

Contenance

Current Awareness Bulletin

June 2026

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New guidance has been published by the Getting It Right First Time (GIRFT) programme on improving urinary catheter care across the NHS .

The guidance focuses on reducing catheter-associated infections, avoiding unnecessary catheter use, improving communication between services, and supporting better patient-centred care across primary, community and hospital settings.

1. Effectiveness of mindfulness-based interventions in reducing the severity of urinary incontinence in adult women: A systematic review and meta-analysis of randomised controlled trials...Eighth Pan-Pacific Nursing Conference cum Second Cochrane Hong Kong Symposium, March 24–28, 2026, Hong Kong SAR, China

Authors: Ali, Mohammed Usman;Cheng, Ho Yu and Chong, Yuen Yu

Publication Date: 2026

Journal: International Journal of Nursing Studies 178, pp. N.PAG

2. Associations of urinary incontinence, absorbent product use, and confidence gained from absorbent product use with perceived ageism in later adulthood

Authors: Brady, Sonya S.;Arguedas, Andrés;Huling, Jared D.;Hellemann, Gerhard;Lewis, Cora E.;Jacobs,David R.,Jr;Fok, Cynthia S.;Van Den Eeden, Stephen,K. and Markland, Alayne D.

Publication Date: 2026

Journal: The Gerontologist

Abstract: Background and Objectives: Urinary incontinence (UI) has not been examined in relation to perceptions of age discrimination (ageism). This study examined whether UI, absorbent product use,

and confidence gained from absorbent product use are associated with ageism in later adulthood.; Research Design and Methods: Cross-sectional data were collected from 680 community-dwelling female and male participants. Participants were aged 55-73 years; 62% were women. In 2023-2024, UI, absorbent product use, confidence gained from absorbent product use, and ageism were assessed. Ageism variables (frequency across 7 settings, number of settings, perceived stress of discrimination) were regressed on frequency and severity of UI, absorbent product use frequency, and (among those who used absorbent products) confidence gained from product use. Covariates included age, gender, race, and education.; Results: A one standard deviation (SD) greater frequency of UI (Beta = 0.25, 95%CI = 0.18,0.33), severity of UI (Beta = 0.19, 95%CI = 0.12,0.27), and frequency of absorbent product use (Beta = 0.12, 95%CI = 0.04,0.20) were each associated with more frequent exposure to age discrimination across settings. A similar pattern was observed for the number of settings in which participants experienced age discrimination. Frequency and severity of UI and absorbent product use frequency were not associated with perceived stress of discrimination. Confidence gained from absorbent product use was not associated with ageism variables.; Discussion and Implications: Longitudinal research is needed to test whether UI-related characteristics are prospectively associated with ageism. Programs and policies are needed to address discriminatory behaviors towards aging individuals in different settings. (© The Author(s) 2026. Published by Oxford University Press on behalf of the Gerontological Society of America.)

3. Job Satisfaction and Motivation Levels of Wound, Ostomy, and Continence Nurses: A Correlational Study

Authors: Dikmen Aydin, Yeşim;Koca, Rabia and Kirtil, İnci

Publication Date: 2026

Journal: Advances in Skin & Wound Care 39(5), pp. E203–E207

Abstract: OBJECTIVE: This study was conducted to determine the job satisfaction and job motivation levels of wound, ostomy, and continence (WOC) nurses, the relationship between these variables, and the influencing factors. METHODS: This descriptive and correlational study, conducted in February-March 2025 with 120 actively working WOC nurses who volunteered and met the criteria, explored the relationships between their personal/work characteristics, job satisfaction using Job Satisfaction Scale for Nurses (JSSN)], and job motivation using Nurse Job Motivation Scale (NJMS)]. Data were collected online after ethical approval and informed consent. Analysis involved descriptive statistics, analysis of variance, t tests, Pearson correlation, and regression. RESULTS: With 14.68±7.42 years of professional experience, these nurses averaged ~3 years as WOC nurses. JSSN and NJMS scores did not significantly differ across demographics or professional traits (P >.05). A slight positive link existed between WOC nurses' work duration and total NJMS scores, plus the JSSN's "pleasant work environment." The total NJMS score was identified as an independent predictive variable significantly affecting the JSSN score (P <.001). CONCLUSIONS: The study findings indicate that job motivation has a strong positive impact on job satisfaction among nurses and that an increase in WOC nurse work experience positively influences job motivation and the perception of a pleasant work environment. Based on these results, it is recommended to establish supportive work environments and promote motivational strategies to enhance job satisfaction among WOC nurses.

4. The 24-h pad test in the assessment of post-prostatectomy incontinence: is there still a role for counting pads per day?

Authors: Domínguez Argomedo, Raimundo;de Pablos-Rodríguez, Pedro;Palop Moscardó, Alicia;Gómez-Ferrer Lozano, Álvaro;Calvo Bernasconi, Isidora;Casanova Ramón-Borja, Juan Luis and Collado Serra, Argimiro

Publication Date: 2026

Journal: BJU International 137(6), pp. 1040–1046

Abstract: Objectives: To evaluate the correlation between the pad-per-day (PPD) count and the 24-h pad test (24 h-PT) during the first postoperative year after radical prostatectomy (RP), and to determine the clinical utility of the PPD count for quantitative urinary incontinence (UI) assessment.; Patients and Methods: We retrospectively analysed a prospectively maintained database of 2040 men who underwent RP between 2001 and 2025 at a tertiary referral centre. A total of 8787 paired measurements of PPD count and 24 h-PT were analysed. Urinary leakage was assessed at standardised timepoints (1 week, 6 weeks, 3, 6, and 12 months) using count of PPD and nurse-supervised 24 h-PT. UI severity was classified as mild (400 g). Correlations were calculated using Spearman's ρ .; Results: The correlation between the PPD count and 24 h-PT was strong across all timepoints and increased over the postoperative year, from $\rho = 0.77$ at 1 week to 0.99 at 12 months. The overall correlation for all paired measurements was $\rho = 0.94$ (95% confidence interval 0.93-0.94). The median (interquartile range) 24 h-PT values rose consistently with increasing PPD count categories: from 15 (7-38) g for 1 pad/day to 781 (478-1200) g for ≥ 5 pads/day. At 12 months, 94% of men using one pad had urine loss < 100 g, whereas 85% of those using ≥ 5 pads/day exceeded 400 g. Intermediate categories (2-4 pads/day) showed wide variability, limiting their discriminative value.; Conclusions: The PPD count shows a strong correlation with 24 h-PT throughout the first postoperative year after RP. Use of 0-1 pad/day effectively excluded moderate-to-severe UI, whereas ≥ 5 pads/day reliably identified severe UI. The PPD count is a practical follow-up tool, while 24 h-PT remains necessary for patients using 2-4 pads/day. (© 2026 BJU International.)

5. Assessing the understandability, actionability, reliability, and readability of ChatGPT-4o in providing patient education on urinary incontinence

Authors: Gokmen Karasu, Ayse Filiz;Cinar, Betul;Kuyucu, Melda;Ilktac, Abdullah and Ismayilov, Tural

Publication Date: 2026

Journal: Digital Health 12, pp. 20552076261459527

Abstract: Objective: This study assesses ChatGPT-4o's responses to common patient inquiries regarding urinary incontinence (UI), a condition that significantly impacts quality of life but often goes untreated due to low healthcare-seeking behavior. The evaluation focuses on four key metrics: understandability, actionability, reliability, and readability.; Material and Methods: In this non-human subject qualitative study, 13 patient-focused questions-derived from AUA/SUFU and EAU guidelines-were posed to ChatGPT-4o in Turkish. The questions were categorized into four themes: Definition, Diagnosis, Management, and Surgical Considerations. Three blinded experts (an urogynecologist, a urologist, and a pelvic floor physiotherapist) independently evaluated the responses using the Patient Education Materials Assessment Tool (PEMAT) for understandability and actionability and the modified DISCERN (mDISCERN) tool for reliability. Readability was measured using the Çetinkaya-Uzun formula, specifically designed for Turkish text. Statistical analysis included descriptive statistics and the Intraclass Correlation Coefficient (ICC) to determine inter-rater reliability.; Results: In evaluating ChatGPT-4o's performance in urinary incontinence education, experts found strong agreement in their assessments, with inter-rater reliability scores were 0.80 (95% CI: 0.70-0.91) for PEMAT and 0.82 (95% CI: 0.70-0.91) for mDISCERN. The AI's responses were consistently highly understandable, particularly when explaining diagnoses (achieving a peak score of 94.4 %), yet they were significantly less actionable, meaning they often failed to provide clear, practical steps for patients to follow. This gap was most evident in surgical considerations, which were deemed the least actionable at 68.2 %. The overall reliability of the content was rated as "fair" across all categories-with surgical information being the most reliable. Most responses were classified as "difficult," requiring a university-level education to comprehend, with surgery-related topics being the most linguistically complex.; Conclusion: While ChatGPT-4o yields comprehensible health information, its limited actionability and high linguistic complexity pose barriers to patients with lower health literacy. (© The Author(s) 2026.)

6. Digital Therapeutics for Fecal Incontinence: What Real-World Data Can Support, and What It Cannot

Authors: Gultekin, Fatma Ayca

Publication Date: 2026

Journal: Diseases of the Colon and Rectum 69(6), pp. 1663–1665

7. Optimising outcomes in condom catheter use for male urinary incontinence

Authors: Hamilton, Conor and McCloy, Oonagh

Publication Date: 2026

Journal: British Journal of Community Nursing 31(6), pp. 294–298

Abstract: Male urinary incontinence is a debilitating yet often overlooked condition. While medical treatments are available, some men may choose to manage the condition rather than opt for treatment. For these individuals, the choice of continence product is influenced by many factors including personal preference, comfort and discretion. The condom catheter, or external urinary catheter, is a non-invasive device designed to manage male urinary incontinence. It consists of a flexible sheath worn over the penis, that is connected to a drainage system. It is primarily indicated for patients with urinary incontinence who have the ability to void spontaneously but require continuous collection of urine for comfort, hygiene or skin protection. Condom catheters should be avoided for long-term use in patients with impaired sensation or high risk of skin breakdown without careful monitoring. Adverse effects are typically minor but can include skin irritation, maceration, pressure necrosis, allergic dermatitis and urinary tract infections. Rare complications include penile ischaemia, oedema and urethral injury from improper sizing or application. This article includes guidance for safe use such as appropriate sizing, secure but non-constrictive application, daily changes and regular inspection of penile skin. Proper hygiene, moisture control and patient or caregiver education on technique and complication recognition are essential. Overall, condom catheters offer an effective, low risk alternative to indwelling catheters improving comfort and quality of life for suitable patients.

8. Life Experiences of Individuals With Fecal Incontinence: A Thematic Meta-Synthesis Study

Authors: Özkan, İlknur; Taylan, Seçil and Dünya, Cansu Polat

Publication Date: 2026

Journal: Advances in Skin & Wound Care 39(5), pp. E217–E222

Abstract: **OBJECTIVE:** The study aimed to systematically interpret and synthesize data obtained from qualitative research on the life experiences of individuals with fecal incontinence. **DATA SOURCES:** A comprehensive literature search covering the years 2010 to 2023 was conducted on December 1, 2023, using the CINAHL, MEDLINE, PubMed, Web of Science, OpenAIRE, and OVID electronic databases. The search process followed PRISMA guidelines. The study was registered in PROSPERO (CRD42024507571). **STUDY SELECTION:** Qualitative studies focusing on the life experiences of individuals with fecal incontinence were included. A total of 16 studies met the inclusion criteria and were incorporated into the meta-synthesis. **DATA EXTRACTION:** Relevant data from the included studies were systematically extracted, focusing on participants' experiences, perceptions, and coping mechanisms related to fecal incontinence. **DATA SYNTHESIS:** Data were analyzed using thematic synthesis. Five analytical themes were identified: (1) the meaning of fecal incontinence for the individual, (2) perceived barriers to the management of fecal incontinence, (3) negative effects of fecal incontinence on life, (4) developing individual coping strategies, and (5) expectations. **CONCLUSIONS:** Fecal incontinence was found to be more than a physical condition, significantly affecting individuals' mental health as well as their sexual and social lives. Social stigma, taboos, and limited awareness among health care professionals hinder patients from expressing their symptoms and seeking help, often leading to concealment of the condition. These findings highlight the need for educational interventions and awareness campaigns to reduce stigma and address the psychosocial dimensions of

fecal incontinence.

9. Urinary incontinence products and innovation in care

Authors: Palmer, Sarah Jane

Publication Date: 2026

Journal: British Journal of Community Nursing 31(6), pp. 268–270

Abstract: Urinary incontinence can have a significant impact on a person's emotional wellbeing and overall quality of life. For community nurses, product selection and reassessment are essential to meet the needs of the patient with incontinence. This involves the judicious use of absorbent products and emerging monitoring technologies. This article summarises current containment options, reviews recent research on technological innovations and explores implications for community nursing practice.

10. Enhancing Continence Recovery After Robot-Assisted Radical Prostatectomy: A Novel Combined Approach Using Testosterone Therapy and Magnetic Stimulation

Authors: Tanaka, Yasunari; Shimizu, Fumitaka; Abudurezake, Abulaiti; Diabangouaya, Myriam; Ikehata, Yoshihiro; Kobayashi, Takuro; China, Toshiyuki; Tamura, Yoshifumi; Ide, Hisamitsu and Horie, Shigeo

Publication Date: 2026

Journal: The Prostate

Abstract: Background: Urinary incontinence (UI) may persist in some patients after robot-assisted radical prostatectomy (RARP), significantly affecting quality of life (QOL). This study investigated the changes in UI and pelvic floor muscle (PFM) volume in patients with persistent UI after RARP who underwent testosterone replacement therapy (TRT).; Methods: Patients with persistent UI after RARP who exhibited symptoms of late-onset hypogonadism (LOH) and had no evidence of prostate cancer recurrence received TRT for 6 months. Magnetic stimulation (MS) was additionally performed upon patients' request. Blood tests, 1-h pad test, urinary symptom questionnaires, and muscle mass evaluation were performed before and after TRT. PFM volume was measured by thin-slice computed tomography.; Results: Thirty patients were enrolled, 15 of whom received MS in addition to TRT. Pad weight significantly decreased after TRT (mean change \pm standard deviation SD]: -44.1 ± 67.6 g; $p = 0.001$; 95% confidence interval: -69.3 g, -18.8 g), with no significant difference between the MS and non-MS groups. However, only the MS group showed significant improvements in questionnaire scores (Overactive Bladder Symptom Score: $p = 0.045$; International Prostate Symptom Score [IPSS]: $p = 0.041$; IPSS-QOL: $p = 0.022$) and an increase in PFM volume (mean \pm SD: 6.3 ± 4.2 mL, $p = 0.2$ ng/mL), indicating no biochemical recurrence.; Conclusions: TRT was associated with reduced UI after RARP. The combination of TRT and MS may help increase PFM volume and improve urinary symptom questionnaire scores. Further accumulation of evidence is needed to clarify these synergistic effects. (© 2026 Wiley Periodicals LLC.)

11. The Lived Experiences of Disabled Individuals With Stomas and of Wound, Ostomy, and Continence Nurses: A Phenomenological Study

Authors: Toğluk Yiğitoğlu, Eylem and Karaçay, Pelin

Publication Date: 2026

Journal: Advances in Skin & Wound Care 39(5), pp. 237–245

Abstract: Objective: Understanding how individuals with various disabilities adapt to life with a stoma, and how wound, ostomy, and continence (WOC) nurses perceive and manage this care, is crucial for improving health care practice. This study aimed to reveal the experiences of disabled individuals with

stomas and the WOC nurses who care for them.; Methods: This study utilized a qualitative descriptive phenomenological design. The sample consisted of 7 disabled individuals with stomas, and 7 WOC nurses who provided care to these individuals. Data were collected through one-on-one interviews using a semi-structured form. This study followed the steps of the Consolidated Criteria for Reporting Qualitative Research checklist. Data were analyzed thematically.; Results: The mean age of individuals with disabilities was 48 ± 11.12 years; 5 of them had paraplegia, 2 were visually impaired, and the mean age of WOC nurses was 42 ± 6.48 years. Thematic analysis identified 3 major themes for disabled individuals with stomas: (1) change, (2) stoma education, and (3) challenges in home care, and 3 themes for WOC nurses: (1) concern due to a lack of experience, (2) disability-appropriate training, and (3) compassionate care.; Conclusions: Living with a stoma can have both positive and negative impacts on the quality of life of individuals with disabilities, depending on the disability type and personal experiences. The findings of this study underscore the need to develop targeted strategies to address the unique challenges faced by this population. Furthermore, the integration of disability-specific content into the certified training programs for WOC nurses is recommended to enhance the quality of stoma care. JOURNAL/aswca/04.03/00129334-202606000-00005/figure1/v/2026-05-12T183530Z/r/image-jpeg GENERAL PURPOSE: To understand the lived experiences of individuals with disabilities who have stomas and the wound, ostomy, and continence (WOC) nurses who care for them. TARGET AUDIENCE: This continuing education activity is intended for physicians, physician assistants, nurse practitioners, and registered nurses with an interest in skin and wound care. LEARNING OBJECTIVES/OUTCOMES: After participating in this educational activity, the participant will: Identify the methodology and study strengths exploring the lived experiences of stoma patients with disabilities and the WOC nurses who care for them. Assess the study results. Discuss the study educational and research implications. (Copyright © 2026 Wolters Kluwer Health, Inc. All rights reserved.)

12. Psychological and Psychiatric Issues in Enuresis and Urinary Incontinence-A Revised and Updated Document of the International Children's Continence Society (ICCS)

Authors: von Gontard, A.;Joinson, C.;Barroso, U.;Caldwell, P.;Ohtomo, Y. and Nieuwhof-Leppink, A.

Publication Date: 2026

Journal: Neurourology and Urodynamics

Abstract: Purpose: The aim is to provide an updated and revised overview of psychological and psychiatric aspects of nocturnal enuresis (NE) and daytime urinary incontinence (DUI). Clinical behavioral disorders and subclinical psychological symptoms are reviewed. Aspects of screening, assessment, counseling, and in severe cases, treatment are outlined and recommendations are formulated.; Methods: Relevant publications on psychological and psychiatric aspects are reviewed. The recommendations passed several rounds of consensus finding and were circulated among ICCS board members.; Results: In addition to subclinical effects on self-esteem, quality of life and stress, the rate of comorbid psychiatric disorders is increased compared to continent children. 20%-30% of children with NE and 20%-40% with DUI fulfill the criteria for clinically relevant psychiatric disorders. These concomitant psychological disturbances include externalizing, internalizing and neurodevelopmental disorders. They require assessment and counseling, in severe cases treatment. They have a negative effect on compliance and outcome if not addressed and left untreated. The paper provides an overview of the most important and common disorders encountered in young patients with NE/DUI.; Recommendations: Because the comorbidity rate is high, screening for psychological symptoms is recommended for all children with NE or DUI in all settings. In addition to clinical observation, exploration and history taking, standardized, validated broadband behavioral questionnaires are recommended. If problem items in the clinical range are present, a full child psychiatric or psychological assessment is recommended. (© 2026 Wiley Periodicals LLC.)

13. Total, somatic, and cognitive-affective depressive symptoms trajectories and urinary incontinence: Evidence from two national longitudinal cohorts

Authors: Wang, Yukai;Chen, Yujie;Chen, Feng;Lu, Yangguang;Chen, Hongyu and Yang, Jianhuan

Publication Date: 2026

Journal: Archives of Gerontology and Geriatrics 146, pp. 106220

Abstract: Background: Depression is increasingly recognized as a potential contributor to urinary incontinence (UI). Unlike single time-point assessments, longitudinal trajectories of depressive symptoms may yield deeper insights into their relationship with UI. This study examined the association between long-term depressive symptom trajectories and UI.; Methods: We included participants with complete data from the Health and Retirement Study (HRS) and the English Longitudinal Study of Ageing (ELSA). UI was defined as any involuntary leakage within the past 12 months. Depressive symptoms were measured using the 8-item CES-D and categorized into somatic and cognitive-affective. Group-based trajectory modeling (GBTM) was used to identify long-term trajectories of depressive symptoms. We applied generalized estimating equations (GEE) to assess the association between depressive symptom trajectories and UI.; Results: A total of 6345 participants from HRS and 2218 from ELSA were included. Participants with moderate (OR = 1.22, 95% CI: 1.06-1.40) and severe (OR = 1.30, 95% CI: 1.11-1.53) trajectories of total depressive symptoms were significantly associated with UI in HRS, and a significant association was also observed for severe depressive symptoms in ELSA (OR = 1.62, 95% CI: 1.20-2.18), compared to participants without depressive symptoms. Both somatic and cognitive-affective depressive symptoms trajectories were significantly associated with UI.; Conclusion: Longitudinal trajectories of depressive symptoms are significantly associated with UI. Different dimensions of depressive symptoms, including somatic and cognitive-affective symptoms, showed distinct associations with UI. Further studies are needed to clarify the specific mechanisms underlying these relationships and to assess their potential relevance for UI prevention in older adults. (Copyright © 2026 Elsevier B.V. All rights reserved.)

14. The association of presbyphagia with urinary incontinence and Incontinence-related quality of life in nursing home residents: A cross-sectional study

Authors: Yıldız, Ziya

Publication Date: 2026

Journal: PloS One 21(6), pp. e0350933

Abstract: Purpose: The association between presbyphagia (age-related swallowing decline) and urinary incontinence (UI) remains poorly understood. This study therefore investigated the relationship between presbyphagia and both UI and incontinence-specific quality of life (I-QOL) in a distinct population of functionally independent healthy elderly in a nursing home.; Method: The presence of presbyphagia was determined in 73 participants in the nursing home using the 100 ml water swallowing test (100mlSwal) and the Eating Assessment Tool-10 (EAT-10) tests. UI was determined using the International Consultation on Incontinence Questionnaire Short (ICIQ-SF) and I-QOL was determined using the King's Health Questionnaire (KHQ). The presence of presbyphagia, age and female gender confounding factors were analysed by multiple regression analysis. Multiple linear and binary logistic regression analyses were performed with presbyphagia, age, gender, and handgrip strength. Binary logistic regression was used to calculate odds ratios for UI presence.; Results: Presbyphagia was significantly associated with UI ($p = .001$). Individuals with presbyphagia had 7.47-fold higher odds of UI. Presbyphagia was also significantly associated with multiple I-QOL sub-domains, including incontinence impact, role limitation, physical limitation, and emotions (all $p < .001$). Male gender was associated with higher UI presence (OR=5.16), but not with UI severity. Age showed no significant associations with UI or I-QOL.; Conclusion: Presbyphagia is independently associated with UI presence and poorer I-QOL in nursing home residents. Male gender was associated with higher UI prevalence but similar severity and I-QOL to females. These findings suggest an independent association between presbyphagia and UI, thereby contributing to the formulation of hypotheses aimed at understanding the complex interactions between oral frailty and the urinary system. Further research is needed to elucidate underlying mechanisms and explore the potential clinical implications of this association.; Trial Registration: ClinicalTrials.gov NCT06827561. (Copyright: © 2026 Ziya Yıldız. This is

an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.)

Sources Used

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