Dear Colleagues

Welcome to the Spring issue of Connect. With the onset of Spring and new beginnings I am delighted to advise that the Tallaght-Clondalkin Local Integrated Care Committee (TC-LInCC) is now up and running with the inaugural meeting taking place in the Maldron Hotel on Tuesday 28th February ably chaired by the Irish College of General Practitioners faculty elected chairperson, Dr. Aisling Ni Shúilleabhain who is well known to many of you.

The overarching aim of the TC-LInCC is to enhance the professional working relationships between GPs, consultants, hospital management and the community health organisations in order to create more effective and efficient services for patients in the greater Tallaght/Clondalkin catchment area.

This involves but is not limited to:

› Development of integrated care pathways between acute and community services so as to improve patient outcomes.
› Establish an effective medium for communications between all three entities on matters such as patient safety alerts, service developments and policy changes (these can be both urgent & routine in nature) as well as regular updates on the TC-LInCC activities.
› Ensure evidence based effective and transparent decision making incorporating all key stakeholders including in particular the CHO7
› Develop a consensus approach to service enhancements required and the collective advocacy opportunities to the likes of the HSE and Department of Health on policy matters.
› Act as a conduit of any issues of conflict which have a direct or indirect impact on stakeholder or service users and aim for resolution of same using a consensus approach.

It is intended that the meetings are open to all interested parties from the local GPs, Tallaght Hospital and CHO 7 to attend.

However, to ensure effective decision making and achieve the above aims, a core group has been appointed to conduct the core business and administration of the TC-LInCC.

The membership of the core group is currently as follow:

› Six GPs: Dr. Aisling Ni Shúilleabhain (Chairperson), Dr. Andy Jordan, Dr. Brian Blake, Dr. Catherine Wilkinson, Dr. Darach O’Ciardha, Dr. Hugh Nohilly
› Two CHO7 representatives: David Walsh & Anne O’Shea
› Five Clinical Directors, Tallaght Hospital: Dr. Catherine Wall (lead Clinical Director & Medicine), Dr. Ciara Martin (Paediatrics), Dr. Ronan Browne (Radiology), Dr. Michael Jeffers (Laboratory) and Dr. Eleanor O’Leary (Perioperative)
› Chair of Medical Board, Tallaght Hospital: Dr Siobhán Ni Bhriain
› Corporate Representatives, Tallaght Hospital: Lucy Nugent [Deputy CEO] & John Kelly [Chief Operations Officer]

In addition to the above the TC-LInCC wishes to foster networking and collaboration and is planning a social event soon!

I hope you enjoy this edition which aims to showcase the work of the Hospital and help inform you of developments here in Tallaght.

Kind Regards

Lucy Nugent
Deputy Chief Executive Officer
Tallaght Hospital

selected to lead

study in Ireland

In November the Hospital was very proud to announce our selection as the lead research site in Ireland as part of a global study for Alzheimer Disease.

This is a significant milestone for Alzheimer’s research at the Hospital and an acknowledgment of the excellent work undertaken by our Age Related team. Alzheimer’s disease is the most common form of dementia, characterised by progressive loss of cognition - our ability to learn, remember and plan our lives. Right now there are approximately 48,000 people in Ireland suffering from the disease and that number is set to increase as the population ages. The disease impacts many families around the country, and current therapies are limited so there is a great need to understand how Alzheimer’s disease develops, and what the underlying processes are in order to develop effective treatments.

The trial is focussing on a newly developed drug, Verubecestat produced by MSD. This tablet has been shown to “switch off” the production of the protein amyloid in the brain which is thought to be the chief cause of Alzheimer’s disease. Importantly, amyloid accumulation in the brain can precede the onset of symptoms of Alzheimer’s disease by several decades. Therefore, participants in the MSD trial have been selected based on having mild memory difficulties but without the presence of Alzheimer’s, as memory difficulties can indicate this amyloid accumulation.

The Chief Investigator for the Irish leg of this trial is Dr. Sean Kennelly, commenting on the hospital’s participation in the trial said: “This is a key milestone, for the first time Irish people who have memory difficulties but haven’t yet clinically developed Alzheimer’s disease have the opportunity to participate in a trial of a medication which could potentially delay or halt progression of their symptoms. Alzheimer’s is a progressive, degenerative disorder and with a high projected growth in older persons over the next 20 years it is a disease that is most likely to continue to increase. Causing great distress to those diagnosed and their loved ones, increased diagnosis also has a massive impact on care needs in the acute hospital setting and in our communities. This is a very exciting time for Alzheimer’s disease research with several treatments showing early promise, having said that we must remain cautious as there have been many false dawns in this field.”

Tallaght Hospital has developed several high quality supports and services for Alzheimer’s and Dementia research, including the Hospital’s weekly Memory Clinic. Launched last year it offers a multidisciplinary service incorporating geriatric medicine physicians, clinical nurse specialists, clinical neuropsychologists and occupational therapists among others, aiming to identity those most at risk of Dementia as early as possible. For more information on the clinical human study trials, you can click here.

New Pilot Project to Support Patients with Kidney Disease

The Trinity Health Kidney Centre is conducting a new Pilot Psychology Project supported by the Meath Foundation Quality Improvement Fund.

The project will examine the effectiveness of psychological interventions to improve patient adherence to the challenging treatment demands of Chronic Kidney Disease (CKD). Currently there is no psychology service for patients with CKD and their families attending Tallaght Hospital. This pilot project will examine the benefit of such a service for patients.

Living with CKD can be challenging and stressful. Becoming unwell can trigger a range of difficult emotions. These include disbelief, sadness or depression, as well as anger and fears about what the future might hold. Being psychologically ready for major changes such as transition to end-stage renal disease, renal replacement therapy or kidney transplant, is a vital part of adjusting to the illness.

As part of this pilot, a Psychologist will provide clinical sessions to patients, working closely with the MDT Trinity Health Kidney Centre team. Providing psychological support at key transition points can aid adjustment and lead to an improvement in the patients’ ability to cope with treatment adherence. This results in better health outcomes.

The Project is led by Professor Mark Little of the Trinity Health Kidney Centre and Dr. Veronica O’Doherty, Head of the Psychology Department, Tallaght Hospital and is supported by Dr. Catherine Wall, Clinical Lead at Tallaght Hospital. Academic support is provided by Professor David Hevey, Lecturer in Psychology, School of Psychology, at Trinity College Dublin.

The Summer 99 Charity Cycles

for the Intensive Care Unit

at Tallaght Hospital

Saturday 17th June 2017

at 9am


www.iregister.ie under Tallaght Hospital Summer 99
risk of chronic kidney disease is 3-5 times inhibitors. These indicate that the relative disease in patients taking proton pump risk and prevalence of chronic kidney other papers indicating the increased prevalence in the last 13 years in Scotland. Published in the QEJM, recorded doubling of prevalence of proton pump inhibitor (PPI) there has been a significant increase in the antibiotic use but over the last 15 years, Traditionally, drug induced interstitial permanent. of symptoms, the damage is usually any symptoms until kidney injury is severe, however is a relatively uncommon disease characterised by development of unexplained kidney injury in the absence of overt proteinuria. Patients with kidney failure do not have any symptoms until kidney injury is severe, so most cases are diagnosed as a result of routine blood test done for another diagnosis. When diagnosed on the basis of symptoms, the damage is usually permanent. Typically acute kidney injury is precipitated by hypotension due to sepsis or cardiac failure or exposure to nephrotoxins such as NSAIDs or contrast material. Chronic kidney disease on the other hand is typically associated with hypertension and/or overt proteinuria.

Drug induced interstitial nephritis, however, is a relatively uncommon disease characterised by development of unexplained kidney injury in the absence of overt proteinuria or a classical precipitant. Patients with kidney failure do not have any symptoms until kidney injury is severe, so most cases are diagnosed as a result of routine blood test done for another indication. When diagnosed on the basis of symptoms, the damage is usually permanent. Traditionally, drug induced interstitial nephritis was associated with penicillin antibiotic use but over the last 15 years, there has been a significant increase in the prevalence of proton pump inhibitor (PPI) induced interstitial nephritis. A recent paper published in the OJEM, recorded doubling of prevalence in the last 13 years in Scotland. This data is consistent with a number of other papers indicating the increased risk and prevalence of chronic kidney disease in patients taking proton pump inhibitors. These indicate that the relative risk of chronic kidney disease is 3-5 times higher in patients on PPIs compare to controls. While the absolute prevalence of chronic kidney disease in patients taking PPIs is extremely low (0.04%), it is becoming a major public health risk, due to the widespread use of PPIs in the general population. PPIs can now be bought over-the-counter. They are on the highest prescribed class of drugs prescribed in Ireland. The diagnosis is often clinical, but for diagnostic proof, a renal biopsy is required. This reveals a characteristic pattern of eosinophilic cells in the renal interstitium.

In the final part of his grand rounds, Prof. Mellotte explained the SADMAN sick day rules. These are rules that were developed by the NHS to be applied to patients with known chronic kidney disease.

- If a patient with chronic kidney disease is unable to maintain adequate fluid intake or has excess fluid losses during an illness (such as diarrhea or vomiting)
- They are advised that potentially nephrotoxic or renally excreted drugs should be held 24-48 hours until patient has recovered.

The drugs in question can be remembered by the acronym SADMAN (Sulfonylureas, ACE inhibitors, Diuretics, Metformin, Angiotensin receptor blockers, NSAIDs) and angiotensin receptor blockers, NSAIDs). Such a Multi-Disciplinary Team approach is considered a core component of delivering care in the context of rare disease. Autoimmune vasculitis is one such rare disease that, under stewardship from the TVAG and chaired by Professor Little, is now managed at a national level through a virtual network: The Vasculitis Ireland Network (VINE, http://www.medicine.tcd.ie/thkc/vasculitis-ireland-network/). By aligning this with the Irish National Rare Kidney Disease Registry, Professor Little has been successful in obtaining designation from the Dept of Health for VINE as a national centre of expertise for the purposes of applying for membership of European Reference Networks (ERN). These major international networks seek to consolidate care for specific rare diseases, such as vasculitis, across all European countries.

The Rare Immune Disorders ERN (RITA: Rare Immunodeficiency, Autoinflammatory and Autoimmune) will streamline and enhance care for patients with rare conditions such as vasculitis, who have frequently suffered from fragmented care and delayed diagnosis. VINE is represented on the steering committee of this evolving European organisation, with Professor Little coordinating the autoimmune strand. Through this initiative, Tallaght Hospital has the opportunity to influence care pathways for rare immune disorders internationally, and improve care and outcomes for patients locally. For further information on TVAG or ERN please contact Professor Mark Little.

Drug induced interstitial nephritis

Professor George Mellotte recently gave a talk of drug induced interstitial nephritis in grand rounds.

Typically acute kidney injury is precipitated by hypotension due to sepsis or cardiac failure or exposure to nephrotoxins such as NSAIDs or contrast material. Chronic kidney disease on the other hand is typically associated with hypertension and/or overt proteinuria. Drug induced interstitial nephritis, however, is a relatively uncommon disease characterised by development of unexplained kidney injury in the absence of overt proteinuria or a classical precipitant. Patients with kidney failure do not have any symptoms until kidney injury is severe, so most cases are diagnosed as a result of routine blood test done for another indication. When diagnosed on the basis of symptoms, the damage is usually permanent.

Traditionally, drug induced interstitial nephritis was associated with penicillin antibiotic use but over the last 15 years, there has been a significant increase in the prevalence of proton pump inhibitor (PPI) induced interstitial nephritis. A recent paper published in the OJEM, recorded doubling of prevalence in the last 13 years in Scotland. This data is consistent with a number of other papers indicating the increased risk and prevalence of chronic kidney disease in patients taking proton pump inhibitors. These indicate that the relative risk of chronic kidney disease is 3-5 times higher in patients on PPIs compared to controls. While the absolute prevalence of chronic kidney disease in patients taking PPIs is extremely low (0.04%), it is becoming a major public health risk, due to the widespread use of PPIs in the general population. PPIs can now be bought over-the-counter. They are on the highest prescribed class of drugs prescribed in Ireland. The diagnosis is often clinical, but for diagnostic proof, a renal biopsy is required. This reveals a characteristic pattern of eosinophilic cells in the renal interstitium.

In the final part of his grand rounds, Prof. Mellotte explained the SADMAN sick day rules. These are rules that were developed by the NHS to be applied to patients with known chronic kidney disease.

- If a patient with chronic kidney disease is unable to maintain adequate fluid intake or has excess fluid losses during an illness (such as diarrhea or vomiting)
- They are advised that potentially nephrotoxic or renally excreted drugs should be held 24-48 hours until patient has recovered.

The drugs in question can be remembered by the acronym SADMAN (Sulfonylureas, ACE inhibitors, Diuretics, Metformin, Angiotensin receptor blockers, NSAIDs). Such a Multi-Disciplinary Team approach is considered a core component of delivering care in the context of rare disease. Autoimmune vasculitis is one such rare disease that, under stewardship from the TVAG and chaired by Professor Little, is now managed at a national level through a virtual network: The Vasculitis Ireland Network (VINE, http://www.medicine.tcd.ie/thkc/vasculitis-ireland-network/). By aligning this with the Irish National Rare Kidney Disease Registry, Professor Little has been successful in obtaining designation from the Dept of Health for VINE as a national centre of expertise for the purposes of applying for membership of European Reference Networks (ERN). These major international networks seek to consolidate care for specific rare diseases, such as vasculitis, across all European countries.

The Rare Immune Disorders ERN (RITA: Rare Immunodeficiency, Autoinflammatory and Autoimmune) will streamline and enhance care for patients with rare conditions such as vasculitis, who have frequently suffered from fragmented care and delayed diagnosis. VINE is represented on the steering committee of this evolving European organisation, with Professor Little coordinating the autoimmune strand. Through this initiative, Tallaght Hospital has the opportunity to influence care pathways for rare immune disorders internationally, and improve care and outcomes for patients locally. For further information on TVAG or ERN please contact Professor Mark Little.

Drug induced interstitial nephritis

Professor George Mellotte recently gave a talk of drug induced interstitial nephritis in grand rounds.

Typically acute kidney injury is precipitated by hypotension due to sepsis or cardiac failure or exposure to nephrotoxins such as NSAIDs or contrast material. Chronic kidney disease on the other hand is typically associated with hypertension and/or overt proteinuria. Drug induced interstitial nephritis, however, is a relatively uncommon disease characterised by development of unexplained kidney injury in the absence of overt proteinuria or a classical precipitant. Patients with kidney failure do not have any symptoms until kidney injury is severe, so most cases are diagnosed as a result of routine blood test done for another indication. When diagnosed on the basis of symptoms, the damage is usually permanent.

Traditionally, drug induced interstitial nephritis was associated with penicillin antibiotic use but over the last 15 years, there has been a significant increase in the prevalence of proton pump inhibitor (PPI) induced interstitial nephritis. A recent paper published in the OJEM, recorded doubling of prevalence in the last 13 years in Scotland. This data is consistent with a number of other papers indicating the increased risk and prevalence of chronic kidney disease in patients taking proton pump inhibitors. These indicate that the relative risk of chronic kidney disease is 3-5 times higher in patients on PPIs compared to controls. While the absolute prevalence of chronic kidney disease in patients taking PPIs is extremely low (0.04%), it is becoming a major public health risk, due to the widespread use of PPIs in the general population. PPIs can now be bought over-the-counter. They are on the highest prescribed class of drugs prescribed in Ireland. The diagnosis is often clinical, but for diagnostic proof, a renal biopsy is required. This reveals a characteristic pattern of eosinophilic cells in the renal interstitium.

In the final part of his grand rounds, Prof. Mellotte explained the SADMAN sick day rules. These are rules that were developed by the NHS to be applied to patients with known chronic kidney disease.

- If a patient with chronic kidney disease is unable to maintain adequate fluid intake or has excess fluid losses during an illness (such as diarrhea or vomiting)
- They are advised that potentially nephrotoxic or renally excreted drugs should be held 24-48 hours until patient has recovered.

The drugs in question can be remembered by the acronym SADMAN (Sulfonylureas, ACE inhibitors, Diuretics, Metformin, Angiotensin receptor blockers, NSAIDs). Such a Multi-Disciplinary Team approach is considered a core component of delivering care in the context of rare disease. Autoimmune vasculitis is one such rare disease that, under stewardship from the TVAG and chaired by Professor Little, is now managed at a national level through a virtual network: The Vasculitis Ireland Network (VINE, http://www.medicine.tcd.ie/thkc/vasculitis-ireland-network/). By aligning this with the Irish National Rare Kidney Disease Registry, Professor Little has been successful in obtaining designation from the Dept of Health for VINE as a national centre of expertise for the purposes of applying for membership of European Reference Networks (ERN). These major international networks seek to consolidate care for specific rare diseases, such as vasculitis, across all European countries.

The Rare Immune Disorders ERN (RITA: Rare Immunodeficiency, Autoinflammatory and Autoimmune) will streamline and enhance care for patients with rare conditions such as vasculitis, who have frequently suffered from fragmented care and delayed diagnosis. VINE is represented on the steering committee of this evolving European organisation, with Professor Little coordinating the autoimmune strand. Through this initiative, Tallaght Hospital has the opportunity to influence care pathways for rare immune disorders internationally, and improve care and outcomes for patients locally. For further information on TVAG or ERN please contact Professor Mark Little.
Upcoming education events available for GPs and Practice Nurses

<table>
<thead>
<tr>
<th>DATE</th>
<th>COURSE DETAILS</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every Friday</td>
<td>Grand Rounds</td>
<td>Sandra Daly. Tel: 01 414 2883 <a href="mailto:Sandra_Daly@amnch.ie">Sandra_Daly@amnch.ie</a> Fee - Free of Charge</td>
</tr>
<tr>
<td>09.05.2017 23.05.2017</td>
<td>Venepuncture &amp; Cannulation Skills 10.30am – 12.30pm, Two Rock Clinical Skills Lab, Centre for Learning &amp; Development, Tallaght Hospital</td>
<td>Clodagh McLoughlin Ext. 2851 <a href="mailto:Clodagh.mcloughlin@amnch.ie">Clodagh.mcloughlin@amnch.ie</a></td>
</tr>
</tbody>
</table>

"For me it was great to be in your own home....instead of being stuck in hospital. I found the therapy made me come back to myself"

"...therapy much more effective in the comfort of home"

"The one-to-one relationships built up with each therapist was a very positive factor, and the fact that I was in my home environment"

More than Skin Deep

New research published recently revealed that 46% of people with Psoriasis have never heard of Psoriatic Arthritis. Yet, up to 30% of the estimated 73,000 people with Psoriasis in Ireland may go on to develop the inflammatory arthritis that can cause pain, swelling and damage to joints.

In an effort to increase awareness of Psoriatic Arthritis Tallaght Hospital consultants Professor David Kane, Consultant Rheumatologist, and Dr. Anne-Marie Tobin, Consultant Dermatologist have become involved in a campaign called ‘More than Skin Deep’.

“The symptoms of psoriatic arthritis are quite different to those of psoriasis in that it’s a disease of joints rather than a disease of the skin. Those affected will experience swelling, pain and stiffness in the joints and will have difficulty moving their joints, particularly the hands, knees or feet”, said Prof David Kane, Consultant Rheumatologist. “Early diagnosis of psoriatic arthritis is important. If we intervene and treat early we may be able to put the disease into remission and prevent permanent damage to the joints.”

To learn more about Psoriasis and Psoriatic Arthritis, three information videos are available they are:

- The Journey – Professor David Kane and Dr. Anne-Marie Tobin talk about the link between psoriasis and psoriatic arthritis, including the signs, symptoms and how it is diagnosed
- Managing the Journey – Professor David Kane and Dr. Anne-Marie Tobin give advice on how best to manage the journey from psoriasis to psoriatic arthritis
- More than Skin Deep – interview with patient Marion Morrissey about her journey from psoriasis to psoriatic arthritis

TLC – DOC

Please note that since the middle of January TLC-DOC is no longer located inside Tallaght Hospital. The out of hours service now operates from a new purpose built facility located beside Aldi in the Tallaght Cross West complex. The contact number of 1890 20 22 24 remains unchanged. The clinic times operate from 6pm-10pm Monday to Friday and from 10am-6pm at weekends and Bank Holidays.

Consultant Appointments

Dr. Sean O’Dowd
– Consultant Neurologist
Dr. Brenda Griffin
- Consultant Nephrologist

If you would like any more information about any articles in the Connect or have suggestions for future editions please do get in touch.

Email: GPConnect@amnch.ie