



CIAP Newsletter

Upcoming: CIAP Medicines Point of Care Resources Workshop

When: 21 January 2026 08:30 - 12:00

Where: ONLINE

[Register](#)

[Program](#)

CIAP Overview Session



Join us **online** for a 45-minute **CIAP Overview Session** and learn to navigate CIAP and essential evidence-based resources available to you.

This **short session** covers the **navigation and functionality of a range of essential and most-used evidence-based resources**, demonstrating how you can use them in practice.

The CIAP Overview Session covers an introductory navigation and quick demonstration of CIAP and major resources including **UpToDate, BMJ Best Practice, Therapeutic Guidelines, Lippincott Advisor & Procedures, Access Medicine, MIMS, & Micromedex**.

[Register to join live!](#)

[Register](#)

What's the Diagnosis?



This condition is a pain disorder of the fifth cranial (trigeminal) nerve which is chronically painful and disabling.

There are two forms (which may occur at the same time):

Type 1: Classic form with extreme, sudden facial pain that may last from a few seconds to a few minutes; sporadic in nature with episodes that may occur over a 2-hour period.

Type 2: Atypical form with pain of lower intensity.

In this condition, the right side of the face is affected more commonly than the left. It occurs suddenly and may subside spontaneously, with remissions lasting from several months to years.

History:

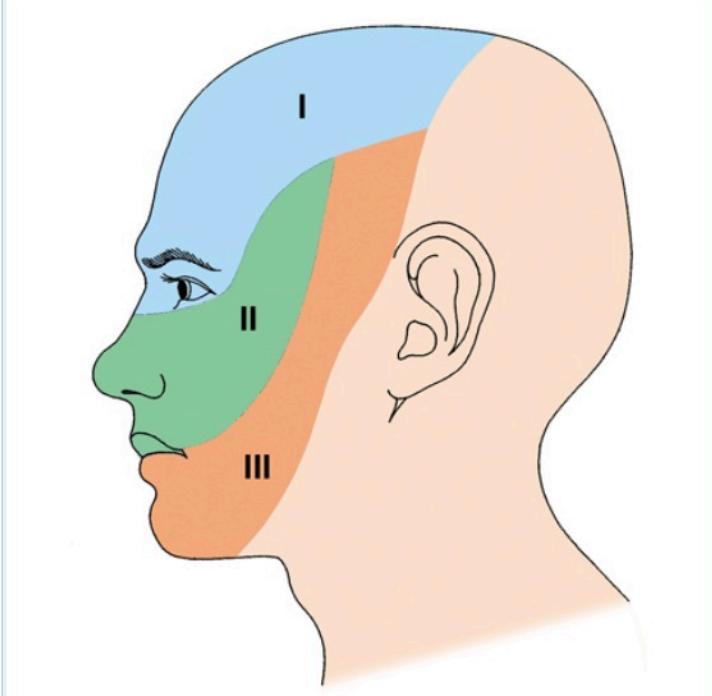
- Unilateral searing or burning facial pain that ranges from electric shock-like jabs to a constant aching pain
- Lasts from 1 to 15 minutes (usually 1 or 2 minutes)
- Localised in an area innervated by the trigeminal nerve
- Initiated by a light touch to a hypersensitive area
- Condition becomes more frequent and progressively more painful
- Initial symptom may be a constant aching, burning feeling before spasm
- Attacks possibly occurring after certain triggers, such as:
 - washing the face, touching the face, applying makeup or lotion, a draught of air, exposure to heat or cold, brushing the teeth, eating, smiling, or talking, drinking hot or cold beverages, shaving
 - Patient denial of touching affected area

DISTRIBUTION

I ophthalmic branch

II maxillary branch

III mandibular branch



What's the diagnosis? Find out the answer [here](#) in Lippincott Advisor.

Access provided by CIAP.

Micromedex Assistant



The Micromedex Assistant is an AI-powered conversational tool which streamlines drug information searches by allowing you to ask natural language questions about drugs and receive quick, evidence-based answers.

Use the Micromedex Assistant to:

- Accelerate access to evidence-based information
- Ask questions naturally, the way clinicians ask clinicians
- Deliver quick clinical responses, supporting fast patient care

Micromedex Assistant is now conveniently located in the footer menu (see below).

Access provided by CIAP.



Search drug, disease, toxicology and more

Q Drug name or keyword search →



Digital exclusion, characterised by inequitable access and ability to utilise digital resources, has emerged as a pressing issue that disproportionately impacts older populations. Research has shown that digital exclusion among older adults varied from 21.69% to 97.15% across countries. Digital exclusion has been linked to several health consequences among older adults, such as depressive symptoms, cognitive decline and functional dependence. However, its relationship with health literacy, a midway driver of health outcomes, remains unclear, potentially obscuring intervention targets.

Emerging evidence has outlined multiple pathways through which digital exclusion may influence health literacy. Gibson et al. highlighted that digital exclusion impedes individuals' ability to access online health information and utilise remote medical services, thereby potentially decreasing health literacy directly. The indirect pathway may involve a social cognitive mechanism, of which social support and self-efficacy are potential factors.

Read more of this article in the [Journal of Clinical Nursing](#).

Access provided by CIAP.

Sudden Cardiac Arrest in Athletes



The death of an athlete at any age is shocking and incongruent with our perception of athletes as members of the healthiest segment of society. Exercise and fitness are keys to health and longevity. An understanding of the incidence and causes of sudden cardiac arrest and death in athletes guides strategies for prevention - both primary prevention by means of screening before participation in sports and secondary prevention with the use of emergency action plans.

Many athletes who have survived sudden cardiac arrest hope to return to their sport. In the past, professional society recommendation statements restricted a return to play for athletes after sudden cardiac arrest; however, more recent statements emphasise the importance of shared decision making and management strategies geared toward facilitating a return while minimising risk through appropriate disease-specific therapeutic interventions, when possible.

Read more of this article in the [New England Journal of Medicine](#).

Access provided by CIAP.

Upcoming CIAP Events

CIAP Medicines Workshop

21 January 2026 08:30-12:00
Virtual (Microsoft Teams)

[Register](#)

Evidence-Based Practice & Database Searching Workshop

5 February 2026 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](#).

[LinkedIn](#) |
[Twitter](#)



eHealth NSW

Copyright © 2024 eHealth NSW
All rights reserved.

[Unsubscribe](#)