CIAP News August 2025: CIAP User Survey, Point of Care Resources Training, Patient Case, and more.

NSW GOVERNMENT eHealth NSW

**CIAP Training & Upcoming Workshops:**

Register Here & Earn CPD Points

# CIAP Newsletter

**Upcoming**: Mental Health Point of Care Resources CIAP Training Workshop
**When**: 20 August 2025 08:30 - 12:30
**Where**: ONLINE

Register

Program

**See All CIAP Training Workshop Dates for 2025:**

See Full Schedule

## CIAP User Survey

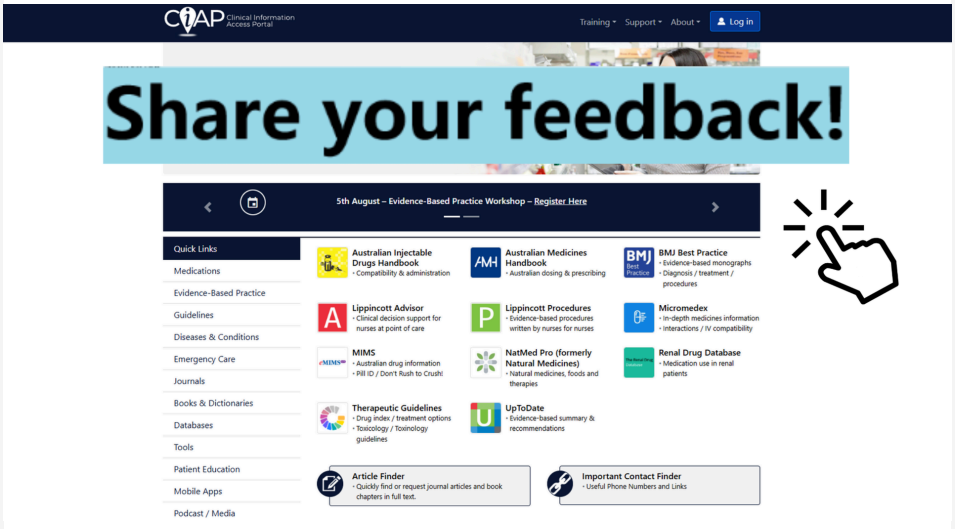
The Clinical Information Access Portal invites you to participate in the CIAP User Survey.

Please take this opportunity to provide your feedback on CIAP and a selection of its resources and content. We want to hear about your experience using CIAP and its value in your practice.

Your input will help us understand the impact of CIAP resources and guide future improvements and developments.

Please take a couple of minutes to share your thoughts.

We appreciate your valuable time and insights.




## Upcoming: Point of Care CIAP Resources Virtual Workshops

**Mental Health CIAP Resources**
Wed 20 August, 08:30-12:30

Register

**CIAP Tools for Best Practice**
Thurs 4 September, 08:30-12:30

Register

**Paediatrics CIAP Resources**
Thurs 16 September, 08:30-12:30

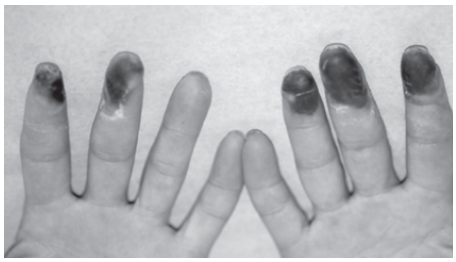
Register

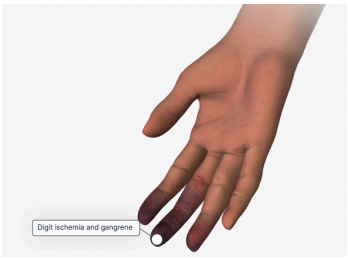
## What's the Diagnosis?

This condition involves a segmental, inflammatory, and thrombotic process of the distal-most arteries and occasionally veins of the extremities. Pathologic examination reveals arteritis in the affected vessels. The cause is not known but it is rarely seen in patients who do not smoke cigarettes. Arteries most commonly affected are the plantar and digital vessels of the foot and lower leg. In advanced stages, the fingers and hands may become involved.

Clinical findings:

- Lesions on the toes and the patient is younger than 40 year
- Observation of superficial thrombophlebitis may aid the diagnosis
- Because the distal vessels are usually affected, intermittent claudication is not common
- Rest pain, particularly pain in the distal most part of the extremity (ie, toes), is frequent. This pain often progresses to tissue loss and amputation unless the patient stops smoking cigarettes
- The progression of the disease seems to be intermittent with acute and dramatic episodes followed by some periods of remission.






What's the diagnosis? Find out the answer here in Access Medicine.

Access provided by CIAP.

## Clinical Factors Affecting the Quality of Life of Women With Endometriosis

Although it is possible to screen women at high risk for endometriosis, it often takes as long as 8-10 years to make a diagnosis. The delay may be caused by non-obvious symptoms of variable severity, which can influence misdiagnosis. Endometriosis symptoms sometimes are similar to menstrual cycle complaints, which can cause them to be ignored. Some women may avoid complaining about their symptoms, which can delay a consultation with gynaecologists who specialise in endometriosis treatment.

Endometriosis affects approximately 10% of women of reproductive age. However, in some women, the disease has a subclinical course, making it difficult to determine the exact prevalence in the general population. Endometriosis can be understood as a condition with a variable course and effects at different stages of life. There is often a long delay in the diagnosis of the disease after the onset of symptoms, as well as the persistence and recurrence of symptoms despite treatment. Endometriosis can

significantly affect fertility by causing adhesions or fibrosis of the fallopian tubes, inflammation of the pelvic tissues and changes in the uterine environment. Up to 50% of women with infertility problems have been diagnosed with foci of endometriosis.

This study aimed to analyse selected clinical data related to the diagnosis of the disease affecting the quality of life of women with endometriosis.

Read more on the study in the Journal of Advanced Nursing.

Access provided by CIAP.

## Patient Case: A 19-Year-Old Woman with Seizure-like Activity and Odd Behaviors

The patient had been in her usual state of health until 10 days before the current presentation, when slowed speech developed, along with intermittent shaking and numbness of the right arm. Seven days before the current presentation, bystanders witnessed the patient collapse while she was standing on a subway platform; full-body shaking reportedly occurred. On arrival of emergency medical services, the patient was confused, drooling, and had bitten her tongue. During transport to the emergency department of another hospital by ambulance, she gradually became more alert.

On the first hospital day, the patient had three episodes of sudden, intense fear and dread. Each episode was followed by full-body shaking that was witnessed by the nurse and lasted approximately 60 to 90 seconds. During the third episode, she had apnoea, and the oxygen saturation decreased to 50% while the patient was breathing ambient air.

Read more of this patient case in the New England Journal of Medicine.

Access provided by CIAP.

## Upcoming CIAP Events

**Mental Health**
**Point of Care Resources Workshop**

**20 August 2025** 08:30-12:30
Virtual (Microsoft Teams)

Register

**Tools for Best Practice**
**CIAP Resources Workshop**

**4 September 2025** 08:30-12:30
Virtual (Microsoft Teams)

Register

Need help with CIAP?
Contact the CIAP helpdesk 24 hours, 7 days a week.
1300 28 55 33 or visit the CIAP Support page.

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