



Current Evidence Update for GP Practices November 2020

A current evidence update service from
Tom Kelly
Knowledge Specialist for Primary Care
Coastal West Sussex GP Practices
West Sussex Knowledge and Libraries

Contact me below to receive future updates.



Where articles in this issue are not available through NHS Open Athens you can request articles. Email me the details.



If you need any more information or an in-depth evidence search on a specific topic please contact me below.



Register for an OpenAthens account

Contact

Email tom.kelly@nhs.net

Tel: 01243 831506 / 01903285025

Twitter [@KnowledgeSpec1](https://twitter.com/KnowledgeSpec1)

Web:

<http://www.westsussexknowledge.nhs.uk/Pr esto/home/home.aspx?ssid=primary%20care>

TIP: Press CTRL F on your keyboard to search within this bulletin

Table of Contents

[Covid 19](#)

[General Practice](#)

[Dementia/Eldery](#)

[Stroke](#)

[Cardiovascular disease](#)

[COPD](#)

[Diabetes](#)

[Obesity](#)

[Cancer](#)

[Social Prescribing](#)

[In other news ...](#)

[Other current awareness services](#)

[NICE Guidance](#)

[Recent Books](#)

Click on the headings in the table of contents to take you directly to that section in this selection of articles.

The search was carried out in Medline
Oct/Nov 2020

[BACK TO TOP](#)

Covid 19

After the first wave: What effects did the COVID-19 measures have on regular care and how can general practitioners respond to this?

Author(s): van Weert, Henk

Source: The European journal of general practice; Dec 2020; vol. 26 (no. 1); p. 126-128

Available at [The European journal of general practice](#) - from Unpaywall

Database: Medline

Diagnosis of physical and mental health conditions in primary care during the COVID-19 pandemic: a retrospective cohort study.

Author(s): Williams, Richard; et al

Source: The Lancet. Public health; Oct 2020; vol. 5 (no. 10); p. e543

Available at [The Lancet. Public health](#) - from Unpaywall

Abstract: BACKGROUND To date, research on the indirect impact of the COVID-19 pandemic on the health of the population and the health-care system is scarce. We aimed to investigate the indirect effect of the COVID-19 pandemic on general practice health-care usage, and the subsequent diagnoses of common physical and mental health conditions in a deprived UK population. METHODS We did a retrospective cohort study using routinely collected primary care data that was recorded in the Salford Integrated Record. INTERPRETATION In this deprived urban population, diagnoses of common conditions decreased substantially between March and May 2020, suggesting a large number of patients have undiagnosed conditions. A rebound in future workload could be imminent as COVID-19 restrictions ease and patients with undiagnosed conditions or delayed diagnosis present to primary and secondary health-care services. Such services should prioritise the diagnosis and treatment of these patients to mitigate potential indirect harms to protect public health. FUNDING National Institute of Health Research.

Database: Medline

Associations of type 1 and type 2 diabetes with COVID-19-related mortality in England: a whole-population study.

Author(s): Barron, Emma; et al

Source: The lancet. Diabetes & endocrinology; Oct 2020; vol. 8 (no. 10); p. 813-822

Available at [The lancet. Diabetes & endocrinology](#) - from ClinicalKey

Abstract: BACKGROUND Although diabetes has been associated with COVID-19-related mortality, the absolute and relative risks for type 1 and type 2 diabetes are unknown. We assessed the independent effects of diabetes status, by type, on in-hospital death in England in patients with COVID-19 during the period from March 1 to May 11, 2020. METHODS We did a whole-population study assessing risks of in-hospital death with COVID-19 between March 1 and May 11, 2020. We included all individuals registered with a general practice in England who were alive on Feb 16, 2020. We used multivariable logistic regression to examine the effect of diabetes status, by type, on in-hospital death with COVID-19, adjusting for demographic factors and cardiovascular comorbidities. Because of the absence of data on total numbers of people infected with COVID-19 during the observation period, we calculated mortality rates for the population as a whole, rather

than the population who were infected. **FINDINGS** Of the 61 414 470 individuals who were alive and registered with a general practice on Feb 16, 2020, 263 830 (0.4%) had a recorded diagnosis of type 1 diabetes, 2 864 670 (4.7%) had a diagnosis of type 2 diabetes, 41 750 (0.1%) had other types of diabetes, and 58 244 220 (94.8%) had no diabetes. 23 698 in-hospital COVID-19-related deaths occurred during the study period. A third occurred in people with diabetes: 7434 (31.4%) in people with type 2 diabetes, 364 (1.5%) in those with type 1 diabetes, and 69 (0.3%) in people with other types of diabetes. Unadjusted mortality rates per 100 000 people over the 72-day period were 27 (95% CI 27-28) for those without diabetes, 138 (124-153) for those with type 1 diabetes, and 260 (254-265) for those with type 2 diabetes. Adjusted for age, sex, deprivation, ethnicity, and geographical region, compared with people without diabetes, the odds ratios (ORs) for in-hospital COVID-19-related death were 3.51 (95% CI 3.16-3.90) in people with type 1 diabetes and 2.03 (1.97-2.09) in people with type 2 diabetes. These effects were attenuated to ORs of 2.86 (2.58-3.18) for type 1 diabetes and 1.80 (1.75-1.86) for type 2 diabetes when also adjusted for previous hospital admissions with coronary heart disease, cerebrovascular disease, or heart failure. **INTERPRETATION** The results of this nationwide analysis in England show that type 1 and type 2 diabetes were both independently associated with a significant increased odds of in-hospital death with COVID-19. **FUNDING** None.

Database: Medline

Prevalence of suspected COVID-19 infection in patients from ethnic minority populations: a cross-sectional study in primary care.

Author(s): Hull, Sally A; et al

Source: The British journal of general practice : the journal of the Royal College of General Practitioners; Oct 2020; vol. 70 (no. 699); p. e696

Available at [The British journal of general practice : the journal of the Royal College of General Practitioners](#) - from Unpaywall

Abstract: **BACKGROUND** The first wave of the London COVID-19 epidemic peaked in April 2020. Attention initially focused on severe presentations, intensive care capacity, and the timely supply of equipment. While general practice has seen a rapid uptake of technology to allow for virtual consultations, little is known about the pattern of suspected COVID-19 presentations in primary care. **AIM** To quantify the prevalence and time course of clinically suspected COVID-19 presenting to general practices, to report the risk of suspected COVID-19 by ethnic group, and to identify whether differences by ethnicity can be explained by clinical data in the GP record. **DESIGN AND SETTING** Cross-sectional study using anonymised data from the primary care records of approximately 1.2 million adults registered with 157 practices in four adjacent east London clinical commissioning groups. The study population includes 55% of people from ethnic minorities and is in the top decile of social deprivation in England. **METHOD** Suspected COVID-19 cases were identified clinically and recorded using SNOMED codes. Explanatory variables included age, sex, self-reported ethnicity, and measures of social deprivation. Clinical factors included data on 16 long-term conditions, body mass index, and smoking status. **RESULTS** GPs recorded 8985 suspected COVID-19 cases between 10 February and 30 April 2020. Univariate analysis showed a two-fold increase in the odds of suspected COVID-19 for South Asian and black adults compared with white adults. In a fully adjusted analysis that included clinical factors, South Asian patients had nearly twice the odds of suspected infection (odds ratio [OR] = 1.93, 95% confidence interval [CI] = 1.83 to 2.04). The OR for black patients was 1.47 (95% CI = 1.38 to 1.57). **CONCLUSION** Using data from GP records, black and South Asian ethnicity remain as predictors of suspected COVID-19, with levels of

[BACK TO TOP](#)

risk similar to hospital admission reports. Further understanding of these differences requires social and occupational data.

Database: Medline

Excess mortality in the first COVID pandemic peak: cross-sectional analyses of the impact of age, sex, ethnicity, household size, and long-term conditions in people of known SARS-CoV-2 status in England.

Author(s): Joy, Mark; et al

Source: The British journal of general practice : the journal of the Royal College of General Practitioners; Oct 2020

Available at [The British journal of general practice : the journal of the Royal College of General Practitioners](#) - from Unpaywall

Abstract: BACKGROUND The SARS-CoV-2 pandemic has passed its first peak in Europe. AIM To describe the mortality in England and its association with SARS-CoV-2 status and other demographic and risk factors. DESIGN AND SETTING Cross-sectional analyses of people with known SARS-CoV-2 status in the Oxford RCGP Research and Surveillance Centre (RSC) sentinel network. METHOD Pseudonymised, coded clinical data were uploaded from volunteer general practice members of this nationally representative network (n = 4 413 734). All-cause mortality was compared with national rates for 2019, using a relative survival model, reporting relative hazard ratios (RHR), and 95% confidence intervals (CI). A multivariable adjusted odds ratios (OR) analysis was conducted for those with known SARS-CoV-2 status (n = 56 628, 1.3%) including multiple imputation and inverse probability analysis, and a complete cases sensitivity analysis. RESULTS Mortality peaked in week 16. People living in households of ≥ 9 had a fivefold increase in relative mortality (RHR = 5.1, 95% CI = 4.87 to 5.31, $P < 0.0001$). The ORs of mortality were 8.9 (95% CI = 6.7 to 11.8, $P < 0.0001$) and 9.7 (95% CI = 7.1 to 13.2, $P < 0.0001$) for virologically and clinically diagnosed cases respectively, using people with negative tests as reference. The adjusted mortality for the virologically confirmed group was 18.1% (95% CI = 17.6 to 18.7). Male sex, population density, black ethnicity (compared to white), and people with long-term conditions, including learning disability (OR = 1.96, 95% CI = 1.22 to 3.18, $P = 0.0056$) had higher odds of mortality. CONCLUSION The first SARS-CoV-2 peak in England has been associated with excess mortality. Planning for subsequent peaks needs to better manage risk in males, those of black ethnicity, older people, people with learning disabilities, and people who live in multi-occupancy dwellings.

Database: Medline

Population Health Management to identify and characterise ongoing health need for high-risk individuals shielded from COVID-19: a cross-sectional cohort study.

Author(s): Kenward, Charlie; et al

Source: BMJ open; Sep 2020; vol. 10 (no. 9); p. e041370

Available at [BMJ open](#) - from Europe PubMed Central - Open Access

Abstract: OBJECTIVES To use Population Health Management (PHM) methods to identify and characterise individuals at high-risk of severe COVID-19 for which shielding is required, for the purposes of managing ongoing health needs and mitigating potential shielding-induced harm. DESIGN Individuals at 'high risk' of COVID-19 were identified using the published national 'Shielded

Patient List' criteria. Individual-level information, including current chronic conditions, historical healthcare utilisation and demographic and socioeconomic status, was used for descriptive analyses of this group using PHM methods. Segmentation used k-prototypes cluster analysis. SETTING A major healthcare system in the South West of England, for which linked primary, secondary, community and mental health data are available in a system-wide dataset. The study was performed at a time considered to be relatively early in the COVID-19 pandemic in the UK. CONCLUSIONS PHM methods are useful in characterising the needs of individuals requiring shielding. Segmentation of the high-risk population identified groups with distinct characteristics that may benefit from a more tailored response from health and care providers and policy-makers.

Database: Medline

Covid 19: a fork in the road for general practice.

Author(s): Gray, Denis Pereira; et al

Source: BMJ (Clinical research ed.); Sep 2020; vol. 370 ; p. m3709

Available at [BMJ \(Clinical research ed.\)](#) - from BMJ Journals

Database: Medline

Covid-19: Diagnosis of common conditions in general practice halved during lockdown, study finds.

Author(s): Griffin, Shaun

Source: BMJ (Clinical research ed.); Sep 2020; vol. 370 ; p. m3732

Available at [BMJ \(Clinical research ed.\)](#) - from BMJ Journals

Database: Medline

The educational impact of COVID-19: views from UK GP educators and trainees.

Author(s): Scallan, Samantha; Lyon-Maris, Johnny

Source: Education for primary care : an official publication of the Association of Course Organisers, National Association of GP Tutors, World Organisation of Family Doctors; Sep 2020; vol. 31 (no. 5); p. 328-329

Available at [Education for primary care : an official publication of the Association of Course Organisers, National Association of GP Tutors, World Organisation of Family Doctors](#) - from Taylor and Francis Online - Medical Library

Database: Medline

Instagram for peer teaching: opportunity and challenge.

Author(s): Gulati, Radhika Rani; Reid, Helen; Gill, Mandeep

Source: Education for primary care : an official publication of the Association of Course Organisers, National Association of GP Tutors, World Organisation of Family Doctors; Aug 2020 ; p. 1-3

Available at [Education for primary care : an official publication of the Association of Course Organisers, National Association of GP Tutors, World Organisation of Family Doctors](#) - from Taylor and Francis Online - Medical Library

Abstract: Medical education is increasingly being delivered beyond the boundaries of the classroom. Online learning and peer teaching are particularly popular among educators to complement traditional, didactic teaching methods. In light of the COVID-19 pandemic, students at the Queen's University Belfast's (QUB) General Practice Society started creating daily multiple-choice questions (MCQs) on Instagram to help continue learning while placements were suspended. There were high levels of engagement with the MCQs, with students reporting the content to be both relevant and useful for their learning. The project also allowed us to gain early experience of teaching, furthered our own learning and helped develop key skills (e.g. providing constructive feedback, creativity, self-directed learning) important for both our professional and personal development. Nonetheless, there are few published examples of the use of Instagram within medical education. Further work needs to be carried out to summarise projects delivered on the platform, train educators in using Instagram, and encourage students to get involved in finding further, novel methods of delivering medical education.

Database: Medline

Revolution in UK General Practice Due to COVID-19 Pandemic: A Cross-Sectional Survey.

Author(s): Sharma, Sanjeev C; et al

Source: Cureus; Aug 2020; vol. 12 (no. 8); p. e9573

Available at [Cureus](#) - from Europe PubMed Central - Open Access

Abstract: Objectives To assess how UK General Practitioners (GPs) and Practice Managers (PMs) have coped with the challenges posed by the coronavirus disease-19 (COVID-19) pandemic and whether they felt adequately supported by the wider National Health Service (NHS). Methods This is a cross-sectional survey. All GPs and PMs (total 1,354) in Leicester, Leicestershire, and Rutland (LLR) were invited to participate in an online questionnaire. Results A total of 95 invitees completed the survey. Over a quarter had required time off work due to COVID symptoms or contact. All respondents described either introducing or increasing the use of remote patient consultations. Most striking was the rise in video consultations from just 3% to 95% during the pandemic. Almost half of the feedback on the usefulness of remote consultations were positive, 16% were negative and 17% were mixed. The most commonly cited benefit was time efficiency. Drawbacks of remote consultations included technical difficulties and poor patient communication. Practice premises, systems and processes also required significant modifications during the pandemic to ensure the provision of safe clinical care, including reception screens, one-way patient flow, greater infection prevention measures. However, despite their ability to introduce such widescale change virtually overnight, over 10% of respondents reported that the strain had placed their practice at risk of closure. Over half of respondents felt they were not provided with adequate personal protective equipment (PPE) for the safety of their staff. Perception of the support provided by NHS England and the Clinical Commissioning Groups (CCGs) was rather mixed, although additional guidelines were broadly welcomed. The most requested enduring changes related to remote patient consultations (59%) and remote triage (19%). However, in order to support such largescale permanent change, study respondents felt that a different funding and financial structure is required together with improved IT infrastructure, greater patient education and a more supportive regulatory environment. Conclusions COVID-19 has substantially accelerated the pace of change within NHS primary care. The long-term fear is that there may be insufficient financial and clinical backing from regulatory bodies to support such rapid and far-reaching changes.

Database: Medline

A brave new world: the new normal for general practice after the COVID-19 pandemic.

Author(s): Khan, Nada; et al

Source: BJGP open; Aug 2020; vol. 4 (no. 3)

Available at [BJGP open](#) - from Unpaywall

Database: Medline

COVID-19 with abdominal symptoms and acute abdominal pain: a guide to identification for general practice.

Author(s): Zhai, Lu-Lu; Wang, Wei; Wu, Lun; Tang, Zhi-Gang

Source: The British journal of general practice : the journal of the Royal College of General Practitioners; Jul 2020; vol. 70 (no. 696); p. 358-359

Available at [The British journal of general practice : the journal of the Royal College of General Practitioners](#) - from Unpaywall

Database: Medline

The Oxford Royal College of General Practitioners Clinical Informatics Digital Hub: Protocol to Develop Extended COVID-19 Surveillance and Trial Platforms.

Author(s): de Lusignan, Simon; et al

Source: JMIR public health and surveillance; Jul 2020; vol. 6 (no. 3); p. e19773

Available at [JMIR public health and surveillance](#) - from Europe PubMed Central - Open Access

Abstract: BACKGROUND Routinely recorded primary care data have been used for many years by sentinel networks for surveillance. More recently, real world data have been used for a wider range of research projects to support rapid, inexpensive clinical trials. Because the partial national lockdown in the United Kingdom due to the coronavirus disease (COVID-19) pandemic has resulted in decreasing community disease incidence, much larger numbers of general practices are needed to deliver effective COVID-19 surveillance and contribute to in-pandemic clinical trials. OBJECTIVE The aim of this protocol is to describe the rapid design and development of the Oxford Royal College of General Practitioners Clinical Informatics Digital Hub (ORCHID) and its first two platforms. The Surveillance Platform will provide extended primary care surveillance, while the Trials Platform is a streamlined clinical trials platform that will be integrated into routine primary care practice. CONCLUSIONS ORCHID will provide equitable and innovative use of big data through a professionally led national primary care network and the application of FAIR principles. The secure data hub will host routinely collected general practice data linked to other key health care repositories for clinical trials and support enhanced in situ surveillance without always requiring large volume data extracts. ORCHID will support rapid data extraction, analysis, and dissemination with the aim of improving future research and development in general practice to positively impact patient care. INTERNATIONAL REGISTERED REPORT IDENTIFIER (IRRID) DERR1-10.2196/19773.

Database: Medline

Domestic abuse in the time of coronavirus.

Author(s): Anonymous

Source: The British journal of general practice : the journal of the Royal College of General Practitioners; Jul 2020; vol. 70 (no. 696); p. 341

Available at [The British journal of general practice : the journal of the Royal College of General Practitioners](#) - from Unpaywall

Database: Medline

General Practice

Does prevention-focused integration lead to the triple aim? An evaluation of two new care models in England.

Author(s): Stokes, Jonathan; et al

Source: Journal of health services research & policy; Oct 2020 ; p. 1355819620963500

Available at [Journal of health services research & policy](#) - from SAGE Publications

Abstract: OBJECTIVES To examine the effectiveness of two integrated care models ('vanguards') in Salford and South Somerset in England, United Kingdom, in relation to patient experience, health outcomes and costs of care (the 'triple aim'). METHODS We used difference-in-differences analysis combined with propensity score weighting to compare the two care model sites with control ('usual care') areas in the rest of England. We estimated combined and separate annual effects in the three years following introduction of the new care model, using the national General Practice Patient Survey (GPPS) to measure patient experience (inter-organisational support with chronic condition management) and generic health status (EQ-5D); and hospital episode statistics (HES) data to measure total costs of secondary care. As secondary outcomes we measured proxies for improved prevention: cost per user of secondary care (severity); avoidable emergency admissions; and primary care utilisation. RESULTS Both intervention sites showed an increase in total costs of secondary care (approximately £74 per registered patient per year in Salford, £45 in South Somerset) and cost per user of secondary care (£130-138 per person per year). There were no statistically significant effects on health status or patient experience of care. There was a more apparent short-term negative effect on measured outcomes in South Somerset, in terms of increased costs and avoidable emergency admissions, but these reduced over time. CONCLUSION New care models such as those implemented within the Vanguard programme in England might lead to unintended secondary care cost increases in the short to medium term. Cost increases appeared to be driven by average patient severity increases in hospital. Prevention-focused population health management models of integrated care, like previous more targeted models, do not immediately improve the health system's triple aim.

Database: Medline

Pharmacists in general practice: a qualitative process evaluation of the General Practice Pharmacist (GPP) study.

Author(s): James, Oscar; et al

Source: Family practice; Oct 2020; vol. 37 (no. 5); p. 711-718

Abstract: BACKGROUND There is some evidence to suggest that pharmacists integrated into primary care improves patient outcomes and prescribing quality. Despite this growing evidence, there is a lack of detail about the context of the role. OBJECTIVE To explore the implementation of The General Practice Pharmacist (GPP) intervention (pharmacists integrating into general practice

within a non-randomized pilot study in Ireland), the experiences of study participants and lessons for future implementation. **DESIGN AND SETTING** Process evaluation with a descriptive qualitative approach conducted in four purposively selected GP practices. **METHODS** A process evaluation with a descriptive qualitative approach was conducted in four purposively selected GP practices. Semi-structured interviews were conducted, transcribed verbatim and analysed using a thematic analysis. **RESULTS** Twenty-three participants (three pharmacists, four GPs, four patients, four practice nurses, four practice managers and four practice administrators) were interviewed. Themes reported include day-to-day practicalities (incorporating location and space, systems and procedures and pharmacists' tasks), relationships and communication (incorporating GP/pharmacist mode of communication, mutual trust and respect, relationship with other practice staff and with patients) and role perception (incorporating shared goals, professional rewards, scope of practice and logistics). **CONCLUSIONS** Pharmacists working within the general practice team have potential to improve prescribing quality. This process evaluation found that a pharmacist joining the general practice team was well accepted by the GP and practice staff and effective interprofessional relationships were described. Patients were less clear of the overall benefits. Important barriers (such as funding, infrastructure and workload) and facilitators (such as teamwork and integration) to the intervention were identified which will be incorporated into a pilot cluster randomized controlled trial.

Database: Medline

New models of care in general practice for the youth mental health transition boundary.

Author(s): Appleton, Rebecca; et al

Source: BJGP open; Oct 2020

Available at [BJGP open](#) - from Unpaywall

Database: Medline

It's time for general practice to act on racism in health care.

Author(s): Sherif, Jamila

Source: The British journal of general practice : the journal of the Royal College of General Practitioners; Oct 2020; vol. 70 (no. 699); p. 499

Available at [The British journal of general practice : the journal of the Royal College of General Practitioners](#) - from Unpaywall

Database: Medline

Private Video Consultation Services and the Future of Primary Care.

Author(s): Salisbury, Chris; et al

Source: Journal of medical Internet research; Oct 2020; vol. 22 (no. 10); p. e19415

Available at [Journal of medical Internet research](#) - from Europe PubMed Central - Open Access

Abstract: In many countries, private companies provide primary care services based predominantly on offering video consultations via smartphones. One example is Babylon GP at Hand (BGPaH), which offers video consultations to National Health Service patients, 24 hours a day, and has grown rapidly in London over the last 3 years. The development of this type of service has been controversial, particularly in the United Kingdom, but there has been little formal published

evaluation of these services in any country. This paper outlines the main controversies about the use of privately provided video consultation services for primary care and shows how they are informed by the limited evaluations that have been conducted, particularly the evaluation of BGPaH. This paper describes the advantages of these services in terms of convenience, speed of access, the ability to consult without traveling or face-to-face patient-doctor contact, and the possibility of recruiting doctors who cannot work in conventional settings or do not live near the patients. It also highlights the concerns and uncertainties about quality and safety, demand, fragmentation of care, impact on other health services, efficiency, and equity. There are questions about whether private primary care services based on video consultations have a sustainable business model and whether they will undermine other health care providers. During the recent COVID-19 pandemic, the use of video consulting has become more widespread within conventional primary care services, and this is likely to have lasting consequences for the future delivery of primary care. It is important to understand the extent to which lessons from the evaluation of BGPaH and other private services based on a video-first model are relevant to the use of video consulting within conventional general practices, and to consider the advantages and disadvantages of these developments, before video consultation-based services in primary care become more widely established.

Database: Medline

Consulting with a computer: New frontiers.

Author(s): Pearce, Christopher; Sandoval, Marie

Source: Australian journal of general practice; Sep 2020; vol. 49 (no. 9); p. 612-614

Available at [Australian journal of general practice](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: BACKGROUND General practice is now completely computerised yet still largely reflects the habits and culture of the paper records that these computer programs have replaced. Technology is advancing rapidly, and computers are poised to start interacting (or intruding) in the consultation in new ways that practitioners (GPs) will once again need to understand and integrate. OBJECTIVE The aim of this article is to describe the developing trends in computing, data and intelligence, and demonstrate to GPs how to best use the examination room computer to enhance care of patients, prepare for upcoming revolutionary changes and continue to connect with patients. DISCUSSION Using two real-world examples, this article explains the complexity of the changing environment and implications for the patient-doctor relationship, and offers guidance for change.

Database: Medline

Trends in GP incomes in England, 2008-2017: a retrospective analysis of repeated postal surveys.

Author(s): Atkins, Rose; et al

Source: The British journal of general practice : the journal of the Royal College of General Practitioners; Jan 2020; vol. 70 (no. 690); p. e64

Available at [The British journal of general practice : the journal of the Royal College of General Practitioners](#) - from Unpaywall

Abstract: BACKGROUND There is widespread concern over the recruitment and retention of GPs in England. Income is a fundamental consideration affecting the attractiveness of working in general

practice. AIMTo report on trends in average incomes earned by GPs in England, adjusted for inflation and contracted time commitment. DESIGN AND SETTING Postal surveys of random samples of GPs working in England in 2008, 2010, 2012, 2015, and 2017. METHOD Trends in average reported incomes of partner and salaried GPs were directly standardised for the reported number of sessions worked per week and adjusted for inflation. RESULTS Data were obtained from between 1000 and 1300 responders each year, representing response rates between 25% and 44%. Almost all responders (96%) reported the income they earned from their job as a GP. Mean nominal annual income decreased by 1.1% from £99 437 in 2008 to £98 373 in 2017 for partner GPs and increased by 4.4% from £49 061 to £51 208 for salaried GPs. Mean sessions worked decreased from 7.7 to 7.0 per week for partner GPs and decreased from 5.6 to 5.3 per week for salaried GPs. Mean income adjusted for sessions worked and inflation decreased by 10.0% for partner GPs and by 7.0% for salaried GPs, between 2008 and 2017. CONCLUSION The decrease in GP income adjusted for sessions worked and inflation over the last decade may have contributed to the current problems with recruitment and retention.

Database: Medline

An evaluation of a multifaceted, local Quality Improvement Framework for long-term conditions in UK primary care.

Author(s): Gabel, Frank; et al

Source: Family practice; Oct 2019; vol. 36 (no. 5); p. 607-613

Available at [Family practice](#) - from HighWire - Free Full Text

Abstract: BACKGROUND The evidence that large pay-for-performance schemes improve the health of populations is mixed-evidence regarding locally implemented schemes is limited. OBJECTIVE This study evaluates the effects in Stoke-on-Trent of a local, multifaceted Quality Improvement Framework including pay for performance in general practice introduced in 2009 in the context of the national Quality and Outcomes Framework that operated from 2004. METHODS We compared age-standardized mortality data from all 326 local authorities in England with the rates in Stoke-on-Trent using Difference-in-Differences, estimating a fixed-effects linear regression model with an interaction effect. RESULTS In addition to the existing downward trend in cardiovascular deaths, we find an additional annual reduction of 36 deaths compared with the national mean for coronary heart disease and 13 deaths per 100000 from stroke in Stoke-on-Trent. Compared with the national mean, there was an additional reduction of 9 deaths per 100000 people per annum for coronary heart disease and 14 deaths per 100000 people per annum for stroke following the introduction of the 2009 Stoke-on-Trent Quality Improvement Framework. CONCLUSION There are concerns about the unintended consequences of large pay-for-performance schemes in health care, but in a population with a high prevalence of disease, they may at least initially be beneficial. This study also provides evidence that a local, additional scheme may further improve the health of populations. Such schemes, whether national or local, require periodic review to evaluate the balance of their benefits and risks.

Database: Medline

Dementia/Elderly

Please click below to read a previous bulletin:

[**BACK TO TOP**](#)

<https://wshtbulletinshealth.files.wordpress.com/2020/11/dementia-older-adults-bulletin-oct-2020-for-gps.pdf>

Stroke

Can cardiovascular risk management be improved by shared care with general practice to prevent cognitive decline following stroke/TIA? A feasibility randomised controlled trial (SERVED memory).

Author(s): Davison, William J; et al

Source: BMC geriatrics; Sep 2020; vol. 20 (no. 1); p. 353

Available at [BMC geriatrics](#) - from BioMed Central

Abstract: BACKGROUND Cognitive impairment and dementia following cerebrovascular disease are increasingly common in the UK. One potential strategy to prevent post-stroke cognitive decline is multimodal vascular risk factor management. However, its efficacy remains uncertain and its application in vulnerable patients with incident cerebrovascular disease and early cognitive impairment has not been assessed. The primary aim of this study was to assess the feasibility of recruitment and retention of patients with early cognitive impairment post-stroke or transient ischaemic attack (TIA) to a trial of enhanced vascular risk factor management combining primary and secondary care. METHODS In this single centre, open label trial adults with a recent stroke or TIA and mild cognitive impairment (MCI) were randomised 1:1 to a three-monthly multimodal vascular risk factor intervention jointly delivered by the trial team and General Practitioner (GP), or control (defined as usual care from the GP). Chosen risk factors were blood pressure (BP), total cholesterol, blood glucose (HbA1C) in those with diabetes, and heart rate and adequacy of anticoagulation in those with atrial fibrillation (AF). Similar patients with normal cognition were enrolled in an embedded observational cohort and also received usual care from the GP. Repeat cognitive screening was undertaken in all participants after 12 months. RESULTS Seventy three participants were recruited to the randomised trial and 94 to the observational cohort (21.8% of those screened). From the randomised trial 35/73 (47.9%) dropped out before final follow-up. In all groups guideline based rates of risk factor control were mostly poor at baseline and did not significantly improve during follow-up. The observational cohort demonstrated greater decline in cognitive test scores at 12 months, with no difference between the randomised groups. CONCLUSIONS Recruitment to such a study was feasible, but retention of participants was difficult and generally poor rates of risk factor control suggested insufficient application of the intervention. Consequently, successful scaling up of the trial would require protocol changes with less reliance on primary care services. Any future trial should include participants with normal cognition post-stroke as they may be at greatest risk of cognitive decline. TRIAL REGISTRATION ISRCTN, ISRCTN42688361 . Registered 16 April 2015.

Database: Medline

Improving Primary Care After Stroke (IPCAS) randomised controlled trial: protocol for a multidimensional process evaluation.

Author(s): Aquino, Maria Raisa Jessica Ryc; et al

Source: BMJ open; Jul 2020; vol. 10 (no. 7); p. e036879

Available at [BMJ open](#) - from Europe PubMed Central - Open Access

[BACK TO TOP](#)

Abstract: **INTRODUCTION** Primary care interventions are often multicomponent, with several targets (eg, patients and healthcare professionals). Improving Primary Care After Stroke (IPCAS) is a novel primary care-based model of long-term stroke care involving a review of stroke-related needs, a self-management programme, a direct point of contact in general practice, enhanced communication between care services, and a directory of national and local community services, currently being evaluated in a cluster randomised controlled trial (RCT). Informed by Medical Research Council guidance for complex interventions and the Behaviour Change Consortium fidelity framework, this protocol outlines the process evaluation of IPCAS within this RCT. The process evaluation aimed to explore how the intervention was delivered in context and how participants engaged with the intervention. **METHODS AND ANALYSIS** Mixed methods will be used: (1) design: intervention content will be compared with 'usual care'; (2) training: intervention training sessions will be audio/video-recorded where feasible; (3) delivery: healthcare professional self-reports, audio recordings of intervention delivery and observations of My Life After Stroke course (10% of reviews and sessions) will be coded separately; semistructured interviews will be conducted with a purposive sample of healthcare professionals; (4) receipt and (5) enactment: where available, structured stroke review records will be analysed quantitatively; semistructured interviews will be conducted with a purposive sample of study participants. Self-reports, observations and audio/video recordings will be coded and scored using specifically developed checklists. Semistructured interviews will be analysed thematically. Data will be analysed iteratively, independent of primary endpoint analysis. **ETHICS AND DISSEMINATION** Favourable ethical opinion was gained from Yorkshire & The Humber-Bradford Leeds NHS Research Ethics Committee (19 December 2017, 17/YH/0441). Study results will be published in a peer-reviewed journal and presented at relevant conferences. **TRIAL REGISTRATION NUMBER** NCT03353519; Pre-results.

Database: Medline

Appropriate secondary prevention of stroke and transient ischaemic attack with antithrombotics: an audit in general practice.

Author(s): Williams, Isabelle; et al

Source: The British journal of general practice : the journal of the Royal College of General Practitioners; Jun 2020; vol. 70

Abstract: **BACKGROUND** Stroke is a major cause of death and disability worldwide. Major advances have occurred in secondary prevention of stroke/transient ischaemic attack (TIA) during the past three decades. Primary care is a critical point of contact with patients in the implementation of secondary prevention, with the majority of patients with past stroke/TIA being managed in the community. **AIM** To assess current practice at the New Queen Street and Stanground Surgeries, Peterborough, in reference to the National Institute for Health and Care Excellence guidelines on secondary prevention of stroke/TIA. **METHOD** An audit at the above practices was undertaken by searching the SystmOne computer system for adult patients with previous stroke/TIA (311), excluding those with haemorrhagic stroke and those on aspirin. The patient records of the remaining group (37) were investigated to find whether they were on appropriate antithrombotic therapy and, if not, why. **RESULTS** Of post-stroke/TIA patients, 234/236 were receiving antithrombotic therapy unless contraindicated. For those not on antithrombotics, risk of bleeding was the reason given in 10/13 of cases, though many of these patients did not have active bleeding (exact number unclear due to poor documentation). In 2/13 cases there was no documented reason given and informed dissent in one of the 13 cases. **CONCLUSION** It was found that both practices implemented the guidelines to a satisfactory degree. However, to further improve

secondary prevention outreach, bleeding risk should be assessed using a tool such as S2TOP-BLEED before withholding antithrombotic therapy, as, on balance, antithrombotic therapy may still be preferable. In addition, accurate and detailed documentation of the indications/contraindications to anticoagulation is paramount for such assessment.

Database: Medline

Self-Reported Fatigue Predicts Incident Stroke in a General Population: EPIC-Norfolk Prospective Population-Based Study.

Author(s): Barlas, Genevieve; et al

Source: Stroke; Apr 2020; vol. 51 (no. 4); p. 1077-1084

Available at [Stroke](#) - from American Heart Association

Abstract: Background and Purpose- Fatigue is a common symptom among stroke survivors and in general practice. However, the clinical significance of fatigue and its relationship to incident stroke is unclear. The aim of this study was to examine the relationship between self-reported fatigue and the incidence of stroke in a general population. Methods- This was a prospective, population-based study. The study population was 15 654 men and women aged 39 to 79 years recruited in 1993 to 1997 and followed till March 2016. Fatigue was assessed at 18 months after baseline using the vitality domain of the Short Form 36 questionnaire. Cox proportional hazard models were constructed to describe the prospective relationship between baseline fatigue and incident stroke adjusting for age, sex, systolic blood pressure, cholesterol, physical activity, smoking status, alcohol consumption, fruit and vegetable consumption, diabetes mellitus, body mass index, vitamin supplement use, education level, Townsend deprivation index, and occupational social class. Incident stroke was ascertained using death certificates and hospital record linkage data. Results- Through 249 248 person-years of follow-up, 1509 incident strokes occurred. Participants who reported the highest level of fatigue (quartile 4) were more likely to be women, to be multimorbid, and to perceive their health as fair or poor. We observed ≈50% relative risk increase in stroke risk (hazard ratio, 1.49 [95% CI, 1.29-1.71]) in those who reported the highest level of fatigue compared with those who reported the lowest level of fatigue (Q4 versus Q1). This relationship remained unaltered regardless of anemia status, the presence or absence of chronic bronchitis, thyroid dysfunction, or depression. Conclusions- Self-report fatigue assessed by the vitality domain of the Short Form 36 questionnaire predicts the risk of future stroke at the general population level. Identifying and addressing stroke risk factors in those who report fatigue in general practice may have substantial benefit at the population level.

Database: Medline

Rehabilitation of patients after transient ischaemic attack or minor stroke: pilot feasibility randomised trial of a home-based prevention programme.

Author(s): Heron, Neil; et al

Source: The British journal of general practice : the journal of the Royal College of General Practitioners; Oct 2019; vol. 69 (no. 687); p. e706

Available at [The British journal of general practice : the journal of the Royal College of General Practitioners](#) - from Europe PubMed Central - Open Access

Abstract: BACKGROUND Although the importance of secondary prevention after transient ischaemic attack (TIA) or minor stroke is recognised, research is sparse regarding novel, effective ways in which to intervene in a primary care context. AIM To pilot a randomised controlled trial (RCT) of a novel home-based prevention programme (The Healthy Brain Rehabilitation Manual) for patients with TIA or 'minor' stroke. DESIGN AND SETTING Pilot RCT, home-based, undertaken in Northern Ireland between May 2017 and March 2018. CONCLUSION Findings indicate that implementation of this novel cardiac rehabilitation programme, and of a trial to evaluate its effectiveness, is feasible, with potential for clinically important benefits and improved secondary prevention after TIA or 'minor' stroke.

Database: Medline

Implementation interventions to promote the uptake of evidence-based practices in stroke rehabilitation

Cochrane Systematic Review - Intervention Version published: 15 October 2020

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012575.pub2/full>

Authors' conclusions

We are uncertain if implementation interventions improve healthcare professional adherence to evidence-based practice in stroke rehabilitation compared with no intervention as the certainty of the evidence is very low.

Cardiovascular disease

Acromegaly, inflammation and cardiovascular disease: a review.

Author(s): Wolters, Thalijs L C; et al

Source: Reviews in endocrine & metabolic disorders; Dec 2020; vol. 21 (no. 4); p. 547-568

Available at [Reviews in endocrine & metabolic disorders](#) - from Unpaywall

Abstract: Acromegaly is characterized by Growth Hormone (GH) and Insulin-like Growth Factor 1 (IGF-1) excess. Uncontrolled acromegaly is associated with a strongly increased risk of cardiovascular disease (CVD), and numerous cardiovascular risk factors remain present after remission. GH and IGF-1 have numerous effects on the immune and cardiovascular system. Since endothelial damage and systemic inflammation are strongly linked to the development of CVD, and have been suggested to be present in both controlled as uncontrolled acromegaly, they may explain the presence of both micro- and macrovascular dysfunction in these patients. In addition, these changes seem to be only partially reversible after remission, as illustrated by the often reported presence of endothelial dysfunction and microvascular damage in controlled acromegaly. Previous studies suggest that insulin resistance, oxidative stress, and endothelial dysfunction are involved in the development of CVD in acromegaly. Not surprisingly, these processes are associated with systemic inflammation and respond to GH/IGF-1 normalizing treatment.

Database: Medline

Cardiovascular Implications and Therapeutic Considerations in COVID-19 Infection.

Author(s): Judson, Gregory L; et al

Source: Cardiology and therapy; Dec 2020; vol. 9 (no. 2); p. 293-305

Available at [Cardiology and therapy](#) - from Europe PubMed Central - Open Access

[BACK TO TOP](#)

Abstract: The ongoing severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic has profoundly impacted all fields of medicine. Infection with SARS-CoV-2 and the resulting coronavirus of 2019 (COVID-19) syndrome has multiorgan effects. The pandemic has united researchers from bench to bedside in attempts to understand the pathophysiology of the disease and define optimal treatment strategies. Cardiovascular disease is highly prevalent and a leading cause of death across gender, race, and ethnic groups. As the pandemic spreads, there is increasing concern about the cardiovascular effects of the viral infection and the interaction of infection with existing cardiovascular disease. Additionally, there are concerns about the cardiac effects of the numerous treatment agents under study. It will be essential for cardiologists to understand the interplay between underlying cardiac comorbidities, acute cardiovascular effects of COVID-19 disease, and adverse effects of new treatments. Here we describe emerging evidence of the epidemiology of SARS-CoV-2 infection and underlying cardiovascular disease, the evidence for direct myocardial injury in SARS-CoV-2 infection, the specific presentations of cardiovascular involvement by SARS-CoV-2, and the cardiac effects of emerging treatments.

Database: Medline

Pregnancy and cardiovascular disease.

Author(s): Ramlakhan, Karishma P; et al

Source: Nature reviews. Cardiology; Nov 2020; vol. 17 (no. 11); p. 718-731

Abstract: Cardiovascular disease complicates 1-4% of pregnancies - with a higher prevalence when including hypertensive disorders - and is the leading cause of maternal death. In women with known cardiovascular pathology, such as congenital heart disease, timely counselling is possible and the outcome is fairly good. By contrast, maternal mortality is high in women with acquired heart disease that presents during pregnancy (such as acute coronary syndrome or aortic dissection). Worryingly, the prevalence of acquired cardiovascular disease during pregnancy is rising as older maternal age, obesity, diabetes mellitus and hypertension become more common in the pregnant population. Management of cardiovascular disease in pregnancy is challenging owing to the unique maternal physiology, characterized by profound changes to multiple organ systems. The presence of the fetus compounds the situation because both the cardiometabolic disease and its management might adversely affect the fetus. Equally, avoiding essential treatment because of potential fetal harm risks a poor outcome for both mother and child. In this Review, we examine how the physiological adaptations during pregnancy can provoke cardiometabolic complications or exacerbate existing cardiometabolic disease and, conversely, how cardiometabolic disease can compromise the adaptations to pregnancy and their intended purpose: the development and growth of the fetus.

Database: Medline

COVID-19 and cardiovascular diseases.

Author(s): Mai, Francesca; Del Pinto, Rita; Ferri, Claudio

Source: Journal of cardiology; Nov 2020; vol. 76 (no. 5); p. 453-458

Available at [Journal of cardiology](#) - from ClinicalKey

Abstract: Infection by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is responsible for the second pandemic of the XXI century after influenza A in 2009. As of mid-June

2020, more than 4,40,000 fatal cases of SARS-CoV-2-related disease (COVID-19) have occurred worldwide. Besides its prominent expression at the level of the respiratory apparatus, COVID-19 is also characterized by a substantial degree of cardiovascular involvement, both in terms of deterioration of pre-existing conditions, and as the effect of inflammation-facilitated acute events. They include ischemic/inflammatory heart disease, ventricular arrhythmias, conduction disturbances, thrombotic events at the level of the lungs, and systemic activation of the coagulation cascade, configuring the scenario of disseminated intravascular coagulation. Herein, we summarize the main COVID-19 features of relevance for the clinicians in the cardiovascular field. The rationale, concerns, and possible side effects of specific therapeutic measures, including anticoagulants, renin-angiotensin-aldosterone system inhibitors, and anti-inflammatory/antiviral medications applied to the treatment of COVID-19 are also discussed.

Database: Medline

Oncocardiology: new challenges, new opportunities.

Author(s): Michel, Lars; Schadendorf, Dirk; Rassaf, Tienush

Source: Herz; Nov 2020; vol. 45 (no. 7); p. 619-625

Available at [Herz](#) - from Unpaywall

Abstract: Patients with cancer are at a higher risk of cardiovascular disease, which contributes to significant morbidity and mortality. The rapid progress in the field of oncological treatments has led to a steady increase in long-term cancer survivors. Care for cardiovascular complications is therefore becoming increasingly important. In addition, the establishment of new oncological therapies has resulted in the identification of previously unknown cardiovascular side effects. Oncocardiology aims to detect and treat cardiovascular diseases associated with cancer and cancer therapy. Continuous scientific, clinical, and structural developments are necessary as the basis for the best care of the growing number of affected patients. This review summarizes current developments in the field of oncocardiology with regard to advances in cancer therapy and challenges in clinical oncocardiology work. Cardiovascular side effects by targeted cancer therapies are characterized and recent advances in the field of cardiovascular diagnostics are outlined. Developments to better integrate oncocardiology into the medical care system and perspectives for modern, patient-oriented care are shown. In light of the coronavirus disease 2019 (COVID-19) pandemic, current challenges and opportunities are highlighted. The relevance of profitable further advances in oncocardiology including standardized guidelines and educational programs is delineated as a mandatory requirement for the successful development of oncocardiology.

Database: Medline

The risk of cardiovascular complications in inflammatory bowel disease.

Author(s): Czubkowski, Piotr;

Source: Clinical and experimental medicine; Nov 2020; vol. 20 (no. 4); p. 481-491

Available at [Clinical and experimental medicine](#) - from Unpaywall

Abstract: Inflammatory bowel disease (IBD) is a chronic, relapsing disease of unknown etiology involving gastrointestinal tract. IBD comprises two main entities: ulcerative colitis and Crohn's disease. Several studies showed increased risk of cardiovascular complications in chronic inflammatory disorders, especially during IBD relapses. Endothelium plays a role in physiologic regulation of vascular tone, cell adhesion, migration and resistance to thrombosis. Also, its

dysfunction is associated with increased risk of atherosclerosis development. There are several potential links between chronic IBD-related inflammatory processes and the risk of cardiovascular disease, but insight into pathogenetic pathways remains unclear. We present the current concepts and review of adult and pediatric studies on the risk of CVD in IBD.

Database: Medline

Primary Prevention of Cardiovascular Disease and Type 2 Diabetes Mellitus Using Mobile Health Technology: Systematic Review of the Literature.

Author(s): Buss, Vera Helen; et al

Source: Journal of medical Internet research; Oct 2020; vol. 22 (no. 10); p. e21159

Available at [Journal of medical Internet research](#) - from Europe PubMed Central - Open Access

Abstract: BACKGROUND Digital technology is an opportunity for public health interventions to reach a large part of the population. OBJECTIVE This systematic literature review aimed to assess the effectiveness of mobile health-based interventions in reducing the risk of cardiovascular disease and type 2 diabetes mellitus. CONCLUSIONS Evidence on the effectiveness of mobile health-based interventions in reducing the risk for cardiovascular disease and type 2 diabetes is low due to the quality of the studies and the small effects that were measured. This highlights the need for further high-quality research to investigate the potential of mobile health interventions. TRIAL REGISTRATION International Prospective Register of Systematic Reviews (PROSPERO) CRD42019135405; https://www.crd.york.ac.uk/PROSPERO/display_record.php?RecordID=135405.

Database: Medline

Cardiovascular risk factors in women with previous gestational diabetes mellitus: A systematic review and meta-analysis.

Author(s): Pathirana, Maleesa M; et al

Source: Reviews in endocrine & metabolic disorders; Oct 2020

Abstract: This systematic review and meta-analysis aimed to synthesize evidence on conventional cardiovascular disease (CVD) risk factors among women with previous Gestational Diabetes Mellitus (GDM). The review protocol is registered with PROSPERO (CRD42019118149). PubMed, CINAHL, SCOPUS, and EMBASE databases were searched. Studies reporting on CVD risk factors in women with previous GDM compared to women without previous GDM were selected. A total of 139 studies were eligible, of which 93 were included in the meta-analysis. The increased blood pressure, total cholesterol, triglycerides and glucose are seen as early as <1 year post-partum. Women with previous GDM have a higher risk of CVD based on significant increases in conventional risk factors. Some risk factors are seen as early as <1 year post-partum. Women with GDM may benefit from early screening to identify modifiable CVD risk factors.

Database: Medline

The Legacy Effect in the Prevention of Cardiovascular Disease.

Author(s): Viñas Esmel, Esther; et al

Source: Nutrients; Oct 2020; vol. 12 (no. 11)

Available at [Nutrients](#) - from Europe PubMed Central - Open Access

Abstract: The "legacy effect" describes the long-term benefits that may persist for many years after the end of an intervention period, involving different biological processes. The legacy effect in cardiovascular disease (CVD) prevention has been evaluated by a limited number of studies, mostly based on pharmacological interventions, while few manuscripts on dietary interventions have been published. Most of these studies are focused on intensive treatment regimens, whose main goal is to achieve tight control of one or more cardiovascular risk factors. This review aims to summarise the legacy effect-related results obtained in those studies and to determine the existence of this effect in CVD prevention. There is sufficient data to suggest the existence of a legacy effect after intensive intervention on cardiovascular risk factors; however, this effect is not equivalent for all risk factors and could be influenced by patient characteristics, disease duration, and the type of intervention performed. Currently, available evidence suggests that the legacy effect is greater in subjects with moderately-high cardiovascular risk but without CVD, especially in those patients with recent-onset diabetes. However, preventive treatment for CVD should not be discontinued in high-risk subjects, as the level of existing evidence on the legacy effect is low to moderate.

Database: Medline

Impact of Acute and Chronic Stress on Thrombosis in Healthy Individuals and Cardiovascular Disease Patients.

Author(s): Sandrini, Leonardo; et al

Source: International journal of molecular sciences; Oct 2020; vol. 21 (no. 21)

Available at [International journal of molecular sciences](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: Psychological stress induces different alterations in the organism in order to maintain homeostasis, including changes in hematopoiesis and hemostasis. In particular, stress-induced hyper activation of the autonomic nervous system and hypothalamic-pituitary-adrenal axis can trigger cellular and molecular alterations in platelets, coagulation factors, endothelial function, redox balance, and sterile inflammatory response. For this reason, mental stress is reported to enhance the risk of cardiovascular disease (CVD). However, contrasting results are often found in the literature considering differences in the response to acute or chronic stress and the health condition of the population analyzed. Since thrombosis is the most common underlying pathology of CVDs, the comprehension of the mechanisms at the basis of the association between stress and this pathology is highly valuable. The aim of this work is to give a comprehensive review of the studies focused on the role of acute and chronic stress in both healthy individuals and CVD patients, focusing on the cellular and molecular mechanisms underlying the relationship between stress and thrombosis.

Database: Medline

Cardio-Oncology in the Era of the COVID-19 Pandemic and Beyond.

Author(s): Addison, Daniel; et al

Source: Journal of the American Heart Association; Oct 2020; vol. 9 (no. 19); p. e017787

Available at [Journal of the American Heart Association](#) - from Europe PubMed Central - Open Access

Abstract: Coronavirus disease 2019 (COVID-19) has emerged as a global pandemic and public health crisis. Increasing waves of intermittent infectious outbreaks have dramatically influenced

care among broad populations. Over the past 2 decades, there has been a rapid increase in cancer survival, with >400 000 new survivors each year. The increasingly common presence of cardiovascular disease in patients during or after cancer treatment led to the rapid growth of the field of cardio-oncology with a mandate of identifying, treating, and preventing the various forms of cardiovascular disease seen among this population. This review evaluates the implications of the pandemic on the practice and study of cardio-oncology. The evolving understanding of the relationship between comorbid disease and clinical outcomes among this population is assessed. With the impetus of the pandemic, cardio-oncology can be deliberate in embracing changes to cardiac screening, monitoring, and intervention during oncology care. Bridging 2 specialties, consideration of the lessons learned in cancer and cardiovascular may pivotally inform ongoing therapeutic efforts. Further, the development of multicenter registries focused on understanding and optimizing outcomes among these patients should be considered. Together, these insights may critically inform strategies for the care of cardio-oncology patients in future phases of the COVID-19 pandemic and beyond.

Database: Medline

Mechanisms of COVID-19-induced cardiovascular disease: Is sepsis or exosome the missing link?

Author(s): Patil, Mallikarjun; et al

Source: Journal of cellular physiology; Oct 2020

Available at [Journal of cellular physiology](#) - from Unpaywall

Abstract: Coronavirus disease 2019 (COVID-19), caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has reached a pandemic level, spreading across the globe by affecting over 33 million people and causing over 1,009,270 deaths. SARS-CoV-2 is highly infectious with a high basic reproduction number (R_0) of 2.2-5.7 that has led to its exponential spread. Besides, very little is known about it in terms of immunogenicity and its molecular targets. SARS-CoV-2 causes acute respiratory distress syndrome, followed by multiple organ failure and death in a small percentage of individuals. Cardiac injury has emerged as another dreaded outcome of COVID-19 complications. However, a thorough understanding of the pathogenesis of SARS-CoV-2 is lacking. In this review, we discuss the virus, possible mechanisms of COVID-19-induced cardiac injury, and potential therapeutic strategies, and we explore if exosomes could be targeted to treat symptoms of COVID-19. Furthermore, we discussed the virus-induced sepsis, which may be the cause of multiple organ failure, including myocardial injury.

Database: Medline

Cardiovascular disease in childhood and adolescence: lessons from children with chronic kidney disease.

Author(s): Querfeld, Uwe

Source: Acta paediatrica (Oslo, Norway : 1992); Oct 2020

Available at [Acta paediatrica \(Oslo, Norway : 1992\)](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: Children suffering from chronic kidney disease (CKD) have the apparent highest risk for the development of cardiovascular disease (CVD) at a young age. While symptoms of CVD are characteristically absent in childhood and adolescence, remodeling of the myocardium, medium

and large-sized arteries and of the microcirculation is clinically significant and can be assessed with non-invasive technology. Kidney disease and its progression is the driver of CVD, mediated by an unparalleled accumulation of risk factors converging on several comorbid conditions including hypertension, anemia, dyslipidemia, disturbed mineral metabolism and chronic persistent inflammation. Large prospective pediatric cohorts studies have provided valuable insights into the pathogenesis and the progression of CKD-induced cardiovascular comorbidity and have characterized the cardiovascular phenotype in young patients. They have also provided the rationale for close monitoring of risk factors and have defined therapeutic targets. Recently discovered new biomarkers could help identify the individual risk for CVD. Prevention of CVD by aggressive therapy of modifiable risk factors is essential to enable long-term survival of young patients with CKD.

Database: Medline

The Effect of Smartphone App-Based Interventions for Patients With Hypertension: Systematic Review and Meta-Analysis.

Author(s): Xu, Hongxuan; Long, Huanyu

Source: JMIR mHealth and uHealth; Oct 2020; vol. 8 (no. 10); p. e21759

Available at [JMIR mHealth and uHealth](#) - from Europe PubMed Central - Open Access

Abstract: BACKGROUND Hypertension is a major cause of cardiovascular disease, which is the leading cause of premature death. People with hypertension who do not comply with recommended treatment strategies have a higher risk of heart attacks and strokes, leading to hospitalization and consequently greater health care costs. The smartphone, which is now ubiquitous, offers a convenient tool to aid in the treatment of hypertension through the use of apps targeting lifestyle management, and such app-based interventions have shown promising results. In particular, recent evidence has shown the feasibility, acceptability, and success of digital interventions in changing the behavior of people with chronic conditions. OBJECTIVE The aim of this study was to systematically compile available evidence to determine the overall effect of smartphone apps on blood pressure control, medication adherence, and lifestyle changes for people with hypertension. CONCLUSIONS A smartphone intervention leads to a reduction in blood pressure and an increase in medication adherence for people with hypertension. Future research should focus on the effect of behavior coaching apps on medication adherence, lifestyle change, and blood pressure reduction.

Database: Medline

Implementing screening interventions in community pharmacy to promote interprofessional coordination of primary care - A mixed methods evaluation.

Author(s): Mc Namara, Kevin P; et al

Source: Research in social & administrative pharmacy : RSAP; Feb 2020; vol. 16 (no. 2); p. 160-167

Abstract: BACKGROUND Screening is a critical component of efforts to reduce the population burden of cardiovascular disease (CVD), by facilitating early use of cost-effective prevention and treatment strategies. While international evidence suggests that screening in community pharmacies improves screening access and identifies at-risk individuals, concerns from medical organisations about the absence of interdisciplinary coordination and related lack of continuity of care with general practice have significantly contributed to reluctance from some stakeholders to

endorse, and engage with, pharmacy-based screening initiatives. The Cardiovascular Absolute Risk Screening (CARS) study was designed to address these challenges and promote an interprofessional approach to screening for cardiovascular disease risk by pharmacists. This study describes the impact of the CARS implementation model on interdisciplinary coordination and continuity of care. **CONCLUSIONS** Use of implementation planning by pharmacists, alongside clinical training, can effectively promote an interdisciplinary coordination focus by pharmacists.

Database: Medline

COPD

Comparison of Characteristics Between ICS-Treated COPD Patients and ICS-Treated COPD Patients with Concomitant Asthma: A Study in Primary Care.

Author(s): Savran, Osman; et al

Source: International journal of chronic obstructive pulmonary disease; 2020; vol. 15 ; p. 931-937

Available at [International journal of chronic obstructive pulmonary disease](#) - from Europe PubMed Central - Open Access

Abstract: Background and Objective Inhaled corticosteroids (ICS) for COPD has been much debated. Our aim was to identify characteristics associated with prescribing ICS for patients with COPD alone compared to those with concomitant asthma in general practice. Patients and Methods Participating general practitioners (GPs) (n=144) recruited patients with COPD (ICPC 2nd ed. code R95) currently prescribed ICS (ACT code R03AK and R03BA). Data, if available, on demographics, smoking habits, spirometry, COPD medication, dyspnea score, and exacerbation history were retrieved from the medical records. Logistic regression analysis was used to identify possible differences in characteristics between patients with COPD alone compared to those having a concomitant diagnosis of asthma .Results A total of 2.289 (45% males) COPD patients on ICS were recruited. Compared to patients with COPD alone (n=1.749), those with COPD and concomitant asthma (n=540) were younger (p<0.001), had higher BMI, higher FEV1/FVC ratio, higher blood eosinophil count and less life-time tobacco exposure (36 and 26 pack-years, respectively). Compared to COPD alone, logistic regression analysis showed that COPD with concomitant asthma was significantly associated to age (OR 0.94; CI 0.92 to 0.97; p<0.001), pack-years of smoking (OR 0.98; CI 0.97 to 0.99; p<0.001), %pred (OR 1.02; CI 1.00 to 1.03; p=0.005), and doctor-diagnosed depression (OR 2.59; CI 1.20 to 5.58; p=0.015). Conclusion In COPD patients currently prescribed ICS, the presence of concomitant asthma was associated with being younger, having less tobacco exposure, more preserved lung function and a higher likelihood of doctor-diagnosed depression compared to COPD alone.

Database: Medline

Climate change in healthcare: Exploring the potential role of inhaler prescribing.

Author(s): Starup-Hansen, Joachim; et al

Source: Pharmacology research & perspectives; Dec 2020; vol. 8 (no. 6); p. e00675

Available at [Pharmacology research & perspectives](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: Climate change has been described as the biggest global health threat of the 21st century. As a result, governments around the world are committing to legislative change in order to

BACK TO TOP

reduce greenhouse gas emissions (GHGEs). The healthcare sector makes a significant contribution to GHGEs and in line with national legislation in the UK, the NHS has recently committed to achieving net zero emissions by 2050. The management of asthma and COPD largely depends on the prescribing of medications that are delivered through inhalers. In the UK, the use of pressurized metered dose inhalers (pMDIs), which rely on hydrofluorocarbon (HFC) propellants accounts for 3.5% of the NHS's total carbon footprint. In contrast, dry powder inhalers (DPIs) have a much lower carbon footprint due to the absence of a HFC propellant. Here we review evidence of the impact of inhaler choices across four domains: environmental impact, clinical effectiveness, cost effectiveness and patient preferences. We find that as well as a lower global-warming potential, DPIs have additional benefits over pMDIs in other domains and should be considered first line where clinically appropriate.

Database: Medline

Barriers and Strategies for Improving Medication Adherence Among People Living With COPD: A Systematic Review.

Author(s): Bhattarai, Bimbishar; et al

Source: Respiratory care; Nov 2020; vol. 65 (no. 11); p. 1738-1750

Available at [Respiratory care](#) - from Unpaywall

Abstract: BACKGROUND While medication is an integral component of the effective management of COPD, contemporary studies report that more than half of all people who are prescribed medication for the management of their COPD do not adhere to therapy. Enhancing medication adherence and improving health outcomes for those living with COPD are among the key challenges for the global health community. This systematic review aims to identify the rate of nonadherence among people who are prescribed controller medication for the management of their COPD, and identifies the barriers and facilitators that influence their medication use behavior. CONCLUSIONS Adherence to COPD medication was generally low, with the majority of studies identifying the presence of depression and subjects' concern about the harmful effects of the medicine as barriers to adherence. Variability exists on the reported rates of nonadherence, possibly due to different measures utilized to assess adherence. Future research in low-income nations is needed.

Database: Medline

Asthma-Chronic Obstructive Pulmonary Disease Overlap.

Author(s): Sharma, Sunita; et al

Source: Immunology and allergy clinics of North America; Nov 2020; vol. 40 (no. 4); p. 565-573

Available at [Immunology and allergy clinics of North America](#) - from ClinicalKey

Abstract: Asthma-chronic obstructive pulmonary disease (COPD) overlap (ACO) defines a subgroup of patients with asthma who have persistent airflow obstruction or patients with COPD who may exhibit variable airflow limitation and/or evidence of type 2 inflammation. Additional investigations are needed to determine whether ACO represents a distinct disorder with unique underlying pathophysiology, whether ACO patients should be managed differently from those with asthma or COPD, and whether the diagnosis affects long-term outcomes. This article presents the data about the clinical features of ACO, the current information regarding the underlying pathophysiology of the syndrome, and current understanding of therapeutic options.

Database: Medline

Benefits and harms of exercise therapy in people with multimorbidity: A systematic review and meta-analysis of randomised controlled trials.

Author(s): Bricca, Alessio; et al

Source: Ageing research reviews; Nov 2020; vol. 63 ; p. 101166

Available at [Ageing research reviews](#) - from ClinicalKey

Abstract: OBJECTIVES To investigate the benefits and harms of exercise therapy on physical and psychosocial health in people with multimorbidity. ELIGIBILITY CRITERIA FOR STUDY SELECTION RCTs investigating the benefit of exercise therapy in people with multimorbidity, defined as two or more of the following conditions: osteoarthritis (of the knee or hip), hypertension, type 2 diabetes, depression, heart failure, ischemic heart disease, and chronic obstructive pulmonary disease on at least one of the following outcomes: Health-related quality of life (HRQoL), physical function, depression or anxiety. The overall quality of evidence for all the outcomes was downgraded to low, mainly due to risk of bias, inconsistency and indirectness. CONCLUSIONS Exercise therapy appears to be safe and to have a beneficial effect on physical and psychosocial health in people with multimorbidity. Although the evidence supporting this was of low quality, it highlights the potential of exercise therapy in the management and care of this population.

Database: Medline

Progress in the mechanism and targeted drug therapy for COPD.

Author(s): Wang, Cuixue; et al

Source: Signal transduction and targeted therapy; Oct 2020; vol. 5 (no. 1); p. 248

Available at [Signal transduction and targeted therapy](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: Chronic obstructive pulmonary disease (COPD) is emphysema and/or chronic bronchitis characterised by long-term breathing problems and poor airflow. The prevalence of COPD has increased over the last decade and the drugs most commonly used to treat it, such as glucocorticoids and bronchodilators, have significant therapeutic effects; however, they also cause side effects, including infection and immunosuppression. Here we reviewed the pathogenesis and progression of COPD and elaborated on the effects and mechanisms of newly developed molecular targeted COPD therapeutic drugs. Among these new drugs, we focussed on thioredoxin (Trx). Trx effectively prevents the progression of COPD by regulating redox status and protease/anti-protease balance, blocking the NF- κ B and MAPK signalling pathways, suppressing the activation and migration of inflammatory cells and the production of cytokines, inhibiting the synthesis and the activation of adhesion factors and growth factors, and controlling the cAMP-PKA and PI3K/Akt signalling pathways. The mechanism by which Trx affects COPD is different from glucocorticoid-based mechanisms which regulate the inflammatory reaction in association with suppressing immune responses. In addition, Trx also improves the insensitivity of COPD to steroids by inhibiting the production and internalisation of macrophage migration inhibitory factor (MIF). Taken together, these findings suggest that Trx may be the ideal drug for treating COPD.

Database: Medline

Diagnosis and Treatment of Early Chronic Obstructive Lung Disease (COPD).

[BACK TO TOP](#)

Author(s): Choi, Joon Young; Rhee, Chin Kook

Source: Journal of clinical medicine; Oct 2020; vol. 9 (no. 11)

Available at [Journal of clinical medicine](#) - from Europe PubMed Central - Open Access

Abstract: Chronic obstructive lung disease (COPD) is responsible for substantial rates of mortality and economic burden, and is one of the most important public-health concerns. As the disease characteristics include irreversible airway obstruction and progressive lung function decline, there has been a great deal of interest in detection at the early stages of COPD during the "at risk" or undiagnosed preclinical stage to prevent the disease from progressing to the overt stage. Previous studies have used various definitions of early COPD, and the term mild COPD has also often been used. There has been a great deal of recent effort to establish a definition of early COPD, but comprehensive evaluation is still required, including identification of risk factors, various physiological and radiological tests, and clinical manifestations for diagnosis of early COPD, considering the heterogeneity of the disease. The treatment of early COPD should be considered from the perspective of prevention of disease progression and management of clinical deterioration. There has been a lack of studies on this topic as the definition of early COPD has been proposed only recently, and therefore further clinical studies are needed.

Database: Medline

What is the Impact of Outreach Services on Medication Adherence for COPD Patients? A Systematic Review.

Author(s): Marron, Elaine; et al

Source: COPD; Oct 2020 ; p. 1-10

Abstract: Chronic obstructive pulmonary disease (COPD) patients have been known to have poor medication adherence rates. The purpose of this systematic review was to assess if outreach services could impact on medication compliance rates. CINAHL, Medline, Clinical Key and Cochrane library were all searched electronically along with grey literature for all eligible studies conducted on COPD patients in a non-acute hospital setting. Systematic review methodology was followed for data selection, extraction and risk of bias, validity testing and data analysis. Eight studies met all inclusion criteria. 4 randomised control trials and 4 quantitative intention-to-treat studies. 2 of the studies failed validity testing but due to a lack of articles, were included in the synthesis. Given the heterogeneity of data, a narrative synthesis was adopted. All 8 studies demonstrated the ability for an outreach service to improve medication adherence in the community setting. Secondary to this result, this systematic review showed the ability to reduce hospital admissions of exacerbations of COPD due to increased medication adherence. Quality of life was assessed but did not improve but importantly did not decrease. Medication adherence has the potential to be improved from an outreach programme but requires more high-quality research in the area to develop a standardised plan of care to identify the most effective way of educating patients on medication adherence. Medication adherence education should not be a once-off assessment, this systematic review has shown it must be continuous, re-checked and re-educated regularly.

Database: Medline

Characterization of chronic obstructive pulmonary disease in dairy farmers.

Author(s): Soumagne, Thibaud;

Source: Environmental research; Sep 2020; vol. 188 ; p. 109847

Abstract: BACKGROUND Although farming is often considered a risk factor for COPD, data regarding the burden and characteristics of COPD in dairy farmers are sparse and conflicting. OBJECTIVES To characterize COPD in dairy farmers. METHODS 4788 subjects entered two parallel COPD screening programs, one in agricultural workers and one in general practice from 2011 to 2015. Subjects with COPD were invited to participate in the characterization phase of the study. Those who accepted were included in two subgroups: dairy farmers with COPD (DF-COPD) (n = 101) and non-farmers with COPD (NF-COPD) (n = 85). Patients with COPD were frequency-matched with subjects with normal spirometry for age, sex and tobacco smoking (pack-years and status) (DF-controls n = 98, NF-controls n = 89). All subjects from these four groups underwent lung function and exercise testing, questionnaires and blood analysis. RESULTS The frequency of COPD in dairy farmers was 8.0% using the GOLD criterion and 6.2% using the lower limit of normal criterion and was similar in non-farming subjects (7.3% and 5.2%, respectively) although dairy farmers had lower tobacco consumption (screening phase). DF-COPD had better pulmonary function, exercise capacity and quality of life, fewer symptoms and comorbidities than NF-COPD, and higher levels of some Th2 biomarkers (MCP-2, periostin) (characterization phase). In farmers, COPD was not related to occupational exposure factors, supporting the role of host factors. CONCLUSION COPD secondary to organic dust exposure (dairy farming) appears less severe and associated with fewer comorbidities than COPD secondary to tobacco smoking.

Database: Medline

Pulmonary Aspergillosis: What the Generalist Needs to Know.

Author(s): El-Baba, Firas; Gao, Yuqing; Soubani, Ayman O

Source: The American journal of medicine; Jun 2020; vol. 133 (no. 6); p. 668-674

Available at [The American journal of medicine](#) - from ClinicalKey

Abstract: Aspergillus spp. is a ubiquitous mold found commonly in our environment that can cause a spectrum of pulmonary disorders, ranging from a hypersensitivity reaction to an acutely invasive disease with significant mortality. Allergic bronchopulmonary aspergillosis results from airway hypersensitivity from aspergillus colonization almost exclusively in patients with asthma and cystic fibrosis. Chronic pulmonary aspergillosis typically presents in immunocompetent patients with underlying lung pathology. Treatment is primarily with antifungal agents; however, other measures such as surgical resection may be necessary. Invasive pulmonary aspergillosis is a severe infection in immunocompromised patients and is characterized by invasion of pulmonary vasculature by the Aspergillus hyphae. Recent advances in the diagnosis and management of invasive pulmonary aspergillosis include emerging risk factors such as critically ill patients, and those with chronic obstructive pulmonary disease and liver disease. In addition, noninvasive biomarkers have made it easier to suspect and diagnose invasive pulmonary aspergillosis. There are more effective and better-tolerated antifungal agents that have improved patient outcomes. This review introduces the spectrum of pulmonary aspergillosis geared toward generalists, including disease manifestations, most recent diagnostic criteria, and first-line treatment options. Involving a multidisciplinary team is vital to the early diagnosis and management of these diseases.

Database: Medline

Activating primary care COPD patients with multi-morbidity through tailored self-management support.

Author(s): Ansari, Sameera; et al

[BACK TO TOP](#)

Source: NPJ primary care respiratory medicine; Apr 2020; vol. 30 (no. 1); p. 12

Available at [NPJ primary care respiratory medicine](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: Given the dearth of COPD self-management interventions that specifically acknowledge multi-morbidity in primary care, we aimed to activate COPD patients through personalised self-management support that recognised the implications of co-morbidities. This single-group experimental study included patients aged 40-84 with a spirometry diagnosis of COPD and at least one co-morbidity. A self-management education programme for COPD in the context of multi-morbidity, based on the Health Belief Model, was tailored and delivered to participants by general practice nurses in face-to-face sessions. At 6 months' follow-up, there was significant improvement in patient activation ($p < 0.001$), COPD-related quality of life ($p = 0.012$), COPD knowledge ($p < 0.001$) and inhaler device technique ($p = 0.001$), with no significant change in perception of multi-morbidity ($p = 0.822$) or COPD-related multi-morbidity (0.084). The programme improved patients' self-efficacy for their COPD as well as overall health behaviour. The findings form an empirical basis for further testing the programme in a large-scale randomised controlled trial.

Database: Medline

Quantitative and qualitative evaluation of spirometry for COPD screening in general practice.

Author(s): Soumagne, T; et al

Source: Respiratory medicine and research; Mar 2020; vol. 77 ; p. 31-36

Available at [Respiratory medicine and research](#) - from Unpaywall

Abstract: INTRODUCTION Proper diagnosis of COPD remains a challenge. Spirometry testing in primary care may help to reduce misdiagnosis, but its reliability as a diagnostic instrument needs to be assessed. OBJECTIVES To investigate (1) the validity of spirometry testing performed in primary care and (2) the accuracy of the diagnostic of airflow limitation obtained by these tests. CONCLUSION Spirometry performed in primary care by trained personnel reliably identifies persistent airflow limitation. This may encourage pulmonologists to collaborate with primary care providers with the aim of improving appropriate diagnosis of COPD.

Database: Medline

Diabetes

Risk factors for COVID-19-related mortality in people with type 1 and type 2 diabetes in England: a population-based cohort study.

Author(s): Holman, Naomi; et al

Source: The lancet. Diabetes & endocrinology; Oct 2020; vol. 8 (no. 10); p. 823-833

Available at [The lancet. Diabetes & endocrinology](#) - from ClinicalKey

Abstract: BACKGROUND Diabetes has been associated with increased COVID-19-related mortality, but the association between modifiable risk factors, including hyperglycaemia and obesity, and COVID-19-related mortality among people with diabetes is unclear. We assessed associations between risk factors and COVID-19-related mortality in people with type 1 and type 2 diabetes.

METHODS We did a population-based cohort study of people with diagnosed diabetes who were registered with a general practice in England. National population data on people with type 1 and type 2 diabetes collated by the National Diabetes Audit were linked to mortality records collated by the Office for National Statistics from Jan 2, 2017, to May 11, 2020. We identified the weekly number of deaths in people with type 1 and type 2 diabetes during the first 19 weeks of 2020 and calculated the percentage change from the mean number of deaths for the corresponding weeks in 2017, 2018, and 2019. The associations between risk factors (including sex, age, ethnicity, socioeconomic deprivation, HbA1c, renal impairment [from estimated glomerular filtration rate (eGFR)], BMI, tobacco smoking status, and cardiovascular comorbidities) and COVID-19-related mortality (defined as International Classification of Diseases, version 10, code U07.1 or U07.2 as a primary or secondary cause of death) between Feb 16 and May 11, 2020, were investigated by use of Cox proportional hazards models. **FINDINGS** Weekly death registrations in the first 19 weeks of 2020 exceeded the corresponding 3-year weekly averages for 2017-19 by 672 (50.9%) in people with type 1 diabetes and 16 071 (64.3%) in people with type 2 diabetes. Between Feb 16 and May 11, 2020, among 264 390 people with type 1 diabetes and 2 874 020 people with type 2 diabetes, 1604 people with type 1 diabetes and 36 291 people with type 2 diabetes died from all causes. Of these total deaths, 464 in people with type 1 diabetes and 10 525 in people with type 2 diabetes were defined as COVID-19 related, of which 289 (62.3%) and 5833 (55.4%), respectively, occurred in people with a history of cardiovascular disease or with renal impairment (eGFR <60 mL/min per 1.73 m²). Male sex, older age, renal impairment, non-white ethnicity, socioeconomic deprivation, and previous stroke and heart failure were associated with increased COVID-19-related mortality in both type 1 and type 2 diabetes. Compared with people with an HbA1c of 48-53 mmol/mol (6.5-7.0%), people with an HbA1c of 86 mmol/mol (10.0%) or higher had increased COVID-19-related mortality (hazard ratio [HR] 2.23 [95% CI 1.50-3.30, p<0.0001] in type 1 diabetes and 1.61 [1.47-1.77, p<0.0001] in type 2 diabetes). In addition, in people with type 2 diabetes, COVID-19-related mortality was significantly higher in those with an HbA1c of 59 mmol/mol (7.6%) or higher than in those with an HbA1c of 48-53 mmol/mol (HR 1.22 [95% CI 1.15-1.30, p<0.0001] for 59-74 mmol/mol [7.6-8.9%] and 1.36 [1.24-1.50, p<0.0001] for 75-85 mmol/mol [9.0-9.9%]). The association between BMI and COVID-19-related mortality was U-shaped: in type 1 diabetes, compared with a BMI of 25.0-29.9 kg/m², a BMI of less than 20.0 kg/m² had an HR of 2.45 (95% CI 1.60-3.75, p<0.0001) and a BMI of 40.0 kg/m² or higher had an HR of 2.33 (1.53-3.56, p<0.0001); the corresponding HRs for type 2 diabetes were 2.33 (2.11-2.56, p<0.0001) and 1.60 (1.47-1.75, p<0.0001). **INTERPRETATION** Deaths in people with type 1 and type 2 diabetes rose sharply during the initial COVID-19 pandemic in England. Increased COVID-19-related mortality was associated not only with cardiovascular and renal complications of diabetes but, independently, also with glycaemic control and BMI. **FUNDING** None.

Database: Medline

Associations of type 1 and type 2 diabetes with COVID-19-related mortality in England: a whole-population study.

Author(s): Barron, Emma; et al

Source: The lancet. Diabetes & endocrinology; Oct 2020; vol. 8 (no. 10); p. 813-822

Available at [The lancet. Diabetes & endocrinology](#) - from ClinicalKey

Abstract: **BACKGROUND** Although diabetes has been associated with COVID-19-related mortality, the absolute and relative risks for type 1 and type 2 diabetes are unknown. We assessed the independent effects of diabetes status, by type, on in-hospital death in England in patients with

[BACK TO TOP](#)

COVID-19 during the period from March 1 to May 11, 2020. **METHODS** We did a whole-population study assessing risks of in-hospital death with COVID-19 between March 1 and May 11, 2020. We included all individuals registered with a general practice in England who were alive on Feb 16, 2020. We used multivariable logistic regression to examine the effect of diabetes status, by type, on in-hospital death with COVID-19, adjusting for demographic factors and cardiovascular comorbidities. Because of the absence of data on total numbers of people infected with COVID-19 during the observation period, we calculated mortality rates for the population as a whole, rather than the population who were infected. **FINDINGS** Of the 61 414 470 individuals who were alive and registered with a general practice on Feb 16, 2020, 263 830 (0.4%) had a recorded diagnosis of type 1 diabetes, 2 864 670 (4.7%) had a diagnosis of type 2 diabetes, 41 750 (0.1%) had other types of diabetes, and 58 244 220 (94.8%) had no diabetes. 23 698 in-hospital COVID-19-related deaths occurred during the study period. A third occurred in people with diabetes: 7434 (31.4%) in people with type 2 diabetes, 364 (1.5%) in those with type 1 diabetes, and 69 (0.3%) in people with other types of diabetes. Unadjusted mortality rates per 100 000 people over the 72-day period were 27 (95% CI 27-28) for those without diabetes, 138 (124-153) for those with type 1 diabetes, and 260 (254-265) for those with type 2 diabetes. Adjusted for age, sex, deprivation, ethnicity, and geographical region, compared with people without diabetes, the odds ratios (ORs) for in-hospital COVID-19-related death were 3.51 (95% CI 3.16-3.90) in people with type 1 diabetes and 2.03 (1.97-2.09) in people with type 2 diabetes. These effects were attenuated to ORs of 2.86 (2.58-3.18) for type 1 diabetes and 1.80 (1.75-1.86) for type 2 diabetes when also adjusted for previous hospital admissions with coronary heart disease, cerebrovascular disease, or heart failure. **INTERPRETATION** The results of this nationwide analysis in England show that type 1 and type 2 diabetes were both independently associated with a significant increased odds of in-hospital death with COVID-19. **FUNDING** None.

Database: Medline

Multimorbidity, glycaemic variability and time in target range in people with type 2 diabetes: A baseline analysis of the GP-OSMOTIC trial.

Author(s): Chiang, Jason I; et al

Source: Diabetes research and clinical practice; Sep 2020; vol. 169 ; p. 108451

Available at [Diabetes research and clinical practice](#) - from ClinicalKey

Abstract: AIMS To explore associations between multimorbidity condition counts (total; concordant (diabetes-related); discordant (unrelated to diabetes)) and glycaemia (HbA1c; glycaemic variability (GV); time in range (TIR)) using data from a randomised controlled trial examining effectiveness of continuous glucose monitoring (CGM) in people with type 2 diabetes (T2D). **METHODS** Cross-sectional study: 279 people with T2D using baseline data from the General Practice Optimising Structured Monitoring To Improve Clinical outcomes (GP-OSMOTIC) trial from 25 general practices in Australia. Number of long-term conditions (LTCs) in addition to T2D used to quantify total/concordant/discordant multimorbidity counts. GV (measured by coefficient of variation (CV)) and TIR derived from CGM data. Multivariable linear regression models used to examine associations between multimorbidity counts, HbA1c (%), GV and TIR. **RESULTS** Mean (SD) age of participants 60.4 (9.9) years; 40.9% female. Multimorbidity was present in 89.2% of participants. Most prevalent comorbid LTCs: hypertension (57.4%), painful conditions (29.8%), coronary heart disease (22.6%) and depression (19.0%). No evidence of associations between multimorbidity counts, HbA1c, GV and TIR. **CONCLUSIONS** While multimorbidity was common in this T2D cohort, it was not associated with HbA1c, CV or TIR. Future studies should explore factors other than

[**BACK TO TOP**](#)

glycaemia that contribute to the increased mortality observed in those with multimorbidity and T2D.

Database: Medline

Guiding Glucose Management Discussions Among Adults With Type 2 Diabetes in General Practice: Development and Pretesting of a Clinical Decision Support Tool Prototype Embedded in an Electronic Medical Record.

Author(s): Kunstler, Breanne E; et al

Source: JMIR formative research; Sep 2020; vol. 4 (no. 9); p. e17785

Available at [JMIR formative research](#) - from Unpaywall

Abstract: BACKGROUND Managing type 2 diabetes (T2D) requires progressive lifestyle changes and, sometimes, pharmacological treatment intensification. General practitioners (GPs) are integral to this process but can find pharmacological treatment intensification challenging because of the complexity of continually emerging treatment options. OBJECTIVE This study aimed to use a co-design method to develop and pretest a clinical decision support (CDS) tool prototype (GlycASSIST) embedded within an electronic medical record, which uses evidence-based guidelines to provide GPs and people with T2D with recommendations for setting glycated hemoglobin (HbA1c) targets and intensifying treatment together in real time in consultations. METHODS The literature on T2D-related CDS tools informed the initial GlycASSIST design. A two-part co-design method was then used. Initial feedback was sought via interviews and focus groups with clinicians (4 GPs, 5 endocrinologists, and 3 diabetes educators) and 6 people with T2D. Following refinements, 8 GPs participated in mock consultations in which they had access to GlycASSIST. Six people with T2D viewed a similar mock consultation. Participants provided feedback on the functionality of GlycASSIST and its role in supporting shared decision making (SDM) and treatment intensification. RESULTS Clinicians and people with T2D believed that GlycASSIST could support SDM (although this was not always observed in the mock consultations) and individualized treatment intensification. They recommended that GlycASSIST includes less information while maintaining relevance and credibility and using graphs and colors to enhance visual appeal. Maintaining clinical autonomy was important to GPs, as they wanted the capacity to override GlycASSIST's recommendations when appropriate. Clinicians requested easier screen navigation and greater prescribing guidance and capabilities. CONCLUSIONS GlycASSIST was perceived to achieve its purpose of facilitating treatment intensification and was acceptable to people with T2D and GPs. The GlycASSIST prototype is being refined based on these findings to prepare for quantitative evaluation.

Database: Medline

The treatment rate of erectile dysfunction (ED) in younger men with type 2 diabetes is up to four times higher than the equivalent non-diabetes population.

Author(s): Stedman, Mike; et al

Source: International journal of clinical practice; Sep 2020; vol. 74 (no. 9); p. e13538

Available at [International journal of clinical practice](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: INTRODUCTION Erectile dysfunction (ED) is common in older age and in diabetes mellitus (DM). Phosphodiesterase type 5-inhibitors (PDE5-is) are the first-line for ED. We investigated how the type of diabetes and age of males affect the PDE5-i use in the primary care setting. METHODS

From 2018 to 2019, the general practice level quantity of all PDE5-i agents was taken from the general practice (GP) Prescribing Dataset in England. The variation in outcomes across practices was examined across one year, and for the same practice against the previous year. **RESULTS** We included 5761 larger practices supporting 25.8 million men of whom 4.2 million ≥ 65 years old. Of these, 1.4 million had T2DM, with 0.8 million of these >65 . About 137 000 people had T1DM. About 28.8 million tablets of PDE5-i were prescribed within the 12 months (2018-2019) period in 3.7 million prescriptions (7.7 tablets/prescription), at total costs of £15.8 million (£0.55/tablet). The NHS ED limit of one tablet/user/wk suggests that 540 000 males are being prescribed a PDE5-i at a cost of £29/y each. With approximately 30 000 GPs practising, this is equivalent to one GP providing 2.5 prescriptions/wk to overall 18 males. There was a 3x variation between the highest decile of practices (2.6 tablets/male/y) and lowest decile (0.96 tablets/male/y). The statistical model captured 14% of this variation and showed that T1DM males were the largest users, while men age 65 were prescribed 80% of the non-DM amount. **CONCLUSION** There is a wide variation in the use of PDE5-is. With only 14% variance capture, other factors including wide variation in patient awareness, prescribing rules of local health providers, and recognition of the importance of male sexual health by GP prescribers might have a significant impact.

Database: Medline

Patient-reported outcomes after 10-year follow-up of intensive, multifactorial treatment in individuals with screen-detected type 2 diabetes: the ADDITION-Europe trial.

Author(s): Dalsgaard, E-M; et al

Source: Diabetic medicine : a journal of the British Diabetic Association; Sep 2020; vol. 37 (no. 9); p. 1509-1518

Available at [Diabetic medicine : a journal of the British Diabetic Association](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: **AIMS** To present the longer-term impact of multifactorial treatment of type 2 diabetes on self-reported health status, diabetes-specific quality of life, and diabetes treatment satisfaction at 10-year follow up of the ADDITION-Europe trial. **METHODS** The ADDITION-Europe trial enrolled 3057 individuals with screen-detected type 2 diabetes from four centres [Denmark, the UK (Cambridge and Leicester) and the Netherlands], between 2001 and 2006. Participants were randomized at general practice level to intensive treatment or to routine care. The trial ended in 2009 and a 10-year follow-up was performed at the end of 2014. We measured self-reported health status (36-item Short-Form Health Survey and EQ-5D), diabetes-specific quality of life (Audit of Diabetes-Dependent Quality of Life questionnaire), and diabetes treatment satisfaction (Diabetes Treatment Satisfaction Questionnaire) at different time points during the study period. A mixed-effects model was applied to estimate the effect of intensive treatment (intention-to-treat analyses) on patient-reported outcome measures for each centre. Centre-specific estimates were pooled using a fixed effects meta-analysis. **RESULTS** There was no difference in patient-reported outcome measures between the routine care and intensive treatment arms in this 10-year follow-up study [EQ-5D: -0.01 (95% CI -0.03, 0.01); Physical Composite Score (36-item Short-Form Health Survey): -0.27 (95% CI -1.11, 0.57), Audit of Diabetes-Dependent Quality of Life questionnaire: -0.01 (95% CI -0.11, 0.10); and Diabetes Treatment Satisfaction Questionnaire: -0.20 (95% CI -0.70, 0.29)]. **CONCLUSIONS** Intensive, multifactorial treatment of individuals with screen-detected type 2 diabetes did not affect self-reported health status, diabetes-specific quality of life, or diabetes treatment satisfaction at 10-year follow-up compared to routine care.

Database: Medline

Diagnosing and providing initial management for patients with Gestational Diabetes: What is the General Practitioner's experience?

Author(s): Green, Alison; et al

Source: Diabetes research and clinical practice; Aug 2020; vol. 166 ; p. 108290

Available at [Diabetes research and clinical practice](#) - from ClinicalKey

Abstract: AIM This study explores the General Practice (GP) experience of Gestational Diabetes Mellitus (GDM). Much has been written about patient perspectives, yet little is known about the GP perspective at initial diagnosis and management. GDM is increasingly managed in the secondary and tertiary sector, the confidence of GPs and their role in ongoing care has not been examined. Given GDM's poor follow up rates, all aspects of the patient journey warrant close examination. METHODS Through purposive and snowball sampling, we conducted semi-structured interviews with GPs in Brisbane, Australia between April and October 2018. Data collection, until saturation, and analysis were concurrent, and the Leximancer analysis tool assisted with content analysis and suggestion of themes. RESULTS Dominant themes include uncertainty/urgency and feeling under-utilised. GPs have a pragmatic approach in the face of uncertainty, and adopt one of several strategies to meet patient needs. A key issue that may impact on long term follow up and high quality GP-patient relationships is concern about the patient being 'taken away' by the hospital. Communication with the hospital is generally perceived as poor. CONCLUSIONS The experience of GPs in the initial diagnosis and management of GDM may assist in improving GDM follow up.

Database: Medline

Eleven-year multimorbidity burden among 637 255 people with and without type 2 diabetes: a population-based study using primary care and linked hospitalisation data.

Author(s): Zghebi, Salwa S; et al

Source: BMJ open; Jul 2020; vol. 10 (no. 7); p. e033866

Available at [BMJ open](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: OBJECTIVES To compare the patterns of 18 physical and mental health comorbidities between people with recently diagnosed type 2 diabetes (T2D) and people without diabetes and how these change by age, gender and deprivation over time between 2004 and 2014. Also, to develop a metric to identify most prevalent comorbidities in people with T2D. DESIGN Population-based cohort study. SETTING Primary and secondary care, England, UK. PARTICIPANTS 108 588 people with T2D and 528 667 comparators registered in 391 English general practices. Each patient with T2D aged ≥ 16 years between January 2004 and December 2014 registered in Clinical Practice Research Datalink GOLD practices was matched to up to five comparators without diabetes on age, gender and general practice. PRIMARY AND SECONDARY OUTCOME MEASURES Prevalence of 18 physical and mental health comorbidities in people with T2D and comparators categorised by age, gender and deprivation. Odds for association between T2D diagnosis and comorbidities versus comparators. A metric for comorbidities with prevalence of $\geq 5\%$ and/or odds ≥ 2 in patients with T2D. RESULTS Overall, 77% of patients with T2D had ≥ 1 comorbidity and all comorbidities were more prevalent in patients with T2D than in comparators. Across both groups, prevalence rates were higher in older people, women and those most socially deprived. Conditional logistic regression models fitted to estimate (OR, 95% CI) for association between T2D diagnosis and

comorbidities showed that T2D diagnosis was significantly associated with higher odds for all conditions including myocardial infarction (OR 2.13, 95% CI 1.85 to 2.46); heart failure (OR 2.12, 1.84 to 2.43); depression (OR 1.75, 1.62 to 1.89), but non-significant for cancer (OR 1.12, 0.98 to 1.28). In addition to cardiovascular disease, the metric identified osteoarthritis, hypothyroidism, anxiety, schizophrenia and respiratory conditions as highly prevalent comorbidities in people with T2D. CONCLUSIONS T2D diagnosis is associated with higher likelihood of experiencing other physical and mental illnesses. People with T2D are twice as likely to have cardiovascular disease as the general population. The findings highlight highly prevalent and under-reported comorbidities in people with T2D. These findings can inform future research and clinical guidelines and can have important implications on healthcare resource allocation and highlight the need for more holistic clinical care for people with recently diagnosed T2D.

Database: Medline

Gestational diabetes and progression to type two diabetes mellitus: missed opportunities of follow up and prevention?

Author(s): Walker, Emma; Flannery, Orla; Mackillop, Lucy

Source: Primary care diabetes; Jun 2020

Available at [Primary care diabetes](#) - from ClinicalKey

Abstract: BACKGROUND The incidence of type 2 diabetes (T2DM) is increasing. Having a pregnancy complicated by gestational diabetes mellitus (GDM) is a potent risk factor for the later development of T2DM. AIM To explore the characteristics of women diagnosed with GDM in a single centre and their follow up for progression to T2DM. METHODS A retrospective cohort study using anonymised data of one hundred and fifty four (154) women with GDM receiving maternity care at the Oxford University Hospitals NHS Foundation Trust (OUHFT) in 2010 and their follow up until 2018. RESULTS The prevalence of GDM in women delivering in Oxfordshire in 2010 was 3.4%. 70% of pregnant women were overweight or obese (with 51% being obese) at booking. Gestational weight gain (GWG) was excessive in 29% of women, when compared to Institute of Medicine (IOM) guidelines. Almost a quarter of women (23.4%) had no follow up after delivery. Over a median follow up of 3.5 years (range 0-8 years) nearly one in six (16.9%) of the total cohort (22% of those tested) went on to develop T2DM. 74% of women with GDM were multiparous, and 65% of nulliparous women were tested compared to 81% of multiparous women. There was a significant difference between multiparous women (53.8%) compared to nulliparous women (46.2%) developing T2DM ($p=0.01$). There was no significant difference in BMI ($p=0.866$) or GWG ($p=0.83$) in women who progressed to T2DM versus those who did not. CONCLUSION The risk of T2DM after GDM is substantial however, follow up rates of this population is poor. Subsequent screening of women with GDM and their management crosses secondary and primary care with scope for improvement in counselling of women of the importance of annual reviews, in data collection and follow up in both obstetrics and general practice. The implementation of a recall system, an education programme for general practitioners and/or a registry of women diagnosed with GDM could be useful to identify those at high risk of developing T2DM as well as providing a platform for the potential development of interventions to prevent progression to T2DM after GDM.

Database: Medline

Screening for thyroid disease in patients with type 2 diabetes mellitus: An evaluation of current practice.

Author(s): Palit, Tanuka; et al

Source: Annals of clinical biochemistry; May 2020; vol. 57 (no. 3); p. 242-245

Available at [Annals of clinical biochemistry](#) - from SAGE Publications

Abstract: BACKGROUND United Kingdom national guidelines do not recommend routine testing for thyroid disease in people with type 2 diabetes mellitus (T2DM). However, some studies suggest an increased risk of thyroid dysfunction in T2DM. The aim of this study was to evaluate the current practice of screening for thyroid disease in patients with T2DM. METHODS Patients with pre-existing T2DM (n = 339) were selected from records for routine glycated haemoglobin testing performed in December 2008. Using routinely collected primary/secondary care data from 2009 to 2017, we examined longitudinal thyroid-stimulating hormone and free thyroxine requests to determine the overall proportion of patients screened for thyroid dysfunction and the time interval between thyroid tests requested. RESULTS Thirty-three patients (9.7%) had pre-existing thyroid disease. Of the remaining 306 patients, 96.4% had at least one thyroid test during the follow-up period. When the time interval between tests was evaluated in these patients, there was a discrete peak in thyroid function test requests at 12 months, consistent with routine annual testing. Most requests (77%) originated from a general practice setting. CONCLUSIONS Contrary to current guidelines, we have provided evidence suggestive of regular screening for thyroid dysfunction in patients with T2DM, particularly in general practice. The appropriateness of this practice remains unclear, but may warrant further examination to assess the clinical benefits of screening, balanced against cost.

Database: Medline

Blood Microbiota and Circulating Microbial Metabolites in Diabetes and Cardiovascular Disease.

Author(s): Velmurugan, Ganesan; et al

Source: Trends in endocrinology and metabolism: TEM; Nov 2020; vol. 31 (no. 11); p. 835-847

Available at [Trends in endocrinology and metabolism: TEM](#) - from ClinicalKey

Abstract: Diabetes and cardiovascular disease (CVD) have evolved as the leading cause of mortality and morbidity worldwide. In addition to traditional risk factors, recent studies have established that the human microbiota, particularly gut bacteria, plays a role in the development of diabetes and CVD. Although the presence of microbes in blood has been known for centuries, mounting evidence in this metagenomic era provides new insights into the role of the blood microbiota in the pathogenesis of non-infectious diseases such as diabetes and CVD. We highlight the origin and physiology of the blood microbiota and circulating microbial metabolites in relation to the etiology and progression of diabetes and CVD. We also discuss translational perspectives targeting the blood microbiota in the diagnosis and treatment of diabetes and CVD.

Database: Medline

Obesity

Effect of obesity and body mass index on coronavirus disease 2019 severity: A systematic review and meta-analysis.

Author(s): Chang, Tu-Hsuan; Chou, Chia-Ching; Chang, Luan-Yin

Source: Obesity reviews : an official journal of the International Association for the Study of Obesity; Nov 2020; vol. 21 (no. 11); p. e13089

Available at [Obesity reviews : an official journal of the International Association for the Study of Obesity](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: We conducted a systematic review of observational studies to examine the effects of body mass index (BMI) and obesity (BMI ≥ 30 kg/m²) on coronavirus disease 2019 (COVID-19). Medline, Embase, and the Cochrane Library were searched. Sixteen articles were finally included in the meta-analysis, and a random effects model was used. BMI was found to be higher in patients with severe disease than in those with mild or moderate disease (MD 1.6, 95% CI, 0.8-2.4; $p = .0002$) in China; however, the heterogeneity was high ($I^2 = 75\%$). Elevated BMI was associated with invasive mechanical ventilation (IMV) use (MD 4.1, 95% CI, 2.1-6.1; $p < .0001$) in Western countries, and this result was consistent across studies ($I^2 = 0\%$). Additionally, there were increased odds ratios of IMV use (OR 2.0, 95% CI, 1.4-2.9; $p < .0001$) and hospitalization (OR 1.4, 95% CI, 1.3-1.60; $p < .00001$) in patients with obesity. There was no substantial heterogeneity ($I^2 = 0\%$). In conclusion, obesity or high BMI increased the risk of hospitalization, severe disease and invasive mechanical ventilation in COVID-19. Physicians must be alert to these early indicators to identify critical patients.

Database: Medline

Higher body mass index is an important risk factor in COVID-19 patients: a systematic review and meta-analysis.

Author(s): Malik, Vivek Singh; et al

Source: Environmental science and pollution research international; Nov 2020; vol. 27 (no. 33); p. 42115-42123

Available at [Environmental science and pollution research international](#) - from Unpaywall

Abstract: Globally, both obesity and underweight are severe health risks for various diseases. The current study systematically examined the emerging evidence to identify an association between body mass index (BMI) and COVID-19 disease outcome. Our finding showed that the population and patients with high BMI have moderate to high risk of medical complications with COVID-19, and hence, their health status should be monitored more frequently including monitoring of blood pressure and blood glucose.

Database: Medline

The effect of green tea supplementation on obesity: A systematic review and dose-response meta-analysis of randomized controlled trials.

Author(s): Lin, Ying; et al

Source: Phytotherapy research : PTR; Oct 2020; vol. 34 (no. 10); p. 2459-2470

Available at [Phytotherapy research : PTR](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: The effects of green tea (GT) in obese subjects have been evaluated in different studies, but no consensus has been obtained due to the heterogeneity of the results. The dosage, the type of extract, and the duration of the intervention are the main contributors to the heterogeneity of the results. Therefore, the present systematic review and meta-analysis aimed to evaluate the

efficacy and dose-response relationship of GT. The results of present meta-analysis study support the use of GT for the improvement of obesity indices. Thus, we suggest that the use of GT can be combined with a balanced and healthy diet and regular physical exercise in the management of obese patients.

Database: Medline

Global prevalence, incidence, and outcomes of non-obese or lean non-alcoholic fatty liver disease: a systematic review and meta-analysis.

Author(s): Ye, Qing; et al

Source: The lancet. Gastroenterology & hepatology; Aug 2020; vol. 5 (no. 8); p. 739-752

Abstract: BACKGROUND Although non-alcoholic fatty liver disease (NAFLD) is commonly associated with obesity, it is increasingly being identified in non-obese individuals. We aimed to characterise the prevalence, incidence, and long-term outcomes of non-obese or lean NAFLD at a global level. INTERPRETATION Overall, around 40% of the global NAFLD population was classified as non-obese and almost a fifth was lean. Both non-obese and lean groups had substantial long-term liver and non-liver comorbidities. These findings suggest that obesity should not be the sole criterion for NAFLD screening. Moreover, clinical trials of treatments for NAFLD should include participants across all body-mass index ranges. FUNDING None.

Database: Medline

Body mass index, waist circumference, and risk of hearing loss: a meta-analysis and systematic review of observational study.

Author(s): Yang, Jin-Rong; et al

Source: Environmental health and preventive medicine; Jun 2020; vol. 25 (no. 1); p. 25

Available at [Environmental health and preventive medicine](#) - from BioMed Central

Abstract: BACKGROUND Emerging evidence implicates excess weight as a potential risk factor for hearing loss. However, this association remained inconclusive. Therefore, we aimed to systematically and quantitatively review the published observational study on the association between body mass index (BMI) or waist circumference (WC) and hearing loss. CONCLUSIONS In summary, our findings add weight to the evidence that elevated BMI and higher WC may be positively associated with the risk of hearing loss.

Database: Medline

Effects of total fat intake on body fatness in adults.

Author(s): Hooper, Lee; et al

Source: The Cochrane database of systematic reviews; Jun 2020; vol. 6 ; p. CD013636

Available at [The Cochrane database of systematic reviews](#) - from Cochrane Collaboration (Wiley)

Abstract: BACKGROUND The ideal proportion of energy from fat in our food and its relation to body weight is not clear. In order to prevent overweight and obesity in the general population, we need to understand the relationship between the proportion of energy from fat and resulting weight and body fatness in the general population. OBJECTIVES To assess the effects of proportion of energy intake from fat on measures of body fatness (including body weight, waist circumference,

percentage body fat and body mass index) in people not aiming to lose weight, using all appropriate randomised controlled trials (RCTs) of at least six months duration.

AUTHORS' CONCLUSIONS Trials where participants were randomised to a lower fat intake versus a higher fat intake, but with no intention to reduce weight, showed a consistent, stable but small effect of low fat intake on body fatness: slightly lower weight, BMI, waist circumference and percentage body fat compared with higher fat arms. Greater fat reduction, lower baseline fat intake and higher baseline BMI were all associated with greater reductions in weight. There was no evidence of harm to serum lipids, blood pressure or quality of life, but rather of small benefits or no effect.

Database: Medline

Interventions commenced by early infancy to prevent childhood obesity-The EPOCH Collaboration: An individual participant data prospective meta-analysis of four randomized controlled trials.

Author(s): Askie, Lisa M; **Source:** Pediatric obesity; Jun 2020; vol. 15 (no. 6); p. e12618

Available at [Pediatric obesity](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: BACKGROUND Childhood obesity is a significant global problem. Childhood obesity prevention interventions may be more effective when started very early in life before metabolic and behavioural patterns are established. CONCLUSIONS Parent-focused intervention programmes that commence by early infancy and which aim to establish a trajectory of healthy lifestyle behaviours produced a modest but statistically significant reduction in BMI z score, which if replicated on a wider scale may have important public health implications.

Database: Medline

Obesity and Risk of Small Intestine Bacterial Overgrowth: A Systematic Review and Meta-Analysis.

Author(s): Wijarnpreecha, Karn; et al

Source: Digestive diseases and sciences; May 2020; vol. 65 (no. 5); p. 1414-1422

Abstract: BACKGROUND/OBJECTIVES Recent studies have proposed that obesity may be associated with a higher risk of small intestine bacterial overgrowth (SIBO) although the results were inconsistent. The microbiome has a known metabolic role; its impact on obesity in animal models generated the hypothesis of an association between a dysfunctional microbiome and obesity. We performed this systematic review and meta-analysis to elucidate this possible association by summarizing all available data. CONCLUSIONS This meta-analysis found that the risk of SIBO was about two times higher among individuals with obesity compared to individuals without obesity, although the result did not reach statistical significance. The risk increased to threefold and reached statistical significance when only studies from Western countries were included. These observations may suggest the role of obesity as a predisposing factor for SIBO although more studies are still needed to corroborate these preliminary results.

Database: Medline

Systematic review and meta-analysis of the associations between body mass index, prostate cancer, advanced prostate cancer, and prostate-specific antigen.

Author(s): Harrison, Sean; et al

Source: Cancer causes & control : CCC; May 2020; vol. 31 (no. 5); p. 431-449

Available at [Cancer causes & control : CCC](#) - from Unpaywall

Abstract: PURPOSE The relationship between body mass index (BMI) and prostate cancer remains unclear. However, there is an inverse association between BMI and prostate-specific antigen (PSA), used for prostate cancer screening. We conducted this review to estimate the associations between BMI and (1) prostate cancer, (2) advanced prostate cancer, and (3) PSA. CONCLUSION There is little or no evidence of an association between BMI and risk of prostate cancer or advanced prostate cancer, and strong evidence of an inverse and non-linear association between BMI and PSA. The association between BMI and prostate cancer is likely biased if missed diagnoses are not considered.

Database: Medline

Management of overweight and obesity in primary care-A systematic overview of international evidence-based guidelines.

Author(s): Semlitsch, Thomas; et al

Source: Obesity reviews : an official journal of the International Association for the Study of Obesity; Sep 2019; vol. 20 (no. 9); p. 1218-1230

Available at [Obesity reviews : an official journal of the International Association for the Study of Obesity](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: Overweight and obesity are increasing worldwide. In general practice, different approaches exist to treat people with weight problems. To provide the foundation for the development of a structured clinical pathway for overweight and obesity management in primary care, we performed a systematic overview of international evidence-based guidelines. We searched in PubMed and major guideline databases for all guidelines published in World Health Organization (WHO) "Stratum A" nations that dealt with adults with overweight or obesity. Nineteen guidelines including 711 relevant recommendations were identified. Most of them concluded that a multidisciplinary team should treat overweight and obesity as a chronic disease. Body mass index (BMI) should be used as a routine measure for diagnosis, and weight-related complications should be taken into account. A multifactorial, comprehensive lifestyle programme that includes reduced calorie intake, increased physical activity, and measures to support behavioural change for at least 6 to 12 months is recommended. After weight reduction, long-term measures for weight maintenance are necessary. Bariatric surgery can be offered to people with a BMI greater than or equal to 35 kg/m² when all non-surgical interventions have failed. In conclusion, there was considerable agreement in international, evidence-based guidelines on how multidisciplinary management of overweight and obesity in primary care should be performed.

Database: Medline

Randomised controlled trial and economic evaluation of a task-based weight management group programme.

Author(s): McRobbie, Hayden; et al

Source: BMC public health; Apr 2019; vol. 19 (no. 1); p. 365

Available at [BMC public health](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: BACKGROUND Obesity is a rising global threat to health and a major contributor to health inequalities. Weight management programmes that are effective, economical and reach underprivileged groups are needed. We examined whether a multi-modal group intervention structured to cater for clients from disadvantaged communities (Weight Action Programme; WAP) has better one-year outcomes than a primary care standard weight management intervention delivered by practice nurses (PNI). CONCLUSIONS The task-based programme evaluated in this study can provide a template for an effective and economical approach to weight management that can reach clients from disadvantaged communities. TRIAL REGISTRATION ISRCTN ISRCTN45820471 . Registered 12/10/2012 (retrospectively registered).

Database: Medline

Cancer

Mortality in patients with cancer and coronavirus disease 2019: A systematic review and pooled analysis of 52 studies.

Author(s): Saini, Kamal S; et al

Source: European journal of cancer (Oxford, England : 1990); Nov 2020; vol. 139 ; p. 43-50

Available at [European journal of cancer \(Oxford, England : 1990\)](#) - from ClinicalKey

Abstract: BACKGROUND Patients with coronavirus disease 2019 (COVID-19) who have underlying malignancy have a higher mortality rate compared with those without cancer, although the magnitude of such excess risk is not clearly defined. We performed a systematic review and pooled analysis to provide precise estimates of the mortality rate among patients with both cancer and COVID-19. METHODS A systematic literature search involving peer-reviewed publications, preprints and conference proceedings up to July 16, 2020, was performed. The primary end-point was the case fatality rate (CFR), defined as the rate of death among patients with cancer and COVID-19. The CFR was assessed with a random effects model, which was used to derive a pooled CFR and its 95% confidence interval (CI). RESULTS Fifty-two studies, involving a total of 18,650 patients with both COVID-19 and cancer, were selected for the pooled analysis. A total of 4243 deaths were recorded in this population. The probability of death was 25.6% (95% CI: 22.0%-29.5%; I² = 48.9%) in this patient population. CONCLUSIONS Patients with cancer who develop COVID-19 have high probability of mortality. Appropriate and aggressive preventive measures must be taken to reduce the risk of COVID-19 in patients with cancer and to optimally manage those who do contract the infection.

Database: Medline

Use of hormone replacement therapy and risk of breast cancer: nested case-control studies using the QResearch and CPRD databases.

Author(s): Vinogradova, Yana; Coupland, Carol; Hippisley-Cox, Julia

Source: BMJ (Clinical research ed.); Oct 2020; vol. 371 ; p. m3873

Available at [BMJ \(Clinical research ed.\)](#) - from BMJ Journals

Abstract: OBJECTIVE To assess the risks of breast cancer associated with different types and durations of hormone replacement therapy (HRT). DESIGN Two nested case-control studies. SETTING UK general practices contributing to QResearch or Clinical Practice Research Datalink (CPRD), linked to hospital, mortality, social deprivation, and cancer registry (QResearch only) data.

PARTICIPANTS 98 611 women aged 50-79 with a primary diagnosis of breast cancer between 1998 and 2018, matched by age, general practice, and index date to 457 498 female controls. **MAIN OUTCOME MEASURES** Breast cancer diagnosis from general practice, mortality, hospital, or cancer registry records. Odds ratios for HRT types, adjusted for personal characteristics, smoking status, alcohol consumption, comorbidities, family history, and other prescribed drugs. Separate results from QResearch or CPRD were combined. **RESULTS** Overall, 33 703 (34%) women with a diagnosis of breast cancer and 134 391 (31%) controls had used HRT prior to one year before the index date. Compared with never use, in recent users (<5 years) with long term use (≥5 years), oestrogen only therapy and combined oestrogen and progestogen therapy were both associated with increased risks of breast cancer (adjusted odds ratio 1.15 (95% confidence interval 1.09 to 1.21) and 1.79 (1.73 to 1.85), respectively). For combined progestogens, the increased risk was highest for norethisterone (1.88, 1.79 to 1.99) and lowest for dydrogesterone (1.24, 1.03 to 1.48). Past long term use of oestrogen only therapy and past short term (<5 years) use of oestrogen-progestogen were not associated with increased risk. The risk associated with past long term oestrogen-progestogen use, however, remained increased (1.16, 1.11 to 1.21). In recent oestrogen only users, between three (in younger women) and eight (in older women) extra cases per 10 000 women years would be expected, and in oestrogen-progestogen users between nine and 36 extra cases per 10 000 women years. For past oestrogen-progestogen users, the results would suggest between two and eight extra cases per 10 000 women years. **CONCLUSION** This study has produced new generalisable estimates of the increased risks of breast cancer associated with use of different hormone replacement preparations in the UK. The levels of risks varied between types of HRT, with higher risks for combined treatments and for longer duration of use.

Database: Medline

Hypertension management in cardio-oncology.

Author(s): Essa, Hani; Dobson, Rebecca; Wright, David; Lip, Gregory Y H

Source: Journal of human hypertension; Oct 2020; vol. 34 (no. 10); p. 673-681

Available at [Journal of human hypertension](#) - from Unpaywall

Abstract: Cancer is one of the leading causes of death worldwide. During the last few decades prognosis has improved dramatically and patients are living longer and suffering long-term cardiovascular consequences of chemotherapeutic agents. Cardiovascular disease is a leading cause of morbidity and mortality in cancer survivors second only to recurrent cancer. In some types of cancer, cardiovascular disease is a more common cause of death than the cancer itself. This has led to a new sub-specialty of cardiology coined cardio-oncology to manage this specific population. Hypertension is one of the most common cardiovascular disease seen in this cohort. The aetiology of hypertension in cardio-oncology is complex and multifactorial based on the type of chemotherapy, type of malignancy and intrinsic patient factors such as age and pre-existing comorbidities. A variety of different oncological treatments have been implicated in causing hypertension. The effect can be transient whilst undergoing treatment or can be delayed occurring decades after treatment. A tailored management plan is recommended given the plethora of agents and their differing underlying mechanisms and speed of this mechanism in causing hypertension. Management by a multidisciplinary team consisting of oncology, general practice and cardiology is advised. There are currently no trials comparing antihypertensives in this specific cohort of patients. In the absence of evidence demonstrating otherwise, hypertension in cardio-oncology should be managed utilising the same treatment guidelines for the general population.

Database: Medline

Symptomatic Breast Cancers and Why Breast Pain May not Always Need Clinical Review.

Author(s): Cook, Nicola; Batt, Jeremy; Fowler, Clare

Source: European journal of breast health; Oct 2020; vol. 16 (no. 4); p. 267-269

Available at [European journal of breast health](#) - from Unpaywall

Abstract: Objective Breast pain contributes a heavy burden to the symptomatic breast clinic, accounting for a large number of referrals due to patient/clinician subjective anxiety and unclear aetiology. We assess the link between breast pain and cancer with a view to easing the demand on breast services. Materials and Methods All new breast cancer diagnoses were identified from the multidisciplinary team outcomes for the 12 months between October 2017 and October 2018. Presenting symptoms were identified from the General Practice referrals and consultant letters. Examination findings were checked with details on imaging requests. Results 436 new symptomatic cancer diagnoses were made in patients with a median age of 68 (range 25-97). 334 patients were referred by General Practice as two-week waits who formed the cohort selected for analysis (77%). New lumps accounted for 294 ipsilateral cancer diagnoses (88%), nipple symptoms for 28 (8%) and pain with normal examination for 12 (4%, all screening aged patients). All 12 cancers in the patients presenting with pain were correctly identified on mammography, including 4 cancers in the symptomatic breast and 8 Incidental cancers in the contralateral, non-symptomatic breast. Conclusion Pain does not appear to be frequent symptom of breast cancer presentation. It was more common for patients to have incidental, contralateral asymptomatic cancer than it was for patients with pain alone to have underlying ipsilateral cancer. In such cases, new cancers were identified accurately on mammography. Patients presenting with pain as an isolated symptom, having been carefully assessed in Primary Care, may yield little benefit in repeat clinical examination by a Breast Specialist. Direct to test with mammography could be safe, effective and efficient alternative practice.

Database: Medline

Prostate cancer: a risk factor for COVID-19 in males?: A protocol for systematic review and meta analysis.

Author(s): Mou, Ruiyu; et al

Source: Medicine; Oct 2020; vol. 99 (no. 43); p. e22591

Available at [Medicine](#) - from Europe PubMed Central - Open Access

Abstract: INTRODUCTION COVID-19 is now a global pandemic. Although there are very few studies describing the characteristics of SARS-CoV-2 infections in patients with prostate cancer, these patients are likely to be more susceptible to COVID-19 than healthy people because of their immunosuppressed state. However, there is no evidence that prostate cancer is a risk factor for COVID-19. METHODS We searched the Wanfang database, the China Science Journal Citation Report (VIP database), the China National Knowledge Infrastructure (CNKI), Web of Science, EMBASE, PubMed, and the Cochrane Library for studies related to the topic. We designed a standardized data extraction sheet and used Epidata software 3.1 for data extraction. In accordance with the Cochrane 5.1.0 standard, both a quality assessment and a risk assessment were carried out for the research meeting the inclusion criteria. The data were analyzed using Revman 5.3 and Stata 13.0 software. RESULTS The study integrated existing research findings and a meta-analysis of the

data to investigate the prevalence of prostate cancer in males infected with SARS-CoV-2 and the adverse clinical outcomes in male patients with or without COVID-19. **CONCLUSION** The results of this research may provide a basis for judging if prostate cancer is a risk factor for males infected with SARS-CoV-2, and the findings can effectively help to prevent COVID-19 in patients with prostate cancer. **ETHICS AND DISSEMINATION** Ethics approval is not required for this systematic review as it will involve the collection and analysis of secondary data. The results of the review will be reported in international peer-reviewed journals **PROSPERO REGISTRATION NUMBER::** CRD42020194071.

Database: Medline

Inventory of tools for care coordination between general practice and hospital system for patients suffering from cancer in active phase of treatment: A scoping review.

Author(s): Gimenez, Laëtita; et al

Source: European journal of cancer care; Sep 2020 ; p. e13319

Available at [European journal of cancer care](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: **INTRODUCTION** During the active phase of treatment, major difficulties appear in the transmission and quality of the information communicated to the General Practitioner (GP). Our objective was to carry out an inventory of the coordination tools used to improve exchanges between the hospital and the GP in the management of the patient suffering from cancer during this phase. **MATERIAL AND METHOD** A scoping review was conducted using MEDLINE databases via PubMed, The Cochrane Library, Web of Science. Articles published between 1998 and 2018, in English and French, were analysed. **RESULTS** Over 4,863 articles were extracted, and 11 studies were included. They highlight an increase in the quality of patient care after the introduction of information sheets or training by video vignettes with GPs. They demonstrate the importance of using standardised letters between health professionals. The role of a "leader physician" is discussed, and its first evaluations are positive. An increase in information transmitted to GPs leads to a better satisfaction of patients and GPs. **CONCLUSION** Communication tools are essential for the transmission of information, but direct and oral communication between all health professionals seems to be a point to be further developed.

Database: Medline

Pancoast Tumor: The Overlooked Etiology of Shoulder Pain in Smokers.

Author(s): Al Shammari, Malak; et al

Source: The American journal of case reports; Sep 2020; vol. 21 ; p. e926643

Available at [The American journal of case reports](#) - from Europe PubMed Central - Open Access

Abstract: **BACKGROUND** Shoulder pain is a common complaint in general practice and typically has an orthopedic or rheumatological etiology. However, it may be the presenting symptom of a serious underlying condition, such as lung cancer. **CASE REPORT** A 60-year-old man with a 30 pack-year history of smoking presented with worsening right shoulder pain over the last 6 months. He had no respiratory symptoms or weight change. He was seen at several general practice clinics and treated for a rotator cuff injury. However, his pain became severe, to the point that it affected his activities of daily living. A shoulder X-ray revealed opacity in the right apical zone. After a thorough investigation, the patient was found to have lung cancer with local invasion and intracranial

metastases. However, in light of the advanced stage of the disease, a palliative approach was taken. The patient remained on multiple oral analgesics for the control of his pain. **CONCLUSIONS** The present case shows that common symptoms such as shoulder pain can be indicative of serious underlying pathology. Physicians should remain alert and maintain a high index of suspicion for Pancoast tumor in patients who are heavy smokers. Furthermore, a chest X-ray needs to be performed in elderly patients and smokers with shoulder pain.

Database: Medline

Yorkshire Lung Screening Trial (YLST): protocol for a randomised controlled trial to evaluate invitation to community-based low-dose CT screening for lung cancer versus usual care in a targeted population at risk.

Author(s): Crosbie, Philip Aj; et al

Source: BMJ open; Sep 2020; vol. 10 (no. 9); p. e037075

Available at [BMJ open](#) - from Europe PubMed Central - Open Access

Abstract: **INTRODUCTION** Lung cancer is the world's leading cause of cancer death. Low-dose computed tomography (LDCT) screening reduced lung cancer mortality by 20% in the US National Lung Screening Trial. Here, we present the Yorkshire Lung Screening Trial (YLST), which will address key questions of relevance for screening implementation. **METHODS AND ANALYSIS** Using a single-consent Zelen's design, ever-smokers aged 55-80 years registered with a general practice in Leeds will be randomised (1:1) to invitation to a telephone-based risk-assessment for a Lung Health Check or to usual care. The anticipated number randomised by household is 62 980 individuals. Responders at high risk will be invited for LDCT scanning for lung cancer on a mobile van in the community. There will be two rounds of screening at an interval of 2 years. Primary objectives are (1) measure participation rates, (2) compare the performance of PLCOM2012 (threshold $\geq 1.51\%$), Liverpool Lung Project (V.2) (threshold $\geq 5\%$) and US Preventive Services Task Force eligibility criteria for screening population selection and (3) assess lung cancer outcomes in the intervention and usual care arms. Secondary evaluations include health economics, quality of life, smoking rates according to intervention arm, screening programme performance with ancillary biomarker and smoking cessation studies. **ETHICS AND DISSEMINATION** The study has been approved by the Greater Manchester West research ethics committee (18-NW-0012) and the Health Research Authority following review by the Confidentiality Advisory Group. The results will be disseminated through publication in peer-reviewed scientific journals, presentation at conferences and on the YLST website. **TRIAL REGISTRATION NUMBERS** ISRCTN42704678 and NCT03750110.

Database: Medline

Factors associated with variation in emergency diagnoses of cancer at general practice level in England.

Author(s): Joyce, Kevin; Zermanos, Terezija; Badrinath, Padmanabhan

Source: Journal of public health (Oxford, England); Sep 2020

Abstract: **BACKGROUND** Cancer patients diagnosed following an emergency presentation have poorer outcomes. We explore whether practice characteristics are associated with differences in the proportion of emergency presentations. **METHODS** Univariable and multivariable logistic regression models were fitted to investigate the relationships between 2017-18 emergency cancer presentations at practice level in England and access and continuity in primary care, trust in

healthcare professionals, 2-week-wait (2WW) referrals, quality and outcomes framework (QOF) achievements and socio-demographic factors (age, gender and deprivation). **RESULTS** Our analysis using comprehensive nationwide data found that the following practice level factors have significant associations with a lower proportion of emergency diagnosis of cancer: increased trust and confidence in the practice healthcare professionals; higher 2WW referral and conversion rate; higher total practice QOF score and higher satisfaction with appointment times or higher proportion able to see preferred GP. Our results also show that practices in more deprived areas are significantly associated with a higher proportion of emergency diagnoses of cancer. **CONCLUSIONS** Regional cancer networks should focus their efforts in increasing both the quantity and appropriateness of 2WW referrals from primary care. In addition, primary care clinicians should be supported to undertake high quality consultations, thus building trust with patients and ensuring continuity of care.

Database: Medline

Reviewing the impact of 11 national Be Clear on Cancer public awareness campaigns, England, 2012 to 2016: A synthesis of published evaluation results.

Author(s): Lai, Jennifer; et al

Source: International journal of cancer; Sep 2020

Available at [International journal of cancer](#) - from Wiley Online Library

Abstract: The Be Clear on Cancer (BCoC) campaigns have run in England since 2010. They aim to raise awareness of possible cancer symptoms, encouraging people to consult a general practice with these symptoms. Our study provides an overview of the impact of 11 national campaigns, for bowel, lung, bladder and kidney, breast and oesophago-gastric cancers. We synthesised existing results for each campaign covering seven clinical metrics across the patient pathway from primary care attendances to one-year net survival. For each metric, "before" and "after" periods were compared to assess change potentially related to the campaign. Results show that primary care attendances for campaign-related symptoms increased for 9 of 10 campaigns and relevant urgent referrals for suspected cancer increased above general trends for 9 of 11 campaigns. Diagnostic tests increased for 6 of 11 campaigns. For 7 of 11 campaigns, there were increases in cancer diagnoses resulting from an urgent referral for suspected cancer. There were sustained periods where more cancers were diagnosed than expected for 8 of 10 campaigns, with higher than expected proportions diagnosed at an early stage for sustained periods for 4 of 10 campaigns. There was no impact on survival. In summary, there is evidence that the BCoC campaigns impact help-seeking by patients and referral patterns by general practitioners, with some impact on diagnosis (incidence and stage). There was no clear evidence of impact on survival.

Database: Medline

Characteristics predicting recommendation for familial breast cancer referral in a cohort of women from primary care.

Author(s): Lee, Siang Ing; Qureshi, Nadeem; Dutton, Brittany; Kai, Joe; Weng, Stephen

Source: Journal of community genetics; Jul 2020; vol. 11 (no. 3); p. 331-338

Available at [Journal of community genetics](#) - from Europe PubMed Central - Open Access

Abstract: Family history of breast and related cancers can indicate increased breast cancer (BC) risk. In national familial breast cancer (FBC) guidelines, the risk is stratified to guide referral decisions.

We aimed to identify characteristics associated with the recommendation for referral in a large cohort of women undergoing FBC risk assessment in a recent primary care study. Demographic, family history, psychological and behavioural factors were collected with family history questionnaires, psychological questionnaires and manual data extraction from general practice electronic health records. Participants were women aged 30-60 with no previous history of breast or ovarian cancer. Data from 1127 women were analysed with stepwise logistic regression. Two multivariable logistic models were developed to predict recommendations for referral: using the entire cohort (n = 1127) and in a subgroup with uncertain risks (n = 168). Model performance was assessed by the area under the receiver operating curve (AUC). In all 1127 women, a multivariable model incorporating five family history components (BC aged < 40, bilateral BC, prostate cancer, first degree relative with ovarian cancer, paternal family history of BC) and having a mammogram in the last 3 years, performed well (AUC = 0.86). For the 168 uncertain risk women, only paternal family history of BC remained significant (AUC = 0.71). Clinicians should pay particular attention to these five family history components when assessing FBC risk, especially prostate cancer which is not in the current national guidelines.

Database: Medline

How do patients with malignant brain tumors experience general practice care and support? Qualitative analysis of English Cancer Patient Experience Survey (CPES) data.

Author(s): Fraulob, Isabell; Davies, Elizabeth A

Source: Neuro-oncology practice; Jun 2020; vol. 7 (no. 3); p. 313-319

Available at [Neuro-oncology practice](#) - from Unpaywall

Abstract: Background English Cancer Patient Experience Survey (CPES) data show patients with brain cancer report the least-positive experiences of general practice support. We aimed to understand these findings by identifying the issues described in qualitative survey feedback and suggest how care may be improved. Methods We reviewed 2699 qualitative comments made to open questions about what was good or might be improved about National Health Service care between 2010 and 2014. We identified 84 (3%) specific comments about general practice care and used open coding and framework analysis to develop a thematic framework. Results We identified 3 key themes and 12 subthemes: first, the experience of initial diagnosis by a general practitioner (GP), including apparent complexity of making the diagnosis, apparent slowness in referral for investigation, referral made by patient or family, delay in receiving scan results, and whether the GP quickly identified the problem and referred to a specialist; second, the experience of care and support from the general practice, including lack of supportive response from the GP, lack of follow-up care from the GP, lack of family involvement by the GP, lack of GP knowledge about management, and whether the GP responded in a supportive way to the diagnosis; and third, the experience of overall coordination in care, including lack of communication between the hospital and general practice and good communication about the care plan. Conclusion Qualitative responses from patients with brain cancer reveal their needs for better emotional and practical support within primary care. Suggestions include increasing the speed of initial referral for investigation, the depth of discussion about diagnostic difficulties, and developing coordinated care plans with cancer centers.

Database: Medline

Improving communication between the general practitioner and the oncologist: a key role in coordinating care for patients suffering from cancer.

Author(s): Druel, Vladimir; et al

Source: BMC cancer; Jun 2020; vol. 20 (no. 1); p. 495

Available at [BMC cancer](#) - from BioMed Central

Abstract: BACKGROUND Patients suffering from cancers are increasingly numerous in general practice consultations. The General Practitioner (GP) should be at the heart of the management of patients. Several studies have examined the perceptions of GPs confronted with the patient suffering from cancer and the relationships of GPs with oncologists, but few studies have focused on the patients' perspective. We studied the three-way relationship between the oncologist, the GP, and the patient, from the patient's point of view. METHODS A questionnaire validated by a group consisting of GPs, oncologists, nurses, an epidemiologist and quality analyst, was administered over a three-week period to patients suffering from cancer receiving chemotherapy in a day hospital. RESULTS The analysis was based on 403 questionnaires. Patients had confidence in the GP's knowledge of oncology in 88% of cases; 49% consulted their GP for pain, 15% for cancer-related advice, and 44% in emergencies. Perceived good GP/oncologist communication led patients to turn increasingly to their GP for cancer-related consultations (RR = 1.14; $p = 0.01$) and gave patients confidence in the GP's ability to manage cancer-related problems (RR = 1.30; $p < 0.01$). Mention by the oncologist of the GP's role increased the consultations for complications (RR = 1.82; $p < 0.01$) as well as recourse to the GP in an emergency (RR = 1.35; $p < 0.01$). CONCLUSION Patients suffering from cancer considered that the GP was competent, but did not often consult their GP for cancer-related problems. There is a discrepancy between patients' beliefs and their behaviour. When the oncologist spoke to patients of the GP's role, patients had recourse to their GP more often. Systematically integrating a GP consultation to conclude cancer diagnosis disclosure, could improve management and care coordination.

Database: Medline

Social Prescribing

Nature-Based Interventions and Mind-Body Interventions: Saving Public Health Costs Whilst Increasing Life Satisfaction and Happiness.

Author(s): Pretty, Jules; Barton, Jo

Source: International journal of environmental research and public health; Oct 2020; vol. 17 (no. 21)

Available at [International journal of environmental research and public health](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: A number of countries have begun to adopt prevention pays policies and practices to reduce pressure on health and social care systems. Most affluent countries have seen substantial increases in the incidence and costs of non-communicable diseases. The interest in social models for health has led to the growth in use of social prescribing and psychological therapies. At the same time, there has been growth in application of a variety of nature-based and mind-body interventions (NBIs and MBIs) aimed at improving health and longevity. We assess four NBI/MBI programmes (woodland therapy, therapeutic horticulture, ecotherapy/green care, and tai chi) on life satisfaction/happiness and costs of use of public services. These interventions produce rises in

life satisfaction/happiness of 1.00 pts to 7.29 (n = 644; p 50 h). These increases are greater than many positive life events (e.g., marriage or a new child); few countries or cities see +1 pt increases over a decade. The net present economic benefits per person from reduced public service use are £830-£31,520 (after 1 year) and £6450-£11,980 (after 10 years). We conclude that NBIs and MBIs can play a role in helping to reduce the costs on health systems, while increasing the well-being of participants.

Database: Medline

Impact of social prescribing to address loneliness: A mixed methods evaluation of a national social prescribing programme.

Author(s): Foster, Alexis; et al

Source: Health & social care in the community; Oct 2020

Available at [Health & social care in the community](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: Loneliness is considered a global public health issue because of its detrimental impact on physical and mental health but little is known about which interventions can reduce loneliness. One potential intervention is social prescribing, where a link worker helps service-users to access appropriate support such as community activities and social groups. Some qualitative studies have identified that social prescribing may help to reduce service-users' loneliness. Given this, the British Red Cross (a third sector organisation) developed and delivered a national social prescribing service in the United Kingdom to support people who were experiencing, or at risk of, loneliness. Service-users could receive up to 12 weeks of support from a link worker. A mixed methods study was conducted to understand the impact of the support on loneliness, and to identify the facilitators and barriers to service delivery. The study included: (a) analysis of quantitative data collected routinely between May 2017 and December 2019 (n = 10,643) including pre-post analysis of UCLA data (n = 2,250) and matched comparator work to measure changes in loneliness; (b) semi-structured interviews with service-users, link workers and volunteers (n = 60) and (c) a Social Return on Investment Analysis. The majority of the service-users (72.6%, n = 1634/2250) felt less lonely after receiving support. The mean change in UCLA score was -1.84 (95% CI -1.91 to -1.77) of a maximum change of 6.00 (decrease indicates an improvement). Additional benefits included improved wellbeing, increased confidence and life having more purpose. The base case analysis estimated a social return on investment of £3.42 per £1 invested in the service. Having skilled link workers and support tailored to individual needs appeared key. However, challenges included utilising volunteers, meeting some service-users' needs in relation to signposting and sustaining improvements in loneliness. Nonetheless, the service appeared successful in supporting service-users experiencing loneliness.

Database: Medline

Refining social prescribing in the UK.

Author(s): Tyrer, Peter; Boardman, Jed

Source: The lancet. Psychiatry; Oct 2020; vol. 7 (no. 10); p. 831-832

Available at [The lancet. Psychiatry](#) - from ClinicalKey

Database: Medline

Maximising the impact of social prescribing on population health in the era of COVID-19.

Author(s): Younan, Helen-Cara; et al

Source: Journal of the Royal Society of Medicine; Oct 2020; vol. 113 (no. 10); p. 377-382

Available at [Journal of the Royal Society of Medicine](#) - from SAGE Journals

Database: Medline

Social prescribing for individuals with mental health problems: a qualitative study of barriers and enablers experienced by general practitioners.

Author(s): Aughterson, Henry; Baxter, Louise; Fancourt, Daisy

Source: BMC family practice; Sep 2020; vol. 21 (no. 1); p. 194

Available at [BMC family practice](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: BACKGROUND There is growing evidence for the use of social prescribing as a means to improve the mental health of patients. However, there are gaps in understanding the barriers and enablers faced by General Practitioners (GPs) when engaging in social prescribing for patients with mental health problems. METHODS This study uses a qualitative approach involving one-to-one interviews with GPs from across the UK. The COM-B model was used to elucidate barriers and enablers, and the Theoretical Domains Framework (TDF) and a Behaviour Change Theory and Techniques tool was used to identify interventions that could address these. RESULTS GPs recognised the utility of social prescribing in addressing the high levels of psychosocial need they saw in their patient population, and expressed the need to de-medicalise certain patient problems. GPs were driven by a desire to help patients, and so they benefited from regular positive feedback to reinforce the value of their social prescribing referrals. They also discussed the importance of developing more robust evidence on social prescribing, but acknowledged the challenges of conducting rigorous research in community settings. GPs lacked the capacity, and formal training, to effectively engage with community groups for patients with mental health problems. Link workers, when available to GPs, were of fundamental importance in bridging the gap between the GP and community. The formation of trusting relationships was crucial at different points of the social prescribing pathway, with patients needing to trust GPs in order for them to agree to see a link worker or attend a community activity, and GPs requiring a range of strong inter-personal skills in order to gain patients' trust and motivate them. CONCLUSION This study elucidates the barriers and enablers to social prescribing for patients with mental health problems, from the perspectives of GPs. Recommended interventions include a more systematic feedback structure for GPs and more formal training around social prescribing and developing the relevant inter-personal skills. This study provides insight for GPs and other practice staff, commissioners, managers, providers and community groups, to help design and deliver future social prescribing services.

Database: Medline

Green Health Partnerships in Scotland; Pathways for Social Prescribing and Physical Activity Referral.

Author(s): McHale, Sheona; Pearsons, Alice; Neubeck, Lis; Hanson, Coral L

Source: International journal of environmental research and public health; Sep 2020; vol. 17 (no. 18)

Available at [International journal of environmental research and public health](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: Increased exposure to green space has many health benefits. Scottish Green Health Partnerships (GHPs) have established green health referral pathways to enable community-based interventions to contribute to primary prevention and the maintenance of health for those with established disease. This qualitative study included focus groups and semi-structured telephone interviews with a range of professionals involved in strategic planning for and the development and provision of green health interventions (n = 55). We explored views about establishing GHPs. GHPs worked well, and green health was a good strategic fit with public health priorities. Interventions required embedding into core planning for health, local authority, social care and the third sector to ensure integration into non-medical prescribing models. There were concerns about sustainability and speed of change required for integration due to limited funding. Referral pathways were in the early development stages and intervention provision varied. Participants recognised challenges in addressing equity, developing green health messaging, volunteering capacity and providing evidence of success. Green health interventions have potential to integrate successfully with social prescribing and physical activity referral. Participants recommended GHPs engage political and health champions, embed green health in strategic planning, target mental health, develop simple, positively framed messaging, provide volunteer support and implement robust routine data collection to allow future examination of success.

Database: Medline

Art, nature and mental health: assessing the biopsychosocial effects of a 'creative green prescription' museum programme involving horticulture, artmaking and collections.

Author(s): Thomson, L J; Morse, N; Elsdon, E; Chatterjee, H J

Source: Perspectives in public health; Sep 2020; vol. 140 (no. 5); p. 277-285

Available at [Perspectives in public health](#) - from SAGE Journals

Abstract: **AIMS** To assess the biopsychosocial effects of participation in a unique, combined arts- and nature-based museum intervention, involving engagement with horticulture, artmaking and museum collections, on adult mental health service users. **METHODS** Adult mental health service users (total n = 46 across two phases) with an average age of 53 were referred through social prescribing by community partners (mental health nurse and via a day centre for disadvantaged and vulnerable adults) to a 10-week 'creative green prescription' programme held in Whitworth Park and the Whitworth Art Gallery. The study used an exploratory sequential mixed methods design comprising two phases - Phase 1 (September to December 2016): qualitative research investigating the views of participants (n = 26) through semi-structured interviews and diaries and Phase 2 (February to April 2018): quantitative research informed by Phase 1 analysing psychological wellbeing data from participants (n = 20) who completed the UCL Museum Wellbeing Measure pre-post programme. **RESULTS** Inductive thematic analysis of Phase 1 interview data revealed increased feelings of wellbeing brought about by improved self-esteem, decreased social isolation and the formation of communities of practice. Statistical analysis of pre-post quantitative measures in Phase 2 found a highly significant increase in psychological wellbeing. **CONCLUSION** Creative green prescription programmes, using a combination of arts- and nature-based activities, present distinct synergistic benefits that have the potential to make a significant impact on the psychosocial wellbeing of adult mental health service users. Museums with parks and gardens should consider

integrating programmes of outdoor and indoor collections-inspired creative activities permitting combined engagement with nature, art and wellbeing.

Database: Medline

The impact of social prescribing services on service users: a systematic review of the evidence.

Author(s): Pescheny, Julia V; Randhawa, Gurch; Pappas, Yannis

Source: European journal of public health; Aug 2020; vol. 30 (no. 4); p. 664-673

Abstract: BACKGROUND Social prescribing initiatives are widely implemented in the UK National Health Service to integrate health and social care. Social prescribing is a service in primary care that links patients with non-medical needs to sources of support provided by the community and voluntary sector to help improve their health and wellbeing. Such programmes usually include navigators, who work with referred patients and issue onward referrals to sources of non-medical support. This systematic review aimed to assess the evidence of service user outcomes of social prescribing programmes based on primary care and involving navigators. METHODS We searched 11 databases, the grey literature, and the reference lists of relevant studies to identify the available evidence on the impact of social prescribing on service users. Searches were limited to literature written in English. No date restrictions were applied, and searches were conducted to June 2018. Findings were synthesized narratively, employing thematic analysis. The Mixed Methods Appraisal Tool Version 2011 was used to evaluate the methodological quality of included studies. RESULTS Sixteen studies met the inclusion criteria. The evidence base is mixed, some studies found improvements in health and wellbeing, health-related behaviours, self-concepts, feelings, social contacts and day-to-day functioning post-social prescribing, whereas others have not. The review also shows that the evaluation methodologies utilized were variable in quality. CONCLUSION In order to assess the success of social prescribing services, more high quality and comparable evaluations need to be conducted in the future. International Prospective Register of Systematic Reviews number: CRD42017079664.

Database: Medline

Does Social Support Affect Older Adults' General Practitioner Attendance Rates? Findings from the North West Coast Household Health Survey.

Author(s): Giebel, Clarissa; et al

Source: Clinical gerontologist; Jun 2020 ; p. 1-11

Abstract: OBJECTIVE The aim of this study was to explore whether social support and socio-economic status have an effect on primary care attendance in older adults (aged 65+). METHODS This study used data from the longitudinal North West Coast (NWC) Household Health Survey (HHS) from across 20 disadvantaged and 8 less disadvantaged neighborhoods. Data included the EQ-5D, social support, frailty-related measures, healthcare utilization, and the Index of Multiple Deprivation (IMD). Principal component analysis was used to derive a factor for social support. Poisson regression analysis was employed to explore the effects of frailty, social support, General Practitioner (GP) distance, education, IMD, living situation, and depression on the number of GP attendances in the past 12 months. RESULTS 1,685 older adults were included in this analysis. Of those older adults who visited their GP (87.4%), most had visited their GP twice in the past 12 months. Having an educational qualification, higher levels of social support, and being physically fit reduced GP utilization. Being moderately frail, depressed, and living further away from the

nearest GP increased attendance. Older adults living in the most disadvantaged neighborhoods were more likely to visit their GP. **CONCLUSIONS** Increasing social support impacts to a small, but important, extent on reducing GP attendance in older adults. Future research needs to explore whether improving social support in old age can reduce GP utilization. **CLINICAL IMPLICATIONS** Findings suggest a need for improving social prescribing in older adults to reduce some GP visits which could be avoided and might not be necessary.

Database: Medline

Social prescribing: a 'natural' community-based solution.

Author(s): Howarth, Michelle; Griffiths, Alistair; da Silva, Anna; Green, Richard

Source: British journal of community nursing; Jun 2020; vol. 25 (no. 6); p. 294-298

Available at [British journal of community nursing](#) - from MAG Online Library - MAH Complete

Abstract: This paper discusses social prescribing as part of the wider NHS England universal personalised care model, and it describes how community nurses can engage with social prescribing systems to support community resilience. A case study based on the example of gardening, as a nature-based social prescription provided by the RHS Bridgewater Wellbeing Garden, is provided to illustrate the scope, reach and impact of non-medical, salutogenic approaches for community practitioners. The authors argue that social prescribing and, in particular, nature-based solutions, such as gardening, can be used as a non-medical asset-based approach by all health professionals working in the community as a way to promote health and wellbeing. They consider how the negative impact of social distancing resulting from COVID-19 restrictions could be diluted through collaboration between a holistic, social prescribing system and community staff. The paper presents a unique perspective on how community nurses can collaborate with link workers through social prescribing to help combat social isolation and anxiety and support resilience.

Database: Medline

In other news ...

HealthWatch: 590 people's stories of leaving hospital during COVID 19

October 2020

https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20201026%20Peoples%20experiences%20of%20leaving%20hospital%20during%20COVID-19%200.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11928755_NEWSL_HMP%202020-10-30&dm_i=21A8,73OAB,RH285J,SPGHG,1

Abstract: In partnership with British Red Cross, this report reviews the experiences of 590 people after being discharged from hospital. The research shows significant numbers of people are not receiving follow-up support under the new policy to switch to a 'discharge to assess' model introduced in March 2020 to cope with demand at the peak of the Covid-19 pandemic), leading to unmet needs. It calls on the NHS to address these issues coming into the busy winter period amid growing pressures of a second Covid-19 wave.

[GP burnout 'greatest barrier' to digital future for general practice, warns former RCGP chair](#)
[GP Online \(£\), 4 November 2020](#)

Speaking at an event, Dame Professor Clare Gerada said that general practice could see half of all appointments shifting online in future. However, she also emphasised the importance of face-to-face consultations in ensuring doctors' job satisfaction, and warned that health bosses must research the development of digital consultations to protect both patients and clinicians going forward

[GPs given wearable 'mood monitoring' devices in wellbeing drive](#)

HSJ (£), 5 November 2020

Staff at a GP practice in Devon are to be provided with wearable devices that will track their mood in a trial that aims to improve employee wellbeing.

[Health secretary has 'overplayed his hand' on remote consultation benefits, RCGP chair warns](#)

GP Online (£), 30 October 2020

The Chair of the Royal College of Physicians has said that Matt Hancock has 'overplayed his hand' on remote consultations, while stating that face-to-face consultations are still needed to offer the 'best patient care'.

[Social media giants agree package of measures with UK Government to tackle vaccine disinformation](#)

Department for Digital, Culture, Media & Sport, Department of Health and Social Care, 8 November 2020

At a recent roundtable discussion held to tackle the spread of vaccine disinformation via social media, Facebook, Twitter and Google committed to the principle that 'no company should profit from or promote Covid-19 anti-vaccine disinformation'. They also committed to respond to flagged content more swiftly and to work with authorities to make it easier for people to find factual information about any Covid-19 vaccine.

[Encouraging healthy behaviour](#)

British Psychological Society 27 October 2020

The BPS has published six new guidance documents to help health officials to encourage people to adopt healthy behaviours during the pandemic as it enters its second wave. They focus on alcohol consumption, eating behaviour, physical activity, sedentary behaviour, sleep hygiene and stopping smoking.

Other current awareness services

Stroke Horizon Scanning Bulletin from NW Health Libraries

<https://strokenwpctl.wordpress.com/tag/volume-12-issue-6/>

NICE

[BACK TO TOP](#)

Key resources from NICE:

<https://www.nice.org.uk/about/nice-communities/generalpractice>

Recent Books

[Collaborative practice in primary and community care](#)

[Advanced health assessment and clinical diagnosis in primary care](#)

[Case studies in geriatric primary care and multimorbidity management](#)

[Pfenninger and Fowler's procedures for primary care](#)

Subject Primary Health Care Procedures and Techniques

Electronic Access [Subscribing Trusts only. OpenAthens accounts](#) [Check your eligibility](#)

[Managing anxiety disorders in primary care](#)

[Primary care pain management](#)

[John Murtagh's general practice](#)

[The essential clinical handbook for common paediatric cases: a practical guide to assessing children in general practice, the emergency department and the paediatric assessment unit](#)

[General practice specialty training: making it happen: a practical guide for trainers and clinical and educational supervisors](#)

[General practice today: a practical guide to modern consultations](#)

[The art of general practice: soft skills to survive and thrive](#)

[Psychiatric presentations in general practice: a guide to holistic management](#)

[Oxford handbook of general practice](#)

[100 cases in general practice](#)

[Practical general practice: guidelines for effective clinical management](#)

[General practice nursing: foundational principles](#)

[100 notable names from general practice](#)

[General practice cases at a glance](#)

Access these through South East Library Search:

https://secn3.ent.sirsiunix.net.uk/client/en_GB/default/?