



# CIAP Newsletter

**Upcoming:** EBP & Database Searching Workshop  
**When:** 19 March 2026 08:30 - 12:30  
**Where:** ONLINE

[Register](#)

[Program](#)

## Important Update: Introducing MIMS Crush



From **24th March 2026**, the existing "Don't Rush to Crush" add on module will be discontinued. A new replacement module, "**MIMS CRUSH**", will be made available within your existing eMIMS environment from this date.

### What's included in MIMS CRUSH?

#### Seamless clinical workflow

- The same trusted workflow, providing guidance on the safe administration of oral medications for patients with swallowing issues or enteral feeding requirements.

#### Product images and dimension tables

- A quick-reference view showing brands with available images and actual dimensions for easy comparison.

#### Monthly updates to product information

- Updated regularly to include currently available brands, ensuring you always have the latest product options for substitution.

#### Integrated links to the MIMS Abbreviated Monograph

- Providing easy access to key prescribing and administration information.

#### Drug interaction links

- Access to drug-food or herbal medicine interactions to support clinical decision-making.

Access provided by CIAP.

## What's the Diagnosis?



### Pathophysiology

- An unidentified process activates the immune system, triggering the release of lymphocytes.
- Lymphocytes infiltrate the exocrine glands (salivary and lacrimal most commonly affected), causing tissue damage that results in xerostomia (dry mouth) and dry eyes (termed the *sicca complex*).
- In rare cases, systemic disease may involve other organs such as the liver and kidneys.

### Physical Findings

- Blepharitis
- Corneal lesions
- Decreased tear production
- Difficulty swallowing

- Dilated conjunctival vessels
- Dry, sticky, erythematous oral mucosa
- Mouth ulcers, dental caries, and, possibly, enlarged salivary glands
- Non-palpable or palpable purpura
- Oral yeast infections
- Palpable lymph node enlargement
- Raynaud phenomenon
- Renal calculi
- Swollen salivary glands
- Vaginal dryness



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

Access provided by CIAP.

### Join a CIAP Introductory 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.

Register to join **live** or to receive the **recording!**

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.**

**24 March 2026**

**- 12:30-13:15**

**- Online (MS Teams)**

**Register**

### Microplastics: Do They Harm Human Health?



Microplastics have been detected in the human cardiovascular, digestive, endocrine, integumentary, lymphatic, respiratory, reproductive, and urinary systems, as well as in breast milk, meconium, semen, stool, sputum, and urine.

One study indicated that human brains may contain as much as a teaspoon of microplastics, but the findings have been disputed because current analytical methods cannot differentiate between lipids and microplastics in brain tissue. In a review of animal studies, researchers found evidence that microplastics may cause dysfunction

of the intestine, liver, and excretory and reproductive systems, raising the question of whether they have similar effects in people. Studies suggest that they might, but the potential mechanisms are unclear.

Read more of this feature article in the [BMJ](#).

Access provided by CIAP.

## A 91-Year-Old Man with Left Knee Pain



The patient had been in his usual state of health, residing in a senior living community and independent in activities of daily living, until 6 months before the current presentation, when left knee pain developed. He had undergone left total knee arthroplasty 20 years earlier, after which knee pain had not recurred until this presentation. The pain occurred at rest and was exacerbated by weight-bearing activity. During the next 4 months, the left knee pain worsened in severity, and the patient felt unstable when walking; he began using a rolling walker in his apartment and a wheelchair for longer distances.

In the clinic, the patient reported ongoing left knee pain. He had received no glucocorticoid injections in the knee; there was no history of joint infection. He had undergone regular dental cleanings, with no dental caries or decay. He had a history of venous stasis in the legs, which had been complicated by stasis dermatitis and small, shallow ulcers. One year before the current presentation, a superficial swab of one of the ulcers grew methicillin-susceptible *Staphylococcus aureus*, for which the patient was treated with a 14-day course of cephalexin. Most recently, an ulcer on the distal aspect of the left leg was treated with a 3-month course of Unna boot therapy, which had been completed 7 months before the current presentation.

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

Access provided by CIAP.

## Upcoming CIAP Events

### CIAP Tools for Best Practice Workshop

**30 April 2026** 08:30-12:00  
Virtual (Microsoft Teams)

[Register](#)

### CIAP Allied Health EBP & Database Searching Workshop

**14 May 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 © 2026 eHealth NSW  
All rights reserved.

This email was sent by CIAP Team, eHealth NSW - CC 652950, Tower B, Level 13,  
Zenith Centre, 821 Pacific Highway, Chatswood, NEW SOUTH WALES 2067,  
Australia to

[Unsubscribe](#)