

We are delighted to bring you another series of dissemination reports of research projects supported by the *Health Services Research Fund (HSRF)** and the *Health Care and Promotion Fund (HCPF)*. This edition features projects related to health care delivery and management, mental health, and respiratory diseases. Several projects are highlighted due to their significant findings, impacts on health care delivery and practice, and/or contributions to the formulation of health policy in Hong Kong.

Hospital readmissions, especially of older persons, remain a major economic burden on the public purse. Programmes that effectively reduce this burden are welcome. Kwok et al¹ studied the effectiveness of post-discharge follow-up by community nurse specialists (CNS) at preventing hospital readmission of older patients with chronic lung disease and cardiac failure. The results were mixed—public health care costs were marginally reduced in patients with cardiac failure but increased for those with lung disease. Any programme utilising the CNS model should carefully define its target population, intervention protocols, and expected outcomes to ensure that effectiveness can be evaluated. This study impacted clinical practice, resulting in a reduction in the re-admission rate of cardiac failure patients and better management of post-discharge visits for chronic obstructive airway disease sufferers.

Non-steroidal anti-inflammatory drug (NSAID)-induced gastro-intestinal toxicity is a common problem and patients with a history of ulcer bleeding who use NSAIDs are at highest risk for ulcer complications. Chan et al² studied whether the cyclooxygenase-2 (COX-2) selective NSAID (celecoxib) was comparable to the combination of a non-selective NSAID (diclofenac) plus a proton pump inhibitor (omeprazole) in a 6-month, prospective, randomised, double-blind trial in patients at high-risk of ulcer complications. They concluded that among patients with previous ulcer bleeding, celecoxib was comparable to the combination therapy for the prevention of recurrent bleeding. According to the authors, this study has led to revised Hospital Authority guidelines on the use of NSAIDs, including COX-2 inhibitors in the management of patients with arthritis. The study's impact on clinical practice has been to reduce the incidence and hospitalisations due to NSAID-related peptic ulcer complications.

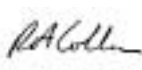
Chronic obstructive pulmonary disease (COPD) is a common cause of respiratory failure and many patients present with recurrent exacerbations requiring hospital admission. Nocturnal non-invasive positive pressure ventilation may help to improve carbon dioxide responsiveness of the respiratory centre and facilitate respiratory muscle rest. A multi-faceted study by Hui³ found that non-invasive ventilation is well-tolerated by hypercapnic COPD patients during exacerbations, and quickly results in improvement of acidosis. However, in the severe stable phase, tolerance for bilevel positive airway pressure is very poor and patients do not perceive the benefit as in acute exacerbations. Despite this, the study had an impact on health system policies. The study offered the potential for cost-savings based on recommendations in regard to which patients should or should not be offered non-invasive ventilation and/or sleep studies.

We hope you find this selection of dissemination reports informative and enjoyable to read. These dissemination reports and the full reports of each project may be downloaded individually from the Research Secretariat website <http://www.fhb.gov.hk/grants>, where more information about the funds, including application procedures, can be found.

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2. Chan FK, Hung LC, Suen BY, et al. Prevention of ulcer bleeding in high-risk patients: is the enthusiasm for COX-2 selective NSAIDs justified? *Hong Kong Med J* 2007;13(Suppl 5):18-22.
3. Hui DS. Nocturnal nasal positive pressure ventilation for chronic obstructive pulmonary disease. *Hong Kong Med J* 2007;13(Suppl 5):37-41.

* The HSRF was succeeded by the *Health and Health Services Research Fund (HHSRF)* in 2002.