SPUMS Annual General Meeting 2003: Preliminary Notice

Date: Friday 23 May 2003 (time to be announced)

Venue: Palau Pacific Resort, Republic of Palau

Call for nominations
There is a vacancy for the position of Treasurer following Dr Trytko's resignation, effective as of the date of the Annual General Meeting. Nominations shall be made in writing and signed by two members of the Society and accompanied by the written consent of the candidate. Nominations should be received not less than 56 days prior to the date of the Annual General Meeting.

Notice of motion
Received from Dr Hamish Turnbull, seconded by Dr Gareth Long.

That the travel arrangements for the AGM of the SPUMS should be put out to tender and that all tenders successful or not should be able to be appraised by the membership.

Articles reprinted from other journals

Hyperbaric oxygen for acute carbon monoxide poisoning

Weaver LK, Hopkins RO, Chan KJ, Churchill S, Elliott CG, Clemmer TP and 3 others

Abstract
Background: Patients with acute carbon monoxide poisoning commonly have cognitive sequelae. We conducted a double-blind, randomized trial to evaluate the effect of hyperbaric-oxygen treatment on such cognitive sequelae.

Methods: We randomly assigned patients with symptomatic acute carbon monoxide poisoning in equal proportions to three chamber sessions within a 24-hour period, consisting of either three hyperbaric-oxygen treatments or one normobaric-oxygen treatment plus two sessions of exposure to normobaric room air. Oxygen treatments were administered from a high-flow reservoir through a face mask that prevented rebreathing or by endotracheal tube. Neuropsychological tests were administered immediately after chamber sessions 1 and 3, and 2 weeks, 6 weeks, 6 months, and 12 months after enrollment. The primary outcome was cognitive sequelae six weeks after carbon monoxide poisoning.

Results: The trial was stopped after the third of four scheduled interim analyses, at which point there were 76 patients in each group. Cognitive sequelae at six weeks were less frequent in the hyperbaric-oxygen group (19 of 76 [25.0 percent]) than in the normobaric-oxygen group (35 of 76 [46.1 percent], P = 0.007), even after adjustment for cerebellar dysfunction and for stratification variables (adjusted odds ratio, 0.45 [95 percent confidence interval, 0.22 to 0.92]; P = 0.03). The presence of cerebellar dysfunction before treatment was associated with the occurrence of cognitive sequelae (odds ratio, 5.71 [95 percent confidence interval, 1.69 to 19.31]; P = 0.005) and was more frequent in the normobaric-oxygen group (15 percent vs. 4 percent, P = 0.03). Cognitive sequelae were less frequent in the hyperbaric-oxygen group at 12 months, according to the intention-to-treat analysis (P = 0.04).

Conclusions: Three hyperbaric-oxygen treatments within a 24-hour period appeared to reduce the risk of cognitive sequelae 6 weeks and 12 months after acute carbon monoxide poisoning.

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Key words
Carbon monoxide, hyperbaric oxygen, hyperbaric research