

Editor's note: *Annals* has partnered with a small group of selected journals of international emergency medicine societies to share from each a highlighted research study, as selected monthly by their editors. Our goals are to increase awareness of our readership to research developments in the international emergency medicine literature, promote collaboration among the selected international emergency medicine journals, and support the improvement of emergency medicine world-wide, as described in the WAME statement at <http://www.wame.org/about/policy-statements#Promoting%20Global%20Health>. Abstracts are reproduced as published in the respective participating journals, and are not peer reviewed or edited by *Annals*.

African Journal of Emergency Medicine

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Official Journal of the African Federation for Emergency Medicine, the Emergency Medicine Association of Tanzania, the Emergency Medicine Society of South Africa, the Egyptian Society of Emergency Medicine, the Libyan Emergency Medicine Association, the Ethiopian Society of Emergency Medicine Professionals, the Sudanese Emergency Medicine Society, the Society of Emergency Medicine Practitioners of Nigeria and the Rwanda Emergency Care Association

Fifteen years of emergency medicine literature in Africa: A scoping review

Mould-Millman N, Dixon J, Burkholder TW, Sefa N, Patel H, Yaffeed AQ, Osisanya A, Oyewumi T, Botchey Jr I, Osei-Ampofo M, Sawe H, Lemery J, Cushing T, Wallis LA. Fifteen years of emergency medicine literature in Africa: A scoping review. *Afr J Emerg Med.* 2019;9:45-53.

Introduction: Emergency medicine (EM) throughout Africa exists in various stages of development. The number and types of scientific EM literature can serve as a proxy indicator of EM regional development and activity. The goal of this scoping review is a preliminary assessment of potential size and scope of available African EM literature published over 15 years.

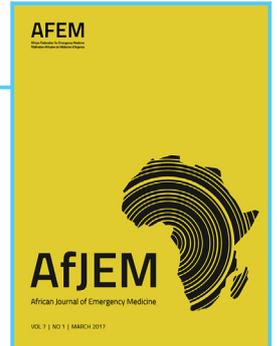
Methods: We searched five indexed international databases as well as non-indexed grey literature from 1999-2014 using key search terms including "Africa," "emergency medicine," "emergency medical services," and "disaster." Two trained physician reviewers independently assessed whether each article met one or more of five inclusion criteria, and discordant results were adjudicated by a senior reviewer. Articles were categorised by subject and country of origin. Publication number per country was normalised by 1,000,000 population.

Results: Of 6091 identified articles, 633 (10.4%) were included. African publications increased 10-fold from 1999 to 2013 (9 to 94 articles, respectively). Western Africa had the highest number (212, 33.5%) per region. South Africa had

the largest number of articles per country (171, 27.0%) followed by Nigeria, Kenya, and Ghana. 537 (84.8%) articles pertained to facility-based EM, 188 (29.7%) to out-of-hospital emergency medicine, and 109 (17.2%) to disaster medicine. Predominant content areas were epidemiology (374, 59.1%), EM systems (321, 50.7%) and clinical care (262, 41.4%). The most common study design was observational (479, 75.7%), with only 28 (4.4%) interventional studies. All-comers (382, 59.9%) and children (91, 14.1%) were the most commonly studied patient populations. Undifferentiated (313, 49.4%) and traumatic (180, 28.4%) complaints were most common.

Conclusion: Our review revealed a considerable increase in the growth of African EM literature from 1999 to 2014. Overwhelmingly, articles were observational, studied all-comers, and focused on undifferentiated complaints. The articles discovered in this scoping review are reflective of the relatively immature and growing state of African EM.

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Canadian Journal of Emergency Medicine

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Official Journal of the Canadian Association of Emergency Physicians

Paramedics Providing Palliative Care at Home: A Mixed-Methods Exploration of Patient and Family Satisfaction and Paramedic Comfort and Confidence

Carter AJE, Arab M, Harrison M, Goldstein J, Stewart B, Lecours M, Sullivan J, Villard C, Crowell W, Houde K, Jensen JL, ACP, Downer K, Pereira J. Paramedics Providing Palliative Care at Home: A Mixed-Methods Exploration of Patient and Family Satisfaction and Paramedic Comfort and Confidence. *CJEM*. 2019; <http://doi.org/10.1017/cem.2018.497>.

Objective: Paramedics Providing Palliative Care at Home was launched in two provinces, including a new clinical practice guideline, database, and paramedic training. The aim of this study was to evaluate patient/family satisfaction and paramedic comfort and confidence.

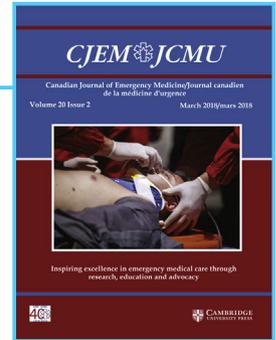
Methods: In Part A, we gathered perspectives of patients/families via surveys mailed at enrolment and telephone interviews after an encounter. Responses were reported descriptively and by thematic analysis. In Part B, we surveyed paramedics online pre- and 18 months post-launch. Comfort and confidence were scored on a 4-point Likert scale, and attitudes on a 7-point Likert scale, reported as the median (interquartile range [IQR]); analysis with Wilcoxon ranked sum/thematic analysis of free text.

Results: In Part A, 67/255 (30%) enrolment surveys were returned. Three themes emerged: fulfilling wishes, peace of mind, and feeling prepared for emergencies. In 18 post-encounter interviews, four themes emerged: 24/7 availability,

paramedic professionalism and compassion, symptom relief, and a plea for program continuation. Thematic saturation was reached with little divergence. In Part B, 235/1255 (18.9%) pre- and 267 (21.3%) post-surveys were completed. Comfort with providing palliative care without transport improved post launch ($p = < 0.001$) as did confidence in palliative care without transport ($p = < 0.001$). Respondents strongly agreed that all paramedics should be able to provide basic palliative care.

Conclusions: After implementation of the multifaceted Paramedics Providing Palliative Care at Home Program, paramedics describe palliative care as important and rewarding. The program resulted in high patient/family satisfaction; simply registering provides peace of mind. After an encounter, families particularly noted the compassion and professionalism of the paramedics.

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Hong Kong Journal of Emergency Medicine

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Official Journal of the Hong Kong College of Emergency Medicine

9-year review of new psychoactive substance use in Hong Kong: A clinical laboratory perspective

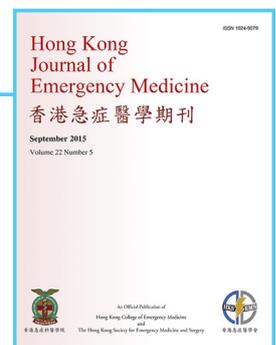
Tang MHY, LY Hung, Lai CK, Ching CK, Mak TWL. 9-year review of new psychoactive substance use in Hong Kong: A clinical laboratory perspective. *HKJEM*. 2019;26:179-185.

Background: New psychoactive substances are constantly evolving structural analogues of traditional drugs of abuse that have become a threat to public health worldwide and within our locality. An understanding of the local pattern of new psychoactive substance use will help guide frontline clinical management.

Objectives: This study was conducted to review the new psychoactive substances detected in cases referred to the authors' laboratory (a tertiary clinical toxicology centre), as well as the associated clinical features and toxicological findings.

Methods: All cases referred to the laboratory for toxicology analysis between January 2009 and December 2017, and which were analytically confirmed to involve new psychoactive substance use, were retrospectively reviewed. Demographic data, clinical features and toxicology findings were studied.

Results: A total of 111 cases involving 104 patients and 22 types of new psychoactive substances were identified, with an increasing trend in the number of cases and subclass of new psychoactive substances detected. Up to half of the



cases (n = 64) were related to the use of 2-phenyl-2-(ethylamino)-cyclohexanone (2-oxo-PCE, a ketamine analogue); other new psychoactive substances detected included para-methoxymethamphetamine, 4-fluoroamphetamine, phenazepam, 3-trifluoromethylphenylpiperazine, 5-methoxy-diisopropyltryptamine, 2-diphenylmethylpyrrolidine, methoxyphenidine, the N-methoxybenzyl drugs, cathinones, synthetic cannabinoids and opioids. Among the acute poisoning cases attributable to new psychoactive substance use, the severity was fatal (n = 3), severe (n = 17), moderate

(n = 67) and minor (n = 17). And 11 patients required intensive care unit admission. All three fatal cases were associated with paramethoxymethamphetamine use.

Conclusion: A rising trend of new psychoactive substance use is observed locally, which is associated with considerable morbidity and mortality. Continued vigilance from frontline clinicians and medical professionals is imperative in the combat against new psychoactive substance use.

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