



<p>➤ Scottish Conference</p> <p style="text-align: right;">Page 2</p>	<p style="text-align: center;">—Editorial—</p> <p>Drinking yogurt can cut hospital sickness</p> <p><i>"This week I have mostly been eating...yoghurt"</i></p> <p>One of my favourite lines from the character Jesse of <i>The Fast Show</i>, uttered in a Westcountry accent as he emerges from a dilapidated outside toilet. Well it seems Jesse was onto something, as <i>The Times</i> recently reported that 'Drinking yogurt can cut hospital sickness' (Friday 29th June 2007). Live yoghurt has been one of the occasional adjunctive interventions used by medical microbiologists alongside the main treatment of metronidazole in the fight against the intractable diarrhoea of <i>Clostridium difficile</i>. However, the new twist on this story is that this latest randomised and controlled research published in the <i>BMJ</i> was conducted on the prophylactic rather than treatment administration of commercially available live yogurt drinks. The <i>Times</i> report of the work says that of the 113 patients of 135 who were followed up, 12% in the intervention group had post antibiotic diarrhoea against 34% in the control, and no yogurt drinkers had acquired <i>C. difficile</i> compared to 17% of the control. We all know too well the disastrous effects that long running diarrhoea has on vulnerable skin, so maybe it is time to get a round in and raise a glass to prevention!</p> <p>Andrew Kingsley - Editor Email: andrew.kingsley@wounds-uk.com</p>	<p>➤ Statistics to go</p> <p style="text-align: right;">Page 3</p>
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➤ **Scottish conference**

August is upon us which means September isn't far away and that means time for the Scottish Conference, now in its 8th successful year, to be held in the Glasgow Thistle Hotel. To be held on 6th September sessions include pressure ulcers, surgical and trauma wounds and wound debridement. For more information and to book a place visit www.wounds-uk.com

➤ **Biofisica workshops**

Wounds UK and Biofisica are staging a series of one-day workshops around England during September entitled Current Affairs in Wound Care. The itinerary is Bristol on 10th, Cobham (London) 11th, Aston Villa (Birmingham) 13th and Manchester City Stadium on 14th. Book your place and one for any manager involved in the commissioning or procurement of wound care products and services by visiting www.wounds-uk.com or by contacting the conference coordinator at the Biofisica office on 01256 704555.

➤ **Product News**

The BBC have recently reported on clinical trials by Intercytex Group plc published in Regenerative Medicine (2007; 2: 369 - 376) on laboratory produced skin. The skin is created from a fibrin matrix into which fibroblasts are introduced, much like a normal healing process. The fibroblasts secrete collagen which makes the matrix more stable. However, so far trials have only been conducted on small acute experimental wounds so the real test will come when they are introduced into real situations which will determine if the new product improves outcomes over currently available materials.

<http://news.bbc.co.uk/2/hi/health/6236282.stm>

Venous Thrombo-embolism - The CNO Bulletin (England) June 2007

http://www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/Chiefnursingofficerbulletin/DH_075453 carries the article 'VTE risk assessments for all hospital patients'. This is the aim of an expert group who are developing a national risk assessment tool and guidance to put this into

practice, which has got to be good news for any TVN who has ever tried to get a policy together on this topic.

➤ **WWW - Wonderful Website World**

Hospital Episode Statistics online. - Last month I had a look at pressure ulcers. This time it is the turn of cellulitis.

There were 44451 admissions in England in 2005-06 for 'cellulitis of other part of the limb' the most likely category for lower leg cellulitis. These admissions amounted to 372,912 bed days, and using the £250 per bed day figure, a whopping £93,228,000 estimated cost. So early recognition and treatment in the community could impact on this total, and a part of this responsibility lies with professionals engaged in wound care. Remember to get it early, wound infection is a clinical diagnosis, so don't wait for the return of the wound swab to treat it, and use antiseptic dressings for wounds with critical colonisation which could prevent onward transmission to infection.

Find out your own statistics on:-

<http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=537>

Community Health Profiles for England - Writing an article or assignment and need the background on the health of your local population? Then go to **<http://www.communityhealthprofiles.info>**. The profiles produced by the Association of Public Health Observatories are designed to help local government and PCTs tackle health inequalities (but are also useful to find out where the posh people live!).

➤ **Statistics to go**

I was reading an article this month and came across the use of a statistical test in a table of results. Statistical tests are usually included into articles without an explanation or rather with the presumption that all readers know why they were chosen and what they mean. Well I for one struggle a bit and then end up accepting that it is meaningful often on the basis that I do not

know any better and it has been published and so peer reviewed. I have always appreciated those authors who have taken the trouble to give a brief explanation of why they chose the statistical test and what the relevant number means, whether it is a good, bad or indifferent result, because then it makes more sense as you read. So with that in mind I thought I would try to explain one statistical test each month viewed from its context in a clinical article, but let me know what you think on andrew.kingsley@wounds-uk.com

This month the Mann Whitney U Test was in a table in a piece by Henderson (2007) (see reference list). The table was taken directly from a referenced article so without looking up the original work there was no further data to go on. The original work used the test to determine if the difference in healing times of pretibial lacerations either adhesive taped or sutured was significant. The Mann Whitney is used to compare two small groups and assumes the spread of the data in each group is similar, though it does not necessarily have to form a normal distribution which plotted on a graph would look bell-shaped. It, however, does require the sampling to be properly random (and not a convenience sample) and that the people in the two groups are different.

Flap laceration in the group closed by adhesive tape healed statistically significantly faster than the sutured flap group. However, given that the table presented gives no confidence intervals for the mean number of days to healing we have no idea about the spread of the scores in each group. Therefore we can not really be sure how much we can rely on the means, in this case 39 days in the taped group and 53 days for the sutured, to represent closely the closure times for the majority of wounds that underwent the procedures. Wide intervals give little and narrow ones give us more confidence that the mean is really representative of the data. Statistical significance is all well and good but if the distribution of the data on which the sums are done is widely spread we have to question the value of the result.

Significance is shown by 'p value' which stands for the probability that the result happened by chance was 1 in however many. The $p=0.05$ value, the cut off point for statistical significance, means there was a 1 in 20 probability that the result happened by random chance rather than it being a 'true'

difference produced by the treatment. The lower the p value the better, for example 0.01 means a 1 in 100 probability of the result happening by pure chance. The test in the paper examined the difference between the mean averages of days to healing in the two groups. Given the minimal information provided in the paper (which was no fault of the author as there was minimal material in the original publication), and being the generous souls that we are, we can only presume that the data was sufficient and sound enough to undergo the statistical testing. Then with this presumption in place, and it is a big one, the result gives a clinically significant result.

Sources: <http://www.statisticssolutions.com/mann.htm>

http://en.wikipedia.org/wiki/Mann-Whitney_U

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➤ **Significantly speaking**

I see the Journal of the American Medical Association has published important information on chocolate from German researchers. A daily dose of 6g of dark chocolate produced a slight reduction in blood pressure without changes in weight or to levels of cholesterol. By my reckoning 6g is about one chunk, now in my little world of science that is not clinically significant!

Taubert, D., Roesen, R., Lehmann C. et al (2007) Effects of Low Habitual Cocoa Intake on Blood Pressure and Bioactive Nitric Oxide: A Randomized Controlled Trial. JAMA. 298: 49 - 60.

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