behavioral change. The drug was withdrawn in five (26%) children for lack of efficacy, and in two (11%) for worsening of myoclonic epilepsy. We conclude that pregabalin is a useful addition in the treatment of refractory childhood epilepsy. The drug should be used with caution in myoclonic epilepsy. Controlled studies are needed to establish long-term efficacy and tolerability. © 2009 Elsevier Inc. All rights reserved

35. Lynch CD, Ziada HM, Buckley LA, O'Sullivan VR, Aherne T, Aherne S. Prosthodontic rehabilitation of hypophosphatasia using dental implants: A review of the literature and two case reports. Journal of Oral Rehabilitation. 2009 //;36(6):462-8.

There are reports in the literature of the various dental features of hypophosphatasia, especially where it affects the deciduous dentition. The descriptions include both the manifestations of the disorder and the subsequent patterns of tooth loss. There are fewer descriptions of the effects of hypophosphatasia on the permanent dentition and little information on the subsequent prosthodontic management of these patients, particularly in relation to the use of dental implants. The aim of this paper was to review the literature on the dental effects of hypophosphatasia, present two cases and describe how one of those patients, a young adult, was successfully rehabilitated using dental implants. That latter patient's pattern of tooth loss as well as some histological and scanning electron microscopic findings of root cementum from the other case is also described. © 2009 Blackwell Publishing Ltd.

36. Whitford DL, Hickey A, Horgan F, O'Sullivan B, McGee H, O'Neill D. Is primary care a neglected piece of the jigsaw in ensuring optimal stroke care? Results of a national study. BMC Family Practice. 2009 //;10.

Stroke is a major cause of mortality and morbidity with potential for improved care and prevention through general practice. A national survey was undertaken to determine current resources and needs for optimal stroke prevention and care. Methods. Postal survey of random sample of general practitioners undertaken (N = 204;

46% response). Topics included practice organisation, primary prevention, acute management, secondary prevention, long-term care and rehabilitation. Results. Service organisation for both primary and secondary prevention was poor. Home management of acute stroke patients was used at some stage by 50% of responders, accounting for 7.3% of all stroke patients. Being in a structured cardiovascular management scheme, a training practice, a larger practice, or a practice employing a practice nurse were associated with structures and processes likely to support stroke prevention and care. Conclusion. General practices were not fulfilling their potential to provide stroke prevention and long-term management. Systems of structured stroke management in general practice are essential to comprehensive national programmes of stroke care.

37. Whitford DL, McGee H, O'Sullivan B. Reducing health risk in family members of patients with type 2 diabetes: Views of first degree relatives. BMC Public Health. 2009 //;9.

Background. Patients with type 2 diabetes can have an important role in discussing health risk within families. This study aimed to establish the acceptability to first degree relatives towards their relative with type 2 diabetes intervening as health promoters in their own families, using the Health Belief Model as a theoretical framework for evaluation. Methods. Cross-sectional questionnaire design. Survey questionnaire for first degree relative (sibling or child) mailed to a random sample of patients with type 2 diabetes registered with an urban hospital diabetes clinic (n = 607 eligible patients). Patients were asked to pass on questionnaires to one to two first degree relatives. Results. Questionnaires were returned from 257 families (42% response rate) with two responses provided by 107 families (a total of 364 questionnaires). The majority (94%) of first degree relatives of patients with type 2 diabetes would like to be informed about reducing their risk. Half (48%) of respondents reported being spoken to by a relative with type 2 diabetes about their risk of diabetes. Those spoken to were more likely to see themselves at risk of diabetes, to worry about developing diabetes and to view diabetes as a serious condition. Conclusions. A role for patients with type 2 diabetes in discussing health risk in their family appears to be acceptable to many relatives. Discussion of risk and interventions to reduce health risk with their relatives should be encouraged in patients with type 2 diabetes. © 2009 Whitford et al; licensee BioMed Central Ltd.

38. Whitford DL, McGee H, O'Sullivan B. Will people with type 2 diabetes speak to family members about health risk? Diabetes Care. 2009 //;32(2):251-3.

OBJECTIVE - This study aimed to assess the potential for communication of familial risk by patients with type 2 diabetes. RESEARCH DESIGN AND METHODS - A questionnaire was completed by a random sample of patients with type 2 diabetes registered with a hospital diabetes clinic. RESULTS - Two-thirds of patients (65%) had spoken to at least one sibling or child about diabetes risk. They were more likely to believe their family was at risk, to worry about their family developing diabetes, and to be aware of the seriousness of diabetes. The results revealed greater awareness of family risk of type 2 diabetes compared with those from previous studies. CONCLUSIONS - Many patients with type 2 diabetes had already taken the initiative, without formal prompting, to talk to family members about their risk of diabetes. Discussion of risk and interventions to reduce risk should be encouraged within families. © 2009 by the American Diabetes Association.