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The use of urinary α-amylase level in a diagnosis of chronic renal failure

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Background: Renal failure is a condition in which the kidneys fail to adequately filter waste products from the blood. Kidney failure is mainly determined by a decrease in glomerular filtration rate. Early recognition could help clinical management, but current indices lack the sufficient predictive value for renal failure.

Objective: investigate the status of urine α-amylase in Iraqi patients with chronic renal failure in an attempt to investigate its role in the diagnosis of renal diseases.

Methods: A case control study was done on 30 male patients with renal failure who were recruited from the Iraqi Dialysis Center at Baghdad teaching Hospital, Baghdad, Iraq between November 2015 and March 2016. The control group comprised of 10 age matched apparently healthy volunteers. Urine samples were obtained from patients and control at 10 A.M and store at (-5C°) until assayed for the evaluation of α -amylase by a colorimetric method.

Results: It was demonstrated that there was a significant (p=0.000) decrease in the level of urinary amylase in patients with chronic renal failure in comparison with control. Urinary amylase exhibited AUC values equal to one in patients with chronic renal failure (AUC= 1.00) with an excellent value of accuracy presented as specificity (100%) and sensitivity (100%).

Conclusion: Level of urinary α-amylase in chronic renal failure patients was significantly lower than that of controls. It was also demonstrated that the urinary amylase test showed to be an excellent diagnostic and predictive marker in patients with chronic renal failure.

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Towards best practice outcomes in Clozapine therapy in forensic settings

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To ensure the prescribing and monitoring of clozapine in patients with treatment resistant schizophrenia are consistent with established guidelines. The audit was conducted on a medium secure forensic psychiatric inpatient ward with 55 beds of which 15 were acute, 15 sub-acute rehab and 25 rehab) with a bed occupancy of 43 patients – 11 acute; 11-subacute; 21 rehab. A retrospective study was conducted using an audit tool questionnaire. This was developed based on the existing guideline encompassing all measuring and monitoring parameters. The first part of the audit tool relates to documentation which only needs to be sighted once, as it applies to all patients within a given clinical area. The second part relates to documentation required for each patient who has been prescribed clozapine. The clinical records of patients were cross referenced to complete the audit questionnaire. The sample size for this audit was 25 clozapine patients from a total forensics patient population of 43. At the inception of the guideline there we had 30 forensic patients on clozapine. These are patients who have been on clozapine from ranging from a few months to 6-7 years. At the time of the audit there were 25 patients in the forensic facility and the finding were based on the returned questionnaires. For Part 1, there were five questions on documentation procedures. 100% conformance was achieved for 3 of 5 procedures on documentation of related service providers, approved indications and prescribing criteria for clozapine. There were moderate to significant deficits in scores for guidelines for transfer and discharge of clozapine patients and availability of clozapine reference folder. In part 2 constituted of 21 questions based on the guidelines documentation processes. We found 100% conformance for 10 out of 21 processes. 90% conformance was identified with 7 of the 21 processes. Overall we can infer there a high degree of conformance was achieved in 81% of the processes (17/21 processes). There was also a 100 % conformance with monitoring of metabolic syndrome laboratory parameters. However we noted only 53% conformance for the pre-initiation check list process; 38% for clozapine initiation and maintenance checklist process, 57% for baseline chest X rays and 36%.for baseline echocardiogram investigations. These processes were to be completed and signed by the prescriber. There was substantial degree of conformance with existing guidelines. However there were shortcomings too in several important domains. Remedial actions are being undertaken to address the shortcomings and further improve the conformance with all processes. A re audit was conducted April 2015 and the full report will be presented at the conference in July 2016.

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