Abstracts from international Emergency Medicine journals

Editor's note: EMJ has partnered with the journals of multiple international emergency medicine societies to share from each a highlighted research study, as selected by their editors. This edition will feature an abstract from each publication.

Ellen J Weber

African journal of Emergency Medicine

The official journal of the African Federation for Emergency Medicine, the Emergency Medicine Association of Tanzania, the Emergency Medicine Society of South Africa, the Egyptian Society of Emergency Medicine, the Libyan Emergency Medicine Association, the Ethiopian Society of Emergency Medicine Professionals, the Sudanese Emergency Medicine Society, the Society of Emergency Medicine Practitioners of Nigeria and the Rwanda Emergency Care Association

Seeking health care from a general hospital in Uganda following a fracture or a dislocation

Kajja I, Smit Sibinga CT

Introduction Selecting a treatment approach and a facility to get treated from, poses a challenge in musculoskeletal injuries in Africa. The study aimed at determining demographic and injury characteristics of patients with musculoskeletal injuries and how these impact the time and reason for presenting to a general hospital in Uganda.

Methods An observational study was carried out at Entebbe general hospital on patients presenting with musculoskeletal injuries between 1 November 2014 and 28 February 2015. The patient demographics, injury characteristics, duration of injury to presentation for treatment and reason for seeking treatment from this hospital were noted.

Results A total of 101 patients were recruited. Of these, 95 had fractures while six had dislocations. Patients took an average of 96 h before presenting for care, females taking significantly longer than males (191.2 and 58.6 h respectively, $p=0.005$). The fractured segment of bone significantly influenced the patients' choice for care at this hospital ($p=0.02$).

Discussion Entebbe General Hospital serves a young and unemployed population for musculoskeletal injuries. These patients present late for care, especially females. Patients base their choice for care from this hospital on the character of the injury. Reproduced with permission

Annals of Emergency Medicine

Official Journal of the American College of Emergency Physicians

Improving publication quality and quantity for acute care authors from low- and middle-income settings

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Study objective Researchers from low- and middle-income countries have limited access to publishing and editing resources. This study describes a journal-initiated platform to improve publication quantity and quality in Sub-Saharan Africa emergency care research: Author Assist.

Methods This is a descriptive report of a quality improvement project of referrals to the *African Journal of Emergency Medicine's* (AffJEM's) Author Assist program between January 2011 and December 2015. After either pre- or post-peer review rejection, authors are matched to an experienced volunteer assistant to revise and resubmit their article in a process that blinds handling editors and reviewers, but not the editor in chief, to participation. Participant data were collected from an Author Assist coordination database and linked to Scopus (Elsevier, Amsterdam, The Netherlands) and the journal's online submission platform.

Results Of the 47 articles referred for Author Assist, 12 (26%) were originally rejected in the pre-peer review stage and 35 (74%) after peer review. Twenty-eight (60%) authors offered Author Assist enrolled. Of the 14 resubmissions during the study period, 12 (86%) were accepted for publication. For comparison, 37 of 40 regular revisions (93%) (without assistance) were accepted for publication during the same period.

Conclusion Author Assist reversed one in four rejection decisions through a process that unavoidably but minimally biases peer review. Of the few free publication-improvement services targeting researchers in low- and middle-income countries, AffJEM's Author Assist is the only journal-led initiative, and the only one specific to emergency medicine. To continue to refine the design of the program, we recommend further qualitative research exploring author decisions to pursue or forgo enrollment in Author Assist and research examining author and assistant experiences once enrolled.

Emergencias

Official Journal of the Spanish Society of Emergency Medicine (SEMES)

Recommendations for the management of emergencies in patients with diabetes, acute metabolic complications of diabetes, and steroid-related hyperglycemia

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Persons with diabetes make up a large percentage of patients attended in the ED. Most will be discharged, but patients who remain under observation in wards managed by the ED or who wait are waiting to be admitted to a conventional ward must receive appropriate, protocol-guided treatment for their diabetes. Situations of hyper- or hypoglycemia must be avoided because both worsen prognosis. Emergency physicians must correctly and efficiently prevent, diagnose, and manage acute metabolic complications of diabetes such as simple hyperglycemia, diabetic ketoacidosis, and hyperosmolar hyperglycemic state. They must also be ready to prescribe and properly administer intravenous insulin to critically ill patients. Hyperglycemia induced by treatment with steroids deserves special mention. If this complication develops, the hyperglycemia is intense, influenced by increased insulin resistance and gluconeogenesis in the liver. Thus, it usually appears after meals and is dependent on steroid dose, duration of treatment, and individual predisposition. The recommendations in this paper elaborated by consensus of the SEMES experts, are the first to be written specifically for use in EDs in Spain. They give a detailed, in-depth overview of emergencies related to diabetes and diabetic complications.