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*Annals of the Rheumatic Diseases*; **78 : 748-749**;  
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*Annals of the Rheumatic Diseases*; **78 : 709-710**;  
DOI: 10.1136/annrheumdis-2019-eular.1729

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*Annals of the Rheumatic Diseases*; **78** : 361;  
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**Patient experience of switching from Enbrel to Benapali.**

*Rheumatology*; **58 (Issue Supp. 3)**;  
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*Rheumatology*; **58 (Issue Supp. 3)**;  
DOI: 10.1093/rheumatology/kez106.085

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**A brief frailty screening tool in Tanzania: external validation and refinement of the B-FIT screen.**

*Aging Clinical and Experimental Research*; **online 6 December**;  
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**Mixed methods implementation research of cognitive stimulation therapy (CST) for dementia in low and middle-income countries: study protocol for Brazil, India and Tanzania (CST-International).**

*BMJ Open*; **9** : e030933; DOI: 10.1136/bmjopen-2019-030933

**Improving care home life for people with Parkinson's.**

*Nursing and Residential Care*; **21 (6)**;  
DOI: 10.12968/nrec.2019.21.6.309

**Conceptualization of depression amongst older adults in rural Tanzania: a qualitative study.**

*International Psychogeriatrics*; **online 3 January 2019**;  
DOI: 10.1017/S1041610218002016

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**The burden of proof: the process of involving young people in research.**

*Health Expectations*; **online 15 February 2019**;  
DOI: 10.1111/hex.12870

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*Pharmacy*; **7 (1) : 28**; DOI: 10.3390/pharmacy7010028

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**How to investigate and manage a medication incident..**

*The Pharmaceutical Journal*; **302 (7922) online 13 February 2019**

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**Calcium channel blockers co-prescribed with loop diuretics: a potential marker of poor prescribing?**

*Drugs & Aging*; **online 4 December 2019** : 1-5;

DOI: 10.1007/s40266-019-00730-4

**Is there a place for using digoxin in older patients?**

*British Journal of Hospital Medicine*; **80 (7)** : 417;

DOI: 10.12968/hmed.2019.80.7.417

**New horizons in deprescribing for older people.**

*Age and Ageing*; **afz109**; DOI: 10.1093/ageing/afz109

## Diagnostic accuracy of the T-MACS decision aid with a contemporary point-of-care troponin assay.\*

Heart

<https://heart.bmj.com/content/early/2019/01/11/heartjnl-2018-313825>

[Mark Harrison](#)

### Abstract

#### Objectives

The rapid turnaround time of point-of-care (POC) cardiac troponin (cTn) assays is highly attractive for crowded emergency departments (EDs). We evaluated the diagnostic accuracy of the Troponin-only Manchester Acute Coronary Syndromes (T-MACS) decision aid with a POC cTn assay.

#### Methods

In a prospective diagnostic accuracy study at eight EDs, we included patients with suspected acute coronary syndromes (ACS). Blood drawn on arrival and 3 hours later was analysed for POC cTnI (i-Stat, Abbott Point of Care). The primary outcome was a diagnosis of ACS, which included both an adjudicated diagnosis of acute myocardial infarction (AMI) based on serial laboratory cTn testing and major adverse cardiac events (death, AMI or coronary revascularisation) within 30 days.

## A cohort study to evaluate the impact of service centralisation for emergency admissions with acute heart failure\*

Future Healthcare Journal

<http://futurehospital.rcpjournals.org/content/6/1/41.full>

[Honey Thomas and Chris Price](#)

### Abstract

The aim of our study was to describe the impact of emergency care centralisation on unscheduled admissions with a primary discharge diagnosis of acute heart failure (HF). We carried out a retrospective cohort study of HF admissions 1 year before and 1 year after centralisation of three accident and emergency departments into one within a single large NHS trust. Outcomes included mortality, length of stay, readmissions, specialist inpatient input and follow-up, and prescription rates of stabilising medication. Baseline characteristics were similar for 211 patients before and for 307 following reconfiguration. Median length of stay decreased from 8 to 6 days ( $p=0.020$ ) without an increase in readmissions (4.7% versus 4.2%,  $p=0.813$ ). The proportion with specialist follow-up increased (60% to 72%,  $p=0.036$ ). There was a trend towards decreased mortality (32.2% versus 27.7% at 90 days;  $p=0.266$ ). Contact with the cardiology team was associated with decreased mortality. In conclusion, centralisation of specialist emergency care was associated with greater service efficiency and a trend towards reduced mortality.

## Can functional MR imaging supersede angiography? An audit of stress cardiac MRI outcomes compared those seen in the CE-MARC trials.

European Heart Journal

[https://academic.oup.com/eurheartj/article-abstract/40/Supplement\\_1/ehz746.0223/5597180](https://academic.oup.com/eurheartj/article-abstract/40/Supplement_1/ehz746.0223/5597180)

[A. Brown, H. Thomas, I. Matthews, C. Runnett, A. Lee and D. Ripley](#)

### Abstract

#### Background

Recent studies have compared the performance of cardiac MRI (CMR) with coronary angiography. The CE-MARC trial established CMR's high diagnostic accuracy for coronary artery disease (CAD). Following these results, and those of CE-MARC 2, which showed reduced unnecessary angiography rates with CMR-guided care, we increased our adoption of CMR as an investigation of choice for CAD at our centre.

#### Purpose

In patients who have a CMR for stable angina, what is the outcome after detection of CAD, how do findings compare with angiography, and do those without CAD identified go on to have a major adverse cardiovascular event (MACE)?

#### Method

We performed a retrospective audit of all stress CMR performed from August 2016 to March 2017 at our hospital in North England. All patients were followed up for a minimum of 12 months.

NICE guideline care was used during the study period. The CE-MARC trial was used for quality standards and to compare results.

## Insights into patients with atrial fibrillation and co-existing cardiovascular disease.\*

British Journal of Cardiology

<https://bjcardio.co.uk/2019/07/edoxaban-in-patients-with-atrial-fibrillation-and-co-existing-cardiovascular-disease/>

[Honey Thomas](#)

### Abstract

Patients with atrial fibrillation (AF) are at high risk of premature mortality and a range of other adverse cardiovascular and thromboembolic outcomes. The availability of newer oral anticoagulants has broadened therapeutic options beyond vitamin K antagonists, and these are supported increasingly by well-designed, randomised-controlled, outcomes trials. Here, we discuss the results, and implications for practice, of the ENGAGE-AF TIMI-48 and ENSURE -AF trials, that evaluated the Factor Xa inhibitor, edoxaban, in patients with AF. ENGAGE-AF showed that edoxaban 60 mg (reduced to 30 mg in appropriate patients) once daily was as effective as warfarin (dosed to increase INR to 2.0–3.0) in terms of the risk of stroke and systemic embolus, the study

primary end point. It also induced less major bleeding and intracranial bleeding than warfarin. Subgroup analyses have given confidence that the therapeutic benefit of edoxaban is present irrespective of age, ethnicity, body mass index, common cardiovascular and other comorbidities, such as prior stroke or transient ischaemic attack, coronary artery disease, heart failure (including treatment with digoxin or amiodarone), renal dysfunction, cancer, and increased risk of falling. ENSURE-AF demonstrated that edoxaban is an appropriate alternative to warfarin/enoxaparin for patients with AF undergoing cardioversion, including immediate cardioversion guided by transoesophageal echocardiography.

## **The use of adenosine in the assessment of stable coronary heart disease.\***

The Journal of the Royal College of Physicians of Edinburgh

<https://www.rcpe.ac.uk/college/journal/use-adenosine-assessment-stable-coronary-heart-disease>

[\*David Ripley and Honey Thomas\*](#)

### **Abstract**

Coronary heart disease (CHD) is a leading global health problem resulting in 7.2 million annual worldwide deaths. A variety of investigations and diagnostic pathways may be used to diagnose CHD and determine the need for revascularisation. In the UK alone 260,000 invasive coronary catheterisation procedures per annum are performed, with 38% of these undergoing revascularisation with percutaneous coronary intervention (PCI). It is well recognised that the concordance between the visual assessment of the severity of the coronary stenosis observed at coronary angiography and demonstrable ischaemia is poor. Current guidelines, therefore, recommend that ischaemia should be demonstrated in those with stable angina before PCI is performed.

## Can we normalise developmentally appropriate health care for young people in UK hospital settings? An ethnographic study.

BMJ Open

<https://bmjopen.bmj.com/content/9/9/e029107>

[Debbie Reape and Gail Dovey-Pearce](#)

### Abstract

**Objective:** The WHO has argued that adolescent-responsive health systems are required. Developmentally appropriate healthcare (DAH) for young people is one approach that could underpin this move. The aim of this study was to explore the potential for DAH to become normalised, to become a routine, taken-for-granted, element of clinical practice.

**Design:** Qualitative ethnographic study. Analyses were based on procedures from first-generation grounded theory and theoretically informed by normalisation process theory.

**Setting:** Two tertiary and one secondary care hospital in England.

**Participants:** 192 participants, health professionals (n=121) and managers (n=71) were recruited between June 2013 and January 2015. Approximately 1600 hours of non-participant observations in clinics, wards and meeting rooms were conducted, alongside 65 formal qualitative interviews.

## A systems approach to embedding group consultations in the NHS.\*

Future Healthcare Journal

<http://futurehospital.rcpjournals.org/content/6/1/8.full>

[Fraser Birrell](#)

### Abstract

Group consultations are an important care option that is -starting to gain traction in the USA and Australia. This review summarises the likely benefits accruing from a systems -approach to implementing group consultations widely in the NHS and other socialised healthcare systems. Existing evidence is mapped to five distinct systems approaches: (1) development; (2) different age groups; (3) patient-centred pathway of care; (4) NHS system changes; and (5) education. Implications are discussed for patients and staff, who both benefit from group consultations once embedded; ranging from improved access and efficiency to more enjoyable multidisciplinary team working, improved resource management, and maintained/better outcomes. Moreover, even patients who don't attend group consultations can benefit from system effects of long-term implementation. Changing behaviour and health systems is challenging, but change requires systematic experimentation and documentation of evidence. We conclude that group consultations have unique potential for delivering system-wide benefits across the NHS.

## The burden of proof: The process of involving young people in research\*

Health Expectations

<https://onlinelibrary.wiley.com/doi/full/10.1111/hex.12870>

[Gail Dovey-Pearce](#), [Sophie Walker](#), [Sophie Fairgreave](#) and [Monica Parker](#)

### Abstract

Patient and public involvement in research includes non-academics working with researchers, on activities from consultative tasks, to joint working, and on user-led initiatives. Health and social care funding bodies require involvement in research projects. A current debate focuses on a perceived lack of empirical "proof" to demonstrate the impact of involvement upon the quality of research. It is also argued that the working relationships between researchers and those becoming involved need to be understood more fully. These areas are beginning to be reported upon but there are few studies of young people involved in health research. This study describes the experiences of adult academics and young people, working together on a large-scale, UK health research programme. Using qualitative interview and focus group methods, the aim was to explore participants' perceptions about the process and outcomes of their work together. The importance of cyclical, dynamic and flexible approaches is suggested. Enablers include having clear mechanisms for negotiation and facilitation, stakeholders having a vision of "the art of the possible," and centrally, opportunities for face-to-face working. What is needed is a continuing discourse about the challenges and benefits of working with young people, as distinct from younger children and adults, understanding the value of this work, without young people having to somehow "prove" themselves. Involvement relies on complex social processes. This work supports the view that an improved understanding of *how* key processes are enabled, as well as *what* involvement achieves, is now needed.

## **An ethics refresher for doctors in moral distress: theory and practice.**

British Journal of Hospital Medicine

<https://www.magonlinelibrary.com/doi/abs/10.12968/hmed.2019.80.3.C39>

*Luke PJ Martin*

### **Abstract**

This article describes a gap between ethics-in-practice and ethics-in-theory; clinicians are often better at knowing what to do than articulating why to do it. This gap can go unnoticed until moments of moral distress. To reduce this gap, this article presents the four principles approach to medical ethics as a helpful framework when implemented carefully.

## **Primary care emergencies: improved confidence in clinical and non-clinical members of the multidisciplinary team using a simulation programme.**

BMJ Simulation and Technology Enhanced Learning

<https://stel.bmj.com/content/early/2019/03/19/bmjstel-2019-000440>

*Elizabeth Iris Lamb, Nichola Jenkins, Phillipa Male, James McFetrich, Maria Towart and Mark Sudlow*

### **Abstract**

Emergencies occur infrequently in primary care, and when they do can be daunting for those involved, particularly those who have a non-clinical background. Previous work has described the importance of extending basic life support training to include management of emergencies using the available team and facilities.<sup>1</sup> Simulating waiting room emergencies has been demonstrated to increase confidence in the clinical team in managing these challenging situations,<sup>2</sup> but we are not aware of publications supporting the use of simulation in the wider primary care team including non-clinical colleagues.

Northumbria Primary Care (NPC) is an innovative collaboration between six General Practices and Northumbria Healthcare NHS Foundation Trust (NHFT), serving a population of over 40 000 patients. With the aim of increasing confidence in management of potential encountered medical emergencies in primary care, a shared simulation programme for the clinical and non-clinical multidisciplinary team was developed at the Dinwoodie Assessment and Simulation Hub within NHFT. This state-of-the-art facility consists of multiple simulation areas, including consultation rooms and a waiting area, and several low-fidelity and high-fidelity manikins, which were used to recreate potential primary care emergencies.

## Evaluation of a structured preceptorship programme.

British Journal of Community Nursing

[https://www.magonlinelibrary.com/doi/abs/10.12968/](https://www.magonlinelibrary.com/doi/abs/10.12968/bjcn.2019.24.11.554)

[bjcn.2019.24.11.554](https://www.magonlinelibrary.com/doi/abs/10.12968/bjcn.2019.24.11.554)

*Guy Tucker, Joanne Atkinson, Janet Kelly, Lynette Parkin, Alison McKenzie, Sue Scott, Susan Joyce and Doreen Davidson*

### Abstract

Preceptorship is a period in which newly qualified staff nurses receive support from an experienced nurse to smooth their transition into the service. District nurses (DNs) from the authors' trust informally expressed the need for a better transition between the completion of district nursing education and entry into the workforce. Hence, a structured preceptorship programme was developed and delivered. This article describes this service initiative and its evaluation by preceptors (n=14) and preceptees (newly qualified DN; n=13). Both groups valued having a structured preceptorship programme. Preceptees agreed that having a named preceptor was very important, and preceptors felt that the role which they played was rewarding. Both groups felt that the role of the DN was a specialist role and that the preceptorship programme helped to support newly qualified staff make the transition into qualified DNs, clinical team leaders and, ultimately, caseload holders. A large-scale study of DN practice is required to develop a national consensus on the structure and content of preceptorship programmes for district nursing.

## The hidden curriculum and its implications for surgical specialties.\*

The RCS Bulletin

<https://publishing.rcseng.ac.uk/doi/full/10.1308/rcsbull.2019.282>

*David Cloke*

### Abstract

Preventing the unspoken academic and social messages taught to trainees that lead to unwanted behaviours and results.

## Sample timing, diagnosis of subclinical thyroid dysfunction and mortality in acute myocardial infarction: ThyRAMI1 study.

The Journal of Clinical Endocrinology and Metabolism

[https://academic.oup.com/jcem/advance-article-abstract/](https://academic.oup.com/jcem/advance-article-abstract/doi/10.1210/clinem/dgz143/5643808)

[doi/10.1210/clinem/dgz143/5643808](https://academic.oup.com/jcem/advance-article-abstract/doi/10.1210/clinem/dgz143/5643808)

Honey Thomas

### Abstract

**Objective:** The objective of this study was to determine the impact of blood sample timing on the diagnosis of subclinical thyroid dysfunction (SCTD) and mortality in patients with acute myocardial infarction (AMI).

**Patients, Design and Main Outcome Measures:** Patients with AMI had thyroid function evaluated on admission between December 2014 and December 2016 and those with abnormal serum TSH had repeat thyroid function assessed at least a week later. The association between sample timing and SCTD was evaluated by logistic regression analysis. Secondary outcomes were confirmation of SCTD on repeat testing and all-cause mortality up to June 2018.

## Management of acute lower GI bleeding: evidence-based medicine?

Gut

<https://gut.bmj.com/content/early/2019/07/17/gutjnl-2019-319428.abstract>

[Anthoor Jayaprakash](#)

*Correspondence*

## Accelerated non-medical endoscopy training: one trust's experience.

Gastrointestinal Nursing

<https://www.magonlinelibrary.com/doi/abs/10.12968/gasn.2019.17.7.32>

[Leigh Donnelly, Barbara Bone and Trudi Kennair](#)

### Abstract

Endoscopy services are under considerable pressure to meet the increasing demand expected by 2020. A large hospital foundation trust was offered the opportunity to develop its endoscopy workforce by two of its endoscopy nurses obtaining a place on Health Education England's accelerated non-medical endoscopy training programme. The training took place over a period of 7 months and combined comprehensive endoscopy training supported by a robust academic component. A thematic analysis was carried out on the trainees' reflective journals kept during the course, and this highlighted the frequently occurring themes. The trust has benefited greatly from the experience, and, although challenging, the rewards can be far-reaching and have a positive impact on staff and patients.

## Conceptualization of depression amongst older adults in rural Tanzania: a qualitative study.\*

International Psychogeriatrics

<https://www.cambridge.org/core/journals/international-psychogeriatrics/article/conceptualization-of-depression-amongst-older-adults-in-rural-tanzania-a-qualitative-study/8E005FC88F19ECCD8783AB152AEEAD11>

[Kate Howorth](#), [Richard Walker](#), [William Gray](#), [Lloyd L. Oates](#) and [Catherine Dotchin](#)

### Abstract

#### Background:

Depression in older people is likely to become a growing global health problem with aging populations. Significant cultural variation exists in beliefs about depression (terminology, symptomatology, and treatments) but data from sub-Saharan Africa are minimal. Low-resource interventions for depression have been effective in low-income settings but cannot be utilized without accurate diagnosis. This study aimed to achieve a shared understanding of depression in Tanzania in older people.

#### Methods:

Using a qualitative design, focus groups were conducted with participants aged 60 and over. Participants from rural villages of Kilimanjaro, Tanzania, were selected via randomized sampling using census data. Topic guides were developed including locally developed case vignettes. Transcripts were translated into English from Swahili and thematic analysis conducted.

#### Findings:

Ten focus groups were held with 81 participants. Three main themes were developed: a) conceptualization of depression by older people and differentiation from other related conditions (“too many thoughts,” cognitive symptoms, affective and biological symptoms, wish to die, somatic symptoms, and its difference to other concepts); b) the causes of depression (inability to work, loss of physical strength and independence, lack of resources, family difficulties, chronic disease); c) management of depression (love and comfort, advice, spiritual support, providing help, medical help).

#### Conclusions:

This research expands our understanding of how depression presents in older Tanzanians and provides information about lay beliefs regarding causes and management options. This may allow development of culturally specific screening tools for depression that, in turn, increase diagnosis rates, support accurate diagnosis, improve service use, and reduce stigma.

## Is there a place for using digoxin in older patients?

British Journal of Hospital Medicine

<https://www.magonlinelibrary.com/doi/abs/10.12968/hmed.2019.80.7.417>

[Henry Woodford](#)

*Correspondence*

## Mixed methods implementation research of cognitive stimulation therapy (CST) for dementia in low and middle-income countries: study protocol for Brazil, India and Tanzania (CST-International).\*

BMJ Open

<https://bmjopen.bmj.com/content/9/8/e030933>

[Catherine Dotchin and Richard Walker](#)

### Abstract

#### Introduction

In low/middle-income countries (LMICs), the prevalence of people diagnosed with dementia is expected to increase substantially and treatment options are limited, with acetylcholinesterase inhibitors not used as frequently as in high-income countries (HICs). Cognitive stimulation therapy (CST) is a group-based, brief, non-pharmacological intervention for people with dementia that significantly improves cognition and quality of life in clinical trials and is cost-effective in HIC. However, its implementation in other countries is less researched. This protocol describes CST-International; an implementation research study of CST. The aim of this research is to develop, test, refine and disseminate implementation strategies for CST for people with mild to moderate dementia in three LMICs: Brazil (upper middle-income), India (lower middle-income) and Tanzania (low-income).

#### Methods and analysis

Four overlapping phases: (1) exploration of barriers to implementation in each country using meetings with stakeholders, including clinicians, policymakers, people with dementia and their families; (2) development of implementation plans for each country; (3) evaluation of implementation plans using a study of CST in each country (n=50, total n=150). Outcomes will include adherence, attendance, acceptability and attrition, agreed parameters of success, outcomes (cognition, quality of life, activities of daily living) and cost/affordability; (4) refinement and dissemination of implementation strategies, enabling ongoing pathways to practice which address barriers and facilitators to implementation.

## New horizons in deprescribing for older people.

Age and Ageing

<https://academic.oup.com/ageing/advance-article-abstract/doi/10.1093/ageing/afz109/5583946>

[Henry Woodford and James Fisher](#)

### Abstract

Deprescribing has gained interest recently, driven by an ageing population seeing an increasing number living with multiple long-term conditions. This, coupled with disease-specific guidelines derived from clinical trials in younger people, has led to an increase in exposure to polypharmacy and the associated therapeutic burden. Older people, especially those living with frailty, tend to experience lower efficacy of these medications along with a higher risk of drug adverse effects. Explanations for these differences include the physiological effects of frailty, drug–drug interactions, drug–disease interactions and

reduced medication adherence. Adverse drug reactions often go unnoticed and can trigger further prescribing. Certain medications have been recognised as potentially inappropriate for people with frailty, yet their use remains common. Evidence suggests that many older people are open to the concept of reducing medications. Deprescribing should be based around a shared decision-making approach. Trials to date have suggested that it can often be achieved without harm. To date, there are few data to support improvements in hospitalisation or mortality rates. However, there is some evidence that it may reduce polypharmacy, improve medication adherence, reduce financial costs and improve quality of life. In the future, it will be necessary to grow the evidence base and improve public and clinician awareness of the potential benefits of deprescribing. It will require excellent team working and communication between all of those involved in the prescribing and administration of medications, also supported by improved healthcare informatics. Non-pharmacological approaches will need to be promoted. Fewer drugs is not less care.

## Calcium Channel Blockers Co-prescribed with Loop Diuretics: A Potential Marker of Poor Prescribing?

Drugs & Aging

<https://link.springer.com/article/10.1007/s40266-019-00730-4>

Henry Woodford

### Abstract

Prescribing cascades are where a drug adverse reaction is wrongly attributed to the emergence of a new condition, which leads to further drug prescribing. This promotes polypharmacy, adverse drug reactions and therapeutic burden. An example of a prescribing cascade is the co-prescribing of loop diuretics to treat the peripheral oedema caused by calcium channel blocker (CCB) drugs. Although well recognised, this is still a combination of medications taken by millions of people worldwide. CCBs have no prognostic benefit in heart failure and have an absolute risk increase for oedema of around 8–18% (number needed to harm 6–13). In the treatment of hypertension, they also increase the risk of oedema and a new diagnosis of heart failure without having any major advantages over alternative drugs. The best way to manage the oedema caused by CCBs is to switch to an alternative medication. Only where this is not possible or fails to achieve therapeutic goals would the CCB–loop diuretic combination appear to be justified. In many cases, therapeutic practice could be improved by targeting people on CCB–loop diuretic combinations for medication review. This could improve quality of life and reduce polypharmacy, adverse drug reactions, therapeutic burden and financial costs for millions of people worldwide. evidence base and improve public and clinician awareness of the potential benefits of deprescribing. It will require excellent team working and communication between all of those involved in the prescribing and administration of medications, also supported by improved healthcare informatics. Non-pharmacological approaches will need to be promoted. Fewer drugs is not less care.

## **A brief frailty screening tool in Tanzania: external validation and refinement of the B-FIT screen.**

Aging Clinical and Experimental Research

<https://link.springer.com/article/10.1007/s40520-019-01406-0>

*Emma Grace Lewis, Kate Howorth, Richard Walker, Catherine Dotchin and William Gray*

### **Abstract**

#### **Background**

Identifying older people who are most vulnerable to adverse outcomes is important. This is particularly so in low-resource settings, such as those in sub-Saharan Africa (SSA), where access to social and healthcare services is often limited.

#### **Aim**

To validate and further refine a frailty screening tool for SSA.

#### **Methods**

Phase I screening of people aged 60 years and over was conducted using the Brief Frailty Instrument for Tanzania (B-FIT). In phase II, a stratified, frailty-weighted sample was assessed across a range of variables covering cognition, physical function (including continence, mobility, weakness and exhaustion) nutrition, mood, co-morbidity, sensory impairment, polypharmacy, social support and self-rated health. The frailty-weighted sample was also assessed for frailty according to the comprehensive geriatric assessment (CGA), which we used as our 'gold standard' diagnosis.

## Facilitating the transition of young people with long-term conditions through health services from childhood to adulthood: the Transition research programme.

Programme Grants for Applied Research

<https://www.journalslibrary.nihr.ac.uk/pgfar/pgfar07040#/abstract>

Allan Colver, Gail Dovey-Pearce and Debbie Reape

### Abstract

#### BACKGROUND:

As young people with long-term conditions move from childhood to adulthood, their health may deteriorate and their social participation may reduce.

'Transition' is the 'process' that addresses the medical, psychosocial and educational needs of young people during this time. 'Transfer' is the 'event' when medical care moves from children's to adults' services. In a typical NHS Trust serving a population of 270,000, approximately 100 young people with long-term conditions requiring secondary care reach the age of 16 years each year. As transition extends over about 7 years, the number in transition at any time is approximately 700.

#### OBJECTIVES:

Purpose – to promote the health and well-being of young people with long-term conditions by generating evidence to enable NHS commissioners and providers to facilitate successful health-care transition. Objectives – (1) to work with young people to determine what is important in their transitional health care, (2) to identify the effective and efficient features of transitional health care and (3) to determine how transitional health care should be commissioned and provided.

## Patient experience of switching from Enbrel to Benapali.\*

Rheumatology

[https://academic.oup.com/rheumatology/article/58/Supplement\\_3/kez110.019/5444542](https://academic.oup.com/rheumatology/article/58/Supplement_3/kez110.019/5444542)

[\*Sandra Robinson, Toni Hall, Peta Heslop and David Walker\*](#)

### Abstract

**Background:** The financial savings of switching to biosimilars is clear but the mechanism of switching is not. It is not clear how much explanation, education and consent is optimal. We have previously surveyed patient reactions to their understanding of biosimilars; we have now surveyed their experience of the process of switching. Patients were sent a letter explaining the planned change; that a prescription would be dispensed which would have a different injecting device and that they should read the instructions. Patients could arrange an appointment with the specialist nurse if they felt it necessary. They were encouraged to consent to the change and reassured that they could return to the originator if necessary.

**Methods:** 2 patients who had already switched were interviewed using a guide prepared by the authors. The results of this informed a questionnaire which was designed to seek patient opinions on how the switch affected efficacy and side effects; their opinions on the information they were given, how willing they were to change, their satisfaction with the process and whether they would like to change back to the originator drug. The first 26 patients were surveyed.

## Safety and efficacy of Filgotinib in a phase 3 trial of patients with active rheumatoid arthritis and inadequate response or intolerance to biologic disease modifying anti-rheumatic drugs.\*

Rheumatology

[https://academic.oup.com/rheumatology/article/58/Supplement\\_3/kez106.085/5444306](https://academic.oup.com/rheumatology/article/58/Supplement_3/kez106.085/5444306)

[\*David Walker\*](#)

### Abstract

**Background:** Filgotinib, an oral, selective, JAK1 inhibitor, was effective in Phase 2 studies of active rheumatoid arthritis (RA) in patients with insufficient response to MTX, warranting further evaluation in Phase 3.

**Methods:** In this Phase 3 study (NCT02873936 FINCH-2), patients with moderately-to-severely active RA and inadequate response/intolerance to - 1 prior biologic DMARD (bDMARD) were randomised to once-daily filgotinib 200 mg (n = 147), 100 mg (n = 153) or placebo (n = 148) for 24 weeks; patients were required to continue stable conventional synthetic DMARDs. The primary endpoint was the proportion of patients achieving an ACR20 response at Week 12.

## Filgotinib in patients with rheumatoid arthritis and prior inadequate response or intolerance to biological dMARDs (bDMARD-IR) by race & geographic region.\*

Annals of the Rheumatic Diseases

[https://ard.bmj.com/content/78/Suppl\\_2/361](https://ard.bmj.com/content/78/Suppl_2/361)

[David Walker](#)

### Abstract

**Background:** Filgotinib (FIL), an oral, selective Janus kinase 1 (JAK1) inhibitor, significantly improved the signs and symptoms of rheumatoid arthritis (RA) in the phase 3 FINCH2 study in bDMARD-IR patients with active RA.<sup>1</sup>

**Objectives:** To evaluate the efficacy and safety of FIL by geography and race in FINCH2.

## Safety and efficacy of filgotinib in active rheumatoid arthritis by prior biological DMARD exposure in patients with prior inadequate response or intolerance to biological DMARDs (bDMARD-IR).\*

Annals of the Rheumatic Diseases

[https://ard.bmj.com/content/78/Suppl\\_2/709](https://ard.bmj.com/content/78/Suppl_2/709)

[David Walker](#)

### Abstract

**Background:** Filgotinib (FIL), an oral selective Janus kinase 1 (JAK1) inhibitor, significantly improved the signs and symptoms of rheumatoid arthritis (RA) with a favorable safety profile in a global phase 3 study in bDMARD-IR patients with active RA (FINCH2).<sup>1</sup>

**Objectives:** To assess the safety and efficacy of FIL in the FINCH2 study by the number and type of prior bDMARDs.

## Safety and efficacy of Filgotinib in Japanese patients enrolled in a global phase 3 trial of patients with active rheumatoid arthritis and inadequate response or intolerance to biological DMARDs.\*

Annals of the Rheumatic Diseases

[https://ard.bmj.com/content/78/Suppl\\_2/1686.2](https://ard.bmj.com/content/78/Suppl_2/1686.2)

[David Walker](#)

### Abstract

**Background:** Filgotinib (FIL), an oral, selective inhibitor of Janus kinase 1 (JAK1), has demonstrated efficacy in a phase 3 study in bDMARD-IR patients with active rheumatoid arthritis (RA).

**Objectives:** We report results of Japanese patients enrolled in the FINCH2 study (ClinicalTrials.gov Identifier: NCT02873936) of FIL in patients with RA and an inadequate response or intolerance to  $\geq 1$  bDMARDs.

## Safety and efficacy of Filgotinib in patients aged 65 years and older: results from a phase 3 study in patients with active rheumatoid arthritis and prior inadequate response or intolerance to biological DMARDs (bDMARDs-IR).\*

Annals of the Rheumatic Diseases

[https://ard.bmj.com/content/78/Suppl\\_2/748.2](https://ard.bmj.com/content/78/Suppl_2/748.2)

[David Walker](#)

### Abstract

**Background:** Filgotinib (FIL), an oral selective Janus kinase 1 (JAK1) inhibitor, demonstrated efficacy and safety vs placebo (PBO) in bDMARD-IR patients with active RA in a global phase 3 study (FINCH2, ClinicalTrials.gov NCT02873936).

**Objectives:** We performed a prespecified subgroup analysis of the safety and efficacy of FIL in patients aged  $\geq 65$  years vs  $< 65$  years in FINCH2 to understand FIL effects in older patients.

## Symptomatic patients with P369S–R408Q mutations: familial Mediterranean fever or mixed auto-inflammatory syndrome?

BMJ Case Reports

<https://casereports.bmj.com/content/12/7/e228858>

[Kristen Davies](#)

### Abstract

A 51-year-old South African female of Ashkenazi Jewish descent was admitted with acute pleuritic chest pain, shortness of breath, fatigue and fever. She experienced vague abdominal and calf pains for 30 years. Her monozygotic twin was investigated independently for recurrent abdominal pain. Despite initially responding to antibiotics, treating suspected pneumonia, she developed recurrent fevers and pleuritic chest pain. After thorough investigation without significant findings, she re-attended days after discharge with similar symptoms. Familial Mediterranean fever (FMF) was suggested as she met diagnostic criteria and responded to colchicine, though FMF normally presents before 20 years old. Genetic testing showed no pathogenic mutations but heterozygous P369S and R408Q mutations. The significance of these mutations remains unclear, as they are found in asymptomatic patients, suggesting incomplete penetrance. She remains well, with full symptom resolution, but mixed auto-inflammatory syndrome may be a more appropriate diagnosis in symptomatic patients with both P369S and R408Q mutations.

## Effect of Filgotinib vs Placebo on Clinical Response in Patients With Moderate to Severe Rheumatoid Arthritis Refractory to Disease-Modifying Antirheumatic Drug Therapy. The FINCH 2 Randomized Clinical Trial.

JAMA

<https://jamanetwork.com/journals/jama/article-abstract/2738551>

[David Walker](#)

### Abstract

#### Importance

Patients with active rheumatoid arthritis (RA) despite treatment with biologic disease-modifying antirheumatic drug (bDMARD) therapy need treatment options.

#### Objective

To evaluate the effects of filgotinib vs placebo on the signs and symptoms of RA in a treatment-refractory population.

#### Design, Setting, and Participants

A 24-week, randomized, placebo-controlled, multinational phase 3 trial conducted from July 2016 to June 2018 at 114 sites internationally, randomizing 449 adult patients (and treating 448) with moderately to severely active RA and inadequate response/intolerance to 1 or more prior bDMARDs.

#### Interventions

Filgotinib, 200 mg (n = 148); filgotinib, 100 mg (n = 153); or placebo (n = 148) once daily; patients continued concomitant stable conventional synthetic DMARDs (csDMARDs).

## **Palliative care in the emergency department: can more be done to prevent acute hospital admissions?\***

BMJ Supportive & Palliative Care

[https://spcare.bmj.com/content/9/Suppl\\_1/A51.2](https://spcare.bmj.com/content/9/Suppl_1/A51.2)

[Rachel Prichard and Eleanor Grogan](#)

### **Abstract**

**Background** It is becoming increasingly recognised among healthcare professionals that for patients approaching the end of life, a busy Emergency Department (ED) or acute hospital ward is an unsuitable environment to meet their needs.

**Methods** A retrospective data analysis of patients (n=131) with a known palliative diagnosis who were admitted to hospital via the ED in January 2018. Data was gathered through use of online patient records and hospital notes.

## **Care after death**

British Journal of Nursing

[https://www.magonlinelibrary.com/doi/abs/10.12968/](https://www.magonlinelibrary.com/doi/abs/10.12968/bjon.2019.28.6.342)

[bjon.2019.28.6.342](https://www.magonlinelibrary.com/doi/abs/10.12968/bjon.2019.28.6.342)

[Leonie Armstrong](#)

*No Abstract Available*

## **Mediterranean diet adherence and cognitive function in older UK adults: the European Prospective Investigation into Cancer and Nutrition–Norfolk (EPIC-Norfolk) Study.**

The American Journal of Clinical Nutrition

[https://academic.oup.com/ajcn/advance-article-abstract/](https://academic.oup.com/ajcn/advance-article-abstract/doi/10.1093/ajcn/nqz114/5519530)

[doi/10.1093/ajcn/nqz114/5519530](https://academic.oup.com/ajcn/advance-article-abstract/doi/10.1093/ajcn/nqz114/5519530)

[Stella-Maria Paddick](#)

### **Abstract**

#### **Background**

In Mediterranean countries, adherence to a traditional Mediterranean dietary pattern (MedDiet) is associated with better cognitive function and reduced dementia risk. It is unclear if similar benefits exist in non-Mediterranean regions.

#### **Objectives**

The aims of this study were to examine associations between MedDiet adherence and cognitive function in an older UK population and to investigate whether associations differed between individuals with high compared with low cardiovascular disease (CVD) risk.

## **Palliative Care in the Critical Care Unit.**

Integrated Palliative Care of Respiratory Disease

[https://link.springer.com/chapter/10.1007/978-3-030-18944-0\\_12](https://link.springer.com/chapter/10.1007/978-3-030-18944-0_12)

***Katherine E. Frew and David Snell***

### **Abstract**

The critical care unit is a setting in which critically ill patients receive high-intensity treatments such as mechanical ventilation to sustain life. These patients are at high risk of dying such that critical care clinicians manage dying patients and their families on a daily basis. Management on a critical care unit is associated with a high level of symptoms, and palliation of suffering is important throughout the course of treatment. Treatment is frequently intrusive and some patients with advanced disease may not wish to undergo critical care, particularly if their deterioration indicates progression of their disease rather than a reversible complication. If deterioration occurs despite intensive therapies and it becomes apparent that ongoing interventions are likely to merely prolong the dying phase, the focus of care should switch to optimizing comfort and making the death as dignified as possible. Intrusive treatments that are not contributing to symptom control are withdrawn and opioids and benzodiazepines are used to relieve distress. Although often unpredictable, because of the severity of illness, once life-sustaining treatments are withdrawn, the dying phase may be short.

## **End-of-Life Care.**

Integrated Palliative Care of Respiratory Disease

[https://link.springer.com/chapter/10.1007/978-3-030-18944-0\\_14](https://link.springer.com/chapter/10.1007/978-3-030-18944-0_14)

***Paul Paes***

### **Abstract**

This chapter addresses end-of-life care, incorporating thinking about both the last few days of life and the last year of life. The focus of the first part of the chapter is on identifying those patients who are approaching the end of their life, and planning their care appropriately. For these patients disease-modifying therapies, emergency treatments, palliative care and supportive care must run in parallel. A framework of care across primary and secondary care is set out including key issues around communication, anticipatory planning, clinical decision-making and ethics. The second part of the chapter focuses on the last few days of life and practical steps in managing this stage.

## Improving care home life for people with Parkinson's.

Nursing and Residential Care

<https://www.magonlinelibrary.com/doi/abs/10.12968/nrec.2019.21.6.309>

*Lloyd Oates, Annette Hand, Lorelle Dismore, William Gray and Richard Walker*

### Abstract

Lloyd Oates, Annette Hand, Lorelle Dismore, William Gray and Richard Walker discuss a study they carried out into the wellbeing of people with Parkinson's disease in care homes and make a number of recommendations based on thematic analysis of the data.

## How to investigate and manage a medication incident.\*

The Pharmaceutical Journal

<https://www.pharmaceutical-journal.com/learning/learning-article/how-to-investigate-and-manage-a-medication-incident/20206083.article?firstPass=false>

[Nicola Wake](#)

### Abstract

Of the nearly 237 million medication errors occurring in England each year, 28% have the potential to cause harm. This article outlines the immediate steps to be taken following identification of a medicines safety incident.

## Pharmacy Technician Review of Oral Nutritional Supplements (ONS) within Care Homes\*

Pharmacy

<https://www.mdpi.com/2226-4787/7/1/28>

[Clare Collins, Catherine Tucker, Carol Walton and Steven Barrett](#)

### Abstract

Up to 42% of patients admitted to care homes are at risk of malnutrition. Oral nutritional supplements (ONS) can be prescribed to increase nutritional intake when diet alone is insufficient to meet daily nutritional requirements. Where ONS are inappropriately initiated or continued beyond treatment goals this can contribute to significant waste and unnecessary costs. This study reviewed whether pharmacy technicians working in care home settings can support the cost-effective use of ONS. A quality improvement project using Plan-Do-Study-Act (PDSA) methodology was undertaken by pharmacy technicians working in care homes to review the prescribing and monitoring of ONS. A sample of 330 residents were reviewed across 5 care homes. 45 residents were prescribed ONS, 16 of whom were unknown to dietitians. In collaboration with the dietetic service an oral nutritional support flow chart was developed and tested. Thirteen of the 16 residents unknown to the dietetic team did not require ONS and could be considered for alternative dietary options. Through collaborative working with dietetic services, pharmacy technicians can support effective use and review of ONS for care home residents, reduce unnecessary prescribing, and ensure appropriate referral to dietitians where indicated.

## Pharmacists must work with others to roll back polypharmacy culture.\*

Clinical Pharmacist

<https://www.pharmaceutical-journal.com/opinion/insight/pharmacists-must-work-with-others-to-roll-back-polypharmacy-culture/20206704.article?firstPass=false>

[Emma McClay](#)

### Abstract

More people are taking more medicines than ever before; in England alone, the number of people aged over 65 years taking five or more medicines has quadrupled over the past 20 years, from 12% to 49%[1].

Polypharmacy — often used to describe taking five or more medicines[2] — can be appropriate for particular patients. However, in 2013, the King's Fund drew attention to “problematic polypharmacy”[3], highlighting that many concurrent medicines can increase the risk of drug interactions and side effects, impair patients' adherence to their medication and reduce their quality of life. Then later, in 2015, the National Institute for Health and Care Excellence (NICE) published guidance on medicines optimisation[4] — a practice built on the idea that everyone should get the best possible outcomes from their medicines.

## Fracture prevention: a population based intervention delivered in primary care\*

QJM: An International Journal of Medicine

<https://academic.oup.com/qjmed/advance-article/doi/10.1093/qjmed/hcz271/5610539>

[Iain Goff and Matthew Grove](#)

### Abstract

#### Background

Osteoporosis is common, increasing as the population ages and has significant consequences including fracture. Effective treatments are available.

#### Aim

To support proactive fracture risk assessment and optimizing treatment for high risk patients in primary care.

#### Design

Clinical cohort

#### Setting

November 2017 to November 2018, support was provided to 71 practices comprising 69 of 90 practices within two NHS CCG areas. Total population 579,508 (207,263 aged over 50).

#### Participants

Fracture risk assessment (NICE CG146) in:  
 males aged 75 and over  
 females aged 65 and over  
 females aged under 65 and males aged under 75 with risk factors  
 under 50 with major risk factors.

## The Year of Care approach: developing a model and delivery programme for care and support planning in long term conditions within general practice.\*

BMC Family Practice

<https://link.springer.com/article/10.1186/s12875-019-1042-4>

[Sue Roberts, Simon Eaton, Nick Lewis-Barned, Lindsey Oliver and Dawn Temple-Scott](#)

### Abstract

#### Background

People with long term conditions (LTCs) make most of the daily decisions and carry out the activities which affect their health and quality of life. Only a fraction of each contact with a health care professional (HCP) is spent supporting this.

This paper describes how care and support planning (CSP) and an implementation framework to redesign services, were developed to address this in UK general practice. Focussed on what is important to each individual, CSP brings together traditional clinical issues and the person's lived experience in a solution focussed, forward looking conversation with an emphasis on 'people not diseases'.

## Impairments in cognitive performance in chronic fatigue syndrome are common, not related to co-morbid depression but do associate with autonomic dysfunction.\*

PLoS One

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0210394>

[Lucy Robinson](#)

### Abstract

#### Objectives

To explore cognitive performance in chronic fatigue syndrome (CFS) examining two cohorts. To establish findings associated with CFS and those related to co-morbid depression or autonomic dysfunction.

#### Methods

Identification and recruitment of participants was identical in both phases, all CFS patients fulfilled Fukuda criteria. In Phase 1 (n = 48) we explored cognitive function in a heterogeneous cohort of CFS patients, investigating links with depressive symptoms (HADS). In phase 2 (n = 51 CFS & n = 20 controls) participants with co-morbid major depression were excluded (SCID). Furthermore, we investigated relationships between cognitive performance and heart rate variability (HRV).

## Reflecting on working with palliative cancer patients through a CAT 'lens' with a focus on reciprocal roles.\*

Reformulation

[https://www.acat.me.uk/reformulation.php?issue\\_id=56&article\\_id=549](https://www.acat.me.uk/reformulation.php?issue_id=56&article_id=549)

[Leonie Lalayiannis](#)

### Abstract

'Self-awareness is a supreme gift, a treasure as precious as life. This is what makes us human. But it comes at a costly price: the wound of mortality.' (Yalom, 2008, p. 1).

When cancer patients receive a palliative diagnosis, this means that their disease is not considered curable. In some cases, patients at this stage may still receive treatment which may treat the cancer but will not cure it. In other cases, they may receive palliative care, which is medical care to relieve symptoms such as pain, to improve quality of life as much as possible. Although patients with a palliative diagnosis have a life-limiting illness, this does not always mean they are at the end of their life. When patients receive this diagnosis, they become acutely aware of their impending death and they are forced out of the functional denial of their own mortality.

## Prototyping for public health in a local context: a streamlined evaluation of a community-based weight management programme (Momenta), Northumberland, UK.\*

BMJ Open

<https://bmjopen.bmj.com/content/9/10/e029718>

[Lisa Nevens](#)

### Abstract

**Objectives** Stakeholder co-production in design of public health programmes may reduce the 'implementation gap' but can be time-consuming and costly. Prototyping, iterative refining relevant to delivery context, offers a potential solution. This evaluation explored implementation and lessons learnt for a 12-week referral-based weight-management programme, 'Momenta', along with feasibility of an iterative prototyping evaluation framework.

**Design** Mixed methods evaluation: Qualitative implementation exploration with referrers and service users; preliminary analysis of anonymised quantitative service data (12 and 52 weeks).

**Setting** Two leisure centres in Northumberland, North East England.  
**Participants** Individual interviews with referring professionals (n=5) and focus groups with service users (n=13). Individuals (n=182) referred by healthcare professionals (quantitative data).

**Interventions** Three 12-week programme iterations: Momenta (n=59), Momenta-Fitness membership (n=58) and Fitness membership only (n=65).

## A Survey of Health Care Professionals' Knowledge and Experience of Foetal Alcohol Spectrum Disorder and Alcohol Use in Pregnancy.\*

Clinical Medical Insights: Reproductive Health

<https://journals.sagepub.com/doi/10.1177/1179558119838872>

[Helen Howlett, Shonag Mackenzie, Eugen-Matthias Strehle and William K. Gray](#)

### Abstract

#### Background:

Foetal alcohol spectrum disorders (FASDs) are one of the most common preventable forms of developmental disability and congenital abnormalities globally, particularly in countries where alcohol is considered socially acceptable. Screening for alcohol use early in pregnancy can facilitate the detection of alcohol-exposed pregnancies and identify women who require further assessment. However, only a small percentage of children with FASD are identified in the United Kingdom. This may be partly attributed to a lack of awareness of the condition by National Health Service (NHS) health professionals.

#### Methods:

We developed an online survey to determine health care professionals' (midwives, health visitors, obstetricians, paediatricians, and general practitioners) perceived knowledge, attitudes, and clinical practices relating to alcohol in pregnancy and FASD.

## Intermittent Use of Portable NIV Increases Exercise Tolerance in COPD: A Randomised, Cross-Over Trial.\*

Journal of Clinical Medicine

<https://www.mdpi.com/2077-0383/8/1/94>

[Ioannis Vogiatzis, Nicholas Lane, Tom Hartley, William Gray and Stephen Bourke](#)

### Abstract

During exercise, non-invasive ventilation (NIV) prolongs endurance in chronic obstructive pulmonary disease (COPD), but routine use is impractical. The VitaBreath device provides portable NIV (pNIV); however, it can only be used during recovery. We assessed the effect of pNIV compared to pursed lip breathing (PLB) on exercise tolerance. Twenty-four COPD patients were randomised to a high-intensity (HI: 2-min at 80% peak work rate (WR<sub>peak</sub>) alternated with 2-min recovery; n = 13), or a moderate-intensity (MOD: 6-min at 60% WR<sub>peak</sub> alternated with 2-min recovery; n = 11) protocol, and within these groups two tests were performed using pNIV and PLB during recovery in balanced order. Upon completion, patients were provided with pNIV; use over 12 weeks was assessed. Compared to PLB, pNIV increased exercise tolerance (HI: by  $5.2 \pm 6.0$  min; MOD: by  $5.8 \pm 6.7$  min) ( $p < 0.05$ ). With pNIV, mean inspiratory capacity increased and breathlessness decreased by clinically meaningful margins during recovery compared to the end of exercise (HI: by  $140 \pm 110$  mL and  $1.2 \pm 1.7$ ; MOD: by  $170 \pm 80$  mL and  $1.0 \pm 0.7$ ). At 12 weeks, patients reported that pNIV reduced anxiety (median: 7.5/10 versus 4/10,  $p = 0.001$ ) and recovery time from breathlessness (17/24 patients;  $p = 0.002$ ); 23/24 used the device at least weekly. pNIV increased exercise tolerance by reducing dynamic hyperinflation and breathlessness in COPD patients.

## Re-expansion pulmonary oedema in pneumothorax.\*

BMJ Case Reports

<https://casereports.bmj.com/content/12/3/e229303>

[Avinash Aujayeb and Nicola Jane Green](#)

### Abstract

Re-expansion pulmonary oedema (REPE) is described in the literature, mostly after drainage of more than approximately 1 L of fluid from the pleural space. REPE can occur after a pneumothorax is drained. This is under-recognised and under-reported.

## What are the positive drivers and potential barriers to implementation of hospital at home selected by low-risk DECAF score in the UK: a qualitative study embedded within a randomised controlled trial.\*

BMJ Open

<https://bmjopen.bmj.com/content/9/4/e026609>

[Lorelle Louise Dismore, Carlos Echevarria and Stephen Bourke](#)

### Abstract

**Objective** Hospital at home (HAH) for chronic obstructive pulmonary disease exacerbation selected by low-risk Dyspnoea, Eosinopenia, Consolidation, Acidaemia and atrial Fibrillation (DECAF) score is clinical and cost-effective; DECAF is a prognostic score indicating risk of mortality. Up to 50% of admitted patients are suitable, a much larger proportion than earlier services. Introduction of new models of care is challenging, but may be facilitated by informed engagement with stakeholders. This qualitative study sought to identify facilitators and barriers to implementation of HAH.

## Ambulatory management of pneumothorax using a novel device: Rocket Pleural Vent.

BMJ Case Reports

<https://casereports.bmj.com/content/12/5/e229408.abstract>

[Laura Jones, Robert Johnston and Avinash Aujayeb](#)

### Abstract

Pneumothorax management is controversial with no clear agreement for optimum management. The British Thoracic Society suggests needle aspiration first line in primary pneumothorax and the American Thoracic Society advises intercostal drain insertion. The European Respiratory Society task force also suggests needle aspiration in primary pneumothorax and adopts an overall more conservative approach. Ambulatory pneumothorax management has been described for 40 years and recommended in the 2010 British Society pleural guidelines, although overall quality of studies was poor. A new device, the Rocket Pleural Vent (PV) has been on the market for 4 years now and randomised controlled trials are under way, although there are case series suggesting efficacy and low complication rates. The PV allows ambulatory management of pneumothorax. Local guidelines have been developed and 18 devices have been placed in 6 months. We describe our experience based on a patient.

## Malignant deciduoid mesothelioma: a rare variant of epithelioid mesothelioma.

BMJ Case Reports

<https://casereports.bmj.com/content/12/7/e229945>

Leah Taylor, David Cooper and Avinash Aujayeb

### Abstract

During exercise, non-invasive ventilation (NIV) prolongs endurance in chronic obstructive pulmonary disease (COPD), but routine use is impractical. The VitaBreath device provides portable NIV (pNIV); however, it can only be used during recovery. We assessed the effect of pNIV compared to pursed lip breathing (PLB) on exercise tolerance. Twenty-four COPD patients were randomised to a high-intensity (HI: 2-min at 80% peak work rate (WR<sub>peak</sub>) alternated with 2-min recovery; n = 13), or a moderate-intensity (MOD: 6-min at 60% WR<sub>peak</sub> alternated with 2-min recovery; n = 11) protocol, and within these groups two tests were performed using pNIV and PLB during recovery in balanced order. Upon completion, patients were provided with pNIV; use over 12 weeks was assessed. Compared to PLB, pNIV increased exercise tolerance (HI: by 5.2 ± 6.0 min; MOD: by 5.8 ± 6.7 min) (p < 0.05). With pNIV, mean inspiratory capacity increased and breathlessness decreased by clinically meaningful margins during recovery compared to the end of exercise (HI: by 140 ± 110 mL and 1.2 ± 1.7; MOD: by 170 ± 80 mL and 1.0 ± 0.7). At 12 weeks, patients reported that pNIV reduced anxiety (median: 7.5/10 versus 4/10, p = 0.001) and recovery time from breathlessness (17/24 patients; p = 0.002); 23/24 used the device at least weekly. pNIV increased exercise tolerance by reducing dynamic hyperinflation and breathlessness in COPD patients.

## Depression and Physical Activity Impairment in COPD Subjects.

Journal of Clinical & Diagnostic Research

<http://web.a.ebscohost.com/abstract?>

Avinash Aujayeb

### Abstract

Obstructive airway disease and psychological comorbidities share some common clinical outcomes, such as impaired physical activity and quality of life.

**Aim:** To evaluate levels of depression and the determinants of impaired physical activity in Chronic Obstructive Pulmonary Disease (COPD) subjects.

**Materials and Methods:** This study included 120 adults (aged between 40-80 years) with diagnosis of COPD, who were evaluated for perception of dyspnea {St. George Respiratory Questionnaire (SGRQ)} and Hamilton depression scale. The level of physical activity was assessed by the modified Baecke questionnaire (mBQ) and Quality of Life by Short Form-36 Questionnaire (SF 36). The Student's t-test, as well as multivariate linear regression analysis, was used for the statistical analysis.

## Pain in Respiratory Disease

Integrated Palliative Care of Respiratory Disease

[https://link.springer.com/chapter/10.1007/978-3-030-18944-0\\_5](https://link.springer.com/chapter/10.1007/978-3-030-18944-0_5)

*Alice Melville and Eleanor Grogan*

### Abstract

Pain may be classified as nociceptive or neuropathic and somatic or visceral. Neuropathic pain can be further subdivided into that due to nerve compression, nerve destruction, or sympathetically maintained pain. This chapter describes the assessment and diagnosis of the cause of pain and the concepts of total pain and regular and breakthrough pain. Management starts with explanation and general nondrug measures. Disease modification runs alongside the use of non-opioid analgesics and then the WHO opioid ladder. Oral morphine is the main strong opioid used, but the indication for alternative drugs and routes is considered. Neuropathic pain usually requires the use of adjuvant analgesics. The role of other adjuvants in certain circumstances is described as well as the use of topical analgesics and anesthetic interventions.

## A left-sided cerebrospinal fluid hydrothorax and a right ventricular-peritoneal shunt: a unique clinical case study.

BMJ Case Reports

<https://casereports.bmj.com/content/12/9/e230236>

*David Hopkins, Stewart Pattman, Rhian Jones and Avinash Aujayeb*

### Abstract

We describe the case of a 84-year-old woman with a right ventricular-peritoneal shunt and a left-sided pleural effusion, the analysis of which was positive for cerebrospinal fluid. We consider the potential causative mechanisms. Our patient was managed conservatively due to her frailty, the effusion being asymptomatic and her preference not to pursue further invasive diagnostic testing. This case report is unique due to the contralateral nature of the effusion to the shunt, which has not been described before in the literature.

## Pulmonary cement embolism.\*

Annals of Pulmonary and Critical Care Medicine

<https://onomyscience.com/onomy/articles/APCCM-ID-11.pdf>

*V Chew, K Conroy and S Fearby*

### Abstract

A 70 years old female was referred by her GP for an investigation into weight loss and anaemia. Subsequently, a computed tomography (CT) scan of her body found dense material in the right main pulmonary artery and in the right upper and middle segmental arteries (Figure 1). Our patient had undergone percutaneous vertebroplasty (Under direct fluoroscopy calcium containing polymethylmethacrylate is injected into a collapsed vertebra to maintain its height and relieve associated pain) to the T8 vertebra 2 years previously. No immediate complications were recorded post-procedure and her back pain improved.

Although subsequent chest x-ray radiograph (CXR) report did not mention any radio-opaque material, calcification can be seen on close inspection (Figure 2). An asymptomatic cement embolism was diagnosed. As our patient had no respiratory symptoms or compromise no respiratory interventions or investigations were proposed.

## **Bronchiectasis multicentre cohort; baseline demographics from BRONCHUK.\***

Thorax

[https://thorax.bmj.com/content/74/Suppl\\_2/A249](https://thorax.bmj.com/content/74/Suppl_2/A249)

[\*John Steer\*](#)

### **Abstract**

Bronchiectasis is increasingly recognised but poorly described. There is variability in aetiology, management and outcomes. We have adapted the EMBARC platform and created a multisite UK based registry with affiliated biobank. The BronchUK partnership ([www.bronch.ac.uk](http://www.bronch.ac.uk)) aimed to recruit 1500 adult patients with annual follow up over 3–5 years. We report our demographic data.

## **A case of empyema and a review of practice in a district general hospital.\***

Emergency Medicine Journal

<https://www.emjreviews.com/respiratory/article/a-case-of-empyema-and-a-review-of-practice-in-a-district-general-hospital/>

[\*Avinash Aujayeb and Kevin Conroy\*](#)

### **Abstract**

The authors describe an empyema in an immunosuppressed patient. Thoracentesis was attempted and only 60 mL of pus was obtained from her pleural space. She was treated as an outpatient with antibiotic therapy. The authors have recently performed a review of all cases of pleural infection between December 2016 and December 2017 in their trust, of which there were 36. Here, they describe failings that have now been addressed and which helped in managing this particular case. As a result of this review, the authors have developed a pleural procedure form that encompasses all of the recommendations from their case review.

## **Platypnoea and orthodeoxia in the hepatopulmonary syndrome**

BMJ Case Reports

<https://casereports.bmj.com/content/12/11/e231499.abstract>

[\*Anna Surridge, Jane Atkinson and Avinash Aujayeb\*](#)

### **Abstract**

A 71-year-old female patient with alcohol-induced cirrhosis presented with symptoms of dyspnoea. Previous extensive investigations had detected no apparent cause. Platypnoea and orthodeoxia were observed. A bubble echocardiogram revealed significant intracardiac shunting and a diagnosis of hepatopulmonary syndrome was made. The patient was discharged on home oxygen and referred for liver transplantation.

## From super-hero to super-connector, changing the leadership culture in the NHS.\*

Future Healthcare Journal

<http://futurehospital.rcpjournals.org/content/6/2/106.short>

[Anna Burhouse](#)

### Abstract

*The NHS Long Term Plan* recently published recognises the critical role of leadership to the delivery of high-quality, sustainable healthcare and sets out an ambition for compassionate and inclusive leadership behaviours. There is good evidence that the biggest influence on organisational culture is the quality of leadership, affecting patient outcomes and staff experience. However, the current NHS staff survey paints a sobering picture of the current experience of the 1.2 million staff who work in the NHS in England. Changing culture requires leadership effort and behavioural change at every level of the system, from the clinical microsystem to the national arms-length bodies. Leaders can take positive action by regularly seeking feedback, paying attention to the leadership behaviours within their team and finding ways to ensure the team can reflect and improve their team working. This opinion article offers an introduction to compassionate and inclusive leadership in healthcare. Our intention is to provide the reader with a sense of agency to act and improve local culture for the benefits of patients and staff.

## Robot assisted training for the upper limb after stroke (RATULS): a multicentre randomised controlled trial.\*

The Lancet

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31055-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31055-4/fulltext)

[\*Helen Rodgers, Lydia Aird and Christopher Price\*](#)

### Abstract

#### Background

Loss of arm function is a common problem after stroke. Robot-assisted training might improve arm function and activities of daily living. We compared the clinical effectiveness of robot-assisted training using the MIT-Manus robotic gym with an enhanced upper limb therapy (EULT) programme based on repetitive functional task practice and with usual care.

#### Methods

RATULS was a pragmatic, multicentre, randomised controlled trial done at four UK centres. Stroke patients aged at least 18 years with moderate or severe upper limb functional limitation, between 1 week and 5 years after their first stroke, were randomly assigned (1:1:1) to receive robot-assisted training, EULT, or usual care. Robot-assisted training and EULT were provided for 45 min, three times per week for 12 weeks. Randomisation was internet-based using permuted block sequences. Treatment allocation was masked from outcome assessors but not from participants or therapists. The primary outcome was upper limb function success (defined using the Action Research Arm Test [ARAT]) at 3 months. Analyses were done on an intention-to-treat basis. This study is registered with the ISRCTN registry, number ISRCTN69371850.

## Development and Local Contextualization of Mobile Health Messages for Enhancing Disease Management Among Community-Dwelling Stroke Patients in Rural China: Multimethod Study.\*

JMIR mHealth and uHealth

<https://mhealth.jmir.org/2019/12/e15758/>

[\*Julian Donovan\*](#)

### Abstract

**Background:** Rural China has experienced an increasing health burden because of stroke. Stroke patients in rural communities have relatively poor awareness of and adherence to evidence-based secondary prevention and self-management of stroke. Mobile technology represents an innovative way to influence patient behaviors and improve their self-management.

**Objective:** This study is part of the System-Integrated Technology-Enabled Model of Care (the SINEMA trial) to improve the health of stroke patients in resource-poor settings in China. This study aimed to develop and pilot-test a mobile phone message-based package, as a component of the SINEMA intervention.

## Laminar Air Flow Handling Systems in the Operating Room.\*

Surgical Infections

<https://www.liebertpub.com/doi/full/10.1089/sur.2018.258>

[Sameer Jain](#) and [Mike Reed](#)

### Abstract

#### Background:

Surgical site infection is associated with a substantial healthcare burden and remains one of the most challenging complications to treat. Airborne particles carrying contaminating micro-organisms are responsible for the majority of these infections.

#### Methods:

Various operating theater ventilatory systems have been developed to prevent direct airborne bacterial inoculation of the surgical wound. Laminar air flow uses positive pressure air currents through filtration units to direct air streams away from the operative field in order to create an ultraclean zone around the operative site.

#### Discussion:

Early studies reported lower infection rates with laminar air flow and therefore it became the accepted standard for implant-related surgery. However, more recent evidence has questioned its clinical importance. The purpose of this article is to review contemporary laminar air flow handling systems and the current evidence behind their use.

## Does surgical approach influence the outcomes following total hip arthroplasty performed for displaced intracapsular hip fractures? An analysis from the national joint registry for England, Wales, Northern Ireland and the Isle of Man.\*

Orthopaedic Proceedings

<https://online.boneandjoint.org.uk/doi/abs/10.1302/1358-992X.2019.6.010>

[Mike Reed](#)

### Abstract

#### Introduction

Total hip arthroplasty (THA) is indicated in independently mobile patients sustaining displaced intracapsular hip fractures. Studies presently suggest that the anterolateral approach is preferable to the posterior approach due to a perceived reduced risk of reoperations and dislocations. However, these observations come from small studies with short follow-up. We assessed whether surgical approach in THA performed for hip fractures effects outcomes.

## **Knee Replacement Bandaging Study (KReBS) evaluating the effect of a two-layer compression bandage system on knee function following total knee arthroplasty: study protocol for a randomised controlled trial.\***

Trials

<https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-019-3344-1>

[\*Jonathan Kent and Mike Reed\*](#)

### **Abstract**

#### **Background**

Data from a feasibility study suggest that the use of an inelastic, short-stretch compression bandage following total knee arthroplasty is a safe technique that may improve patient-reported health outcomes, and that it is feasible to recruit to a full-scale study.

#### **Methods**

We will conduct a randomised controlled trial (RCT) of 2600 adult patients, which has 80% power to detect a 1 point difference in the Oxford Knee Score (a patient self-reported assessment of knee pain and function) at 52 weeks. Short stretch compression bandaging will be compared with standard wool and crepe bandaging following total knee arthroplasty. Recruitment will take place in orthopaedic units across the United Kingdom. Secondary outcomes include the EuroQol 5 Dimensions (EQ-5D)-5 L and EQ-5D-3 L scores, pain, length of hospital stay, and complications.

## **Effect of surgeons' annual operative volume on the risk of permanent Hypoparathyroidism, recurrent laryngeal nerve palsy and Haematoma following thyroidectomy: analysis of United Kingdom registry of endocrine and thyroid surgery (UKRETS)**

Langenbeck's Archives of Surgery

<https://link.springer.com/article/10.1007/s00423-019-01798-7>

[\*Deyanna Oweis\*](#)

### **Abstract**

#### **Purpose**

Categorize data to investigate the surgeon volume outcome relationship in thyroidectomies. Determine the evidence base for recommending a minimum number of thyroidectomies performed per year to maintain surgical competency.

#### **Methods**

Data on thyroid operations in the United Kingdom Registry of Endocrine and Thyroid Surgery (UKRETS) from 01/09/2010 to 31/08/2016 was analysed. The primary outcome measure was permanent hypoparathyroidism (PH). Recurrent laryngeal nerve palsy (RLN) and post-operative haematoma were

also examined. Exclusion criteria included patient age > 85 or < 18 years, and surgeons contributing <10 operations. Data analysis was performed using general additive models and mixed effect logistic regression for PH and binary logistic regression for others.

## Oral Intravenous Antibiotics for Bone and Joint Infection.

New England Journal of Medicine

<https://www.nejm.org/doi/full/10.1056/NEJMoa1710926>

*Simon Ellis and Deborah Bunn*

### Abstract

#### Background

The management of complex orthopedic infections usually includes a prolonged course of intravenous antibiotic agents. We investigated whether oral antibiotic therapy is noninferior to intravenous antibiotic therapy for this indication.

#### Methods

We enrolled adults who were being treated for bone or joint infection at 26 U.K. centers. Within 7 days after surgery (or, if the infection was being managed without surgery, within 7 days after the start of antibiotic treatment), participants were randomly assigned to receive either intravenous or oral antibiotics to complete the first 6 weeks of therapy. Follow-on oral antibiotics were permitted in both groups. The primary end point was definitive treatment failure within 1 year after randomization. In the analysis of the risk of the primary end point, the noninferiority margin was 7.5 percentage points.

## Oral versus intravenous antibiotics for bone and joint infections: the OVIVA non-inferiority RCT.

Health Technology Assessment

<https://www.journalslibrary.nihr.ac.uk/hta/hta23380#/abstract>

*Simon Ellis*

### Abstract

#### Background

Management of bone and joint infection commonly includes 4–6 weeks of intravenous (IV) antibiotics, but there is little evidence to suggest that oral (PO) therapy results in worse outcomes.

#### Objective

To determine whether or not PO antibiotics are non-inferior to IV antibiotics in treating bone and joint infection.

#### Design

Parallel-group, randomised (1 : 1), open-label, non-inferiority trial. The non-inferiority margin was 7.5%.

#### Setting

Twenty-six NHS hospitals.

## Participants

Adults with a clinical diagnosis of bone, joint or orthopaedic metalware-associated infection who would ordinarily receive at least 6 weeks of antibiotics, and who had received  $\leq 7$  days of IV therapy from definitive surgery (or start of planned curative treatment in patients managed non-operatively).

## Protocol for a factorial randomised controlled trial, embedded within WHITE 8 COPAL, of an Enhanced Trainee Principal Investigator Package and Additional Digital Nudge to increase recruitment rates.

F1000 Research

<https://f1000research.com/articles/8-1153>

[Nickil Agni and Mike Reed](#)

### Abstract

Recruitment remains an issue when conducting randomised controlled trials (RCTs) with a significant proportion of studies failing to reach their target sample size. Studies evaluating interventions to improve recruitment aimed specifically at recruiters to the trial are limited in number. This factorial RCT will evaluate the effectiveness of an educational intervention to trainee principal investigators and a positive reinforcement intervention via an email nudge on increasing recruitment. The targeted recruiters will be in 20 centres nationally recruiting to one large orthopaedic randomised controlled trial, WHITE 8 COPAL. Centres will be randomised via minimisation to one of four groups. The primary outcome is recruitment rate in the first six months that a centre is actively recruiting, with data being analysed via a Poisson regression model. Results will be presented as adjusted incidence rate ratios with 95% confidence intervals. Secondary outcomes relate to the feasibility and logistics of running the interventions. We will also collect feedback regarding the educational programme set out for the trainee principal investigators. The study started in August 2018 with the anticipation of the primary objective endpoint by October 2019. The results of this study will be used to inform the design of future RCTs, particularly in orthopaedics in the UK, where the role of Trainee Principal Investigators is now a consistent one across different trials.

## Should the Tibiotalar Angle Be Measured Using an AP or Mortise Radiograph? Does It Matter?

The Journal of Foot and Ankle Surgery

<https://www.sciencedirect.com/science/article/pii/S106725161930016X>

[Ruth Varrall and David Townshend](#)

### Abstract

Understanding the tibiotalar angle (TTA) is key to planning for deformity correction. The TTA is an important radiographic tool to determine alignment or malalignment of the ankle and hindfoot. Two methods of measuring the TTA have been described: the midline TTA (MTTA) and the lateral TTA (LTTA). The aim of this study was to compare the 2 angles as

measured on mortise and anteroposterior (AP) radiographs in a series of normal and pathological cases. A radiographic review was performed of sequential ankle AP and mortise radiographs taken between January 2016 and September 2017 across 4 specialist orthopedic centers. Patients were categorized into a normal group, where patients had normal radiological appearances, and an arthritis group, where patients had radiographic arthritis. The MTTA and the LTTA were measured. The overall mean  $\pm$  standard deviation MTTA was  $88.7^\circ \pm 5.1^\circ$ , and mean LTTA was  $87.5^\circ \pm 5.2^\circ$  ( $p < .01$ ). There was no statistically significant difference between the MTTA and LTTA in the normal group or on AP radiographs alone ( $p = .09$ ). There was a statistically significant difference between the MTTA and LTTA in the arthritis group ( $p < .01$ ) and when measured on mortise radiographs ( $p = .02$ ). The MTTA had no difference when measured on the AP and mortise radiographs. There was a statistically significant difference in the LTTA between AP and mortise radiographs ( $p = .04$ ). We have shown the MTTA to be a reliable and reproducible tool in all patients, on AP and mortise radiographs. The type of radiograph does not alter the measurement of deformity. In contrast, we have shown the LTTA to be unreliable and statistically different when measured on AP and mortise radiographs.

## **The use of triclosan-coated sutures to prevent surgical site infections: a systematic review and meta-analysis of the literature.\***

BMJ Open

<https://bmjopen.bmj.com/content/9/9/e029727>

[Mike Reed](#)

### **Abstract**

#### **Introduction and objectives**

Surgical site infections (SSIs) represent a common and serious complication of all surgical interventions. Microorganisms are able to colonise sutures that are implanted in the skin, which is a causative factor of SSIs. Triclosan-coated sutures are antibacterial sutures aimed at reducing SSIs. Our objective is to update the existing literature by systematically reviewing available evidence to assess the effectiveness of triclosan-coated sutures in the prevention of SSIs.

#### **Methods**

A systematic review of EMBASE, MEDLINE, AMED (Allied and complementary medicine database) and CENTRAL was performed to identify full text randomised controlled trials (RCTs) on 31 May 2019.

#### **Intervention**

Triclosan-coated sutures versus non-triclosan-coated sutures.

#### **Primary outcome**

Our primary outcome was the development of SSIs at 30 days postoperatively. A meta-analysis was performed using a fixed-effects model.

## Complications and outcome after periacetabular osteotomy - influence of surgical approach.

HIP International

<https://journals.sagepub.com/doi/abs/10.1177/1120700019871195>

Mohammed Ali and Ajay Malviya

### Abstract

**Background:** Bernese periacetabular osteotomy (PAO) was introduced by Ganz as a novel surgical technique for hip dysplasia with a congruent hip to reorient the acetabulum in skeletally mature patients. The PAO through a modified Smith-Petersen (Iliofemoral) approach, has been subject to many modifications in order to avoid complications and to minimise risks for failure.

**Aim:** The aim of this review was to report on the complication rates, functional and radiological outcomes in relation to surgical approaches.

**Methods:** A search of NICE healthcare database advanced search, was conducted from the year of inception to May 2018. We included studies that reported complications of PAO. Data extracted from case series was analysed to detect the incidence of complications, relation to surgical approach and temporal trend of complications.

## Exploring patient attitudes to behaviour change before surgery to reduce peri-operative risk: preferences for short- vs. long-term behaviour change.\*

Anaesthesia

<https://onlinelibrary.wiley.com/doi/full/10.1111/anae.14826>

Angela Habgood

### Abstract

Pre-operative intervention to improve general health and readiness for surgery is known as prehabilitation. Modification of risk factors such as physical inactivity, smoking, hazardous alcohol consumption and an unhealthy weight can reduce the risk of peri-operative morbidity and improve patient outcomes. Interventions may need to target multiple risk behaviours. The acceptability to patients is unclear. We explored motivation, confidence and priority for changing health behaviours before surgery for short-term peri-operative health benefits in comparison with long-term general health benefits. A total of 299 participants at three UK hospital Trusts completed a structured questionnaire. We analysed participant baseline characteristics and risk behaviour profiles using independent sample t-tests and odds ratios. Ratings of motivation, confidence and priority were analysed using paired sample t-tests. We identified a substantial prevalence of risk behaviours in this surgical population, and clustering of multiple behaviours in 42.1% of participants. Levels of motivation, confidence and priority for increasing physical activity, weight management and reducing alcohol consumption were higher for peri-operative vs. longer term benefits. There was no difference for smoking cessation, and participants reported lower confidence for achieving this compared with other behaviours.

Participants were also more confident than motivated in reducing their alcohol consumption pre-operatively. Overall, confidence ratings were lower than motivation levels in both the short- and long-term. This study identifies both substantial patient desire to modify behaviours for peri-operative benefit and the need for structured pre-operative support. These results provide objective evidence in support of a 'pre-operative teachable moment', and of patients' desire to change behaviours for health benefits in the short term.

## **The Effect of Surgical Approach on Outcomes Following Total Hip Arthroplasty Performed for Displaced Intracapsular Hip Fractures: An Analysis from the National Joint Registry for England, Wales, Northern Ireland and the Isle of Man.**

The Journal of Bone and Joint Surgery (American)

<https://journals.lww.com/jbjsjournal/Abstract/latest/>

[The Effect of Surgical Approach on Outcomes.99918.aspx](https://journals.lww.com/jbjsjournal/Abstract/latest/The_Effect_of_Surgical_Approach_on_Outcomes.99918.aspx)

*Mike Reed*

### **Abstract**

**Background:** Studies have suggested that the anterolateral approach is preferable to the posterior approach when performing total hip arthroplasty (THA) for a displaced intracapsular hip fracture, because of a perceived reduced risk of reoperations and dislocations. However, this suggestion comes from small studies with short follow-up. We determined whether surgical approach in THAs performed for hip fracture affects revision-free hip survival, patient survival, and intraoperative complications.

**Methods:** We retrospectively analyzed all stemmed primary THAs for hip fracture that were recorded in the National Joint Registry for England, Wales, Northern Ireland and the Isle of Man that were performed between 2003 and 2015. The 2 surgical approach groups, posterior and anterolateral, were matched for patient and surgical confounding factors using propensity scores, with outcomes compared using regression modeling (with regression model ratios of <1 representing a reduced risk of the specified outcome in the posterior group). Outcomes were 5-year hip survival free from revision (all-cause revision, revision for dislocation and/or subluxation, and revision for periprosthetic fracture), patient survival (30 days, 1 year, and 5 years postoperatively), and intraoperative complications.

## A multicentre retrospective cohort study of first metatarsophalangeal joint arthrodesis.\*

Orthopaedic Proceedings

<https://online.boneandjoint.org.uk/doi/abs/10.1302/1358-992X.2019.13.002>

[S. Kannan, A. Bennett, H. Chong, A. Hilley, R. Kakwani and M. Bhatia](#)

### Abstract

First Metatarsophalangeal joint fusion has been successfully used to treat Hallux rigidus. We have attempted to evaluate commonly used methods of fixation and joint preparation. To the best of our knowledge, this is the single largest comparative study on first MTPJ fusion. We aimed to evaluate the radiological union and revision rates. We included 409 consecutive MTPJ fusions performed in 385 patients. We collected demographic, comorbidities and complication data.

## Conventional Versus Highly Cross-Linked Polyethylene in Primary Total Knee Replacement: A Comparison of Revision Rates Using Data from the National Joint Registry for England, Wales, and Northern Ireland.

The Journal of Bone and Joint Surgery (American)

[https://journals.lww.com/jbjsjournal/Abstract/latest/Conventional\\_Versus\\_Highly\\_Cross\\_Linked.99907.aspx](https://journals.lww.com/jbjsjournal/Abstract/latest/Conventional_Versus_Highly_Cross_Linked.99907.aspx)

[Mike Reed](#)

### Abstract

**Background:** There is evidence to support the use of highly cross-linked polyethylene (HXLPE) in patients undergoing total hip arthroplasty. However, the benefits for those undergoing total knee arthroplasty are uncertain, with conflicting reports based on previous cohort analyses. The purpose of the present study was to compare the revision rates following primary total knee arthroplasty with use of HXLPE as compared with conventional polyethylene (CPE) using data from the National Joint Registry (NJR) for England, Wales and Northern Ireland.

**Methods:** We performed a retrospective analysis of primary total knee arthroplasties recorded in the NJR from 2003 to 2014. Cobalt-chromium (CoCr)-CPE and CoCr-HXLPE bearing surfaces were compared using all-cause revision, aseptic revision, and septic revision as end points. Survival analyses were conducted using rates per 100 years observed, Kaplan-Meier survival estimates, and Cox regression hazard ratios (HRs) adjusted for age, sex, American Society of Anesthesiologists (ASA) classification, body mass index (BMI), lead surgeon grade, and implant constraint. Secondary analyses compared the most commonly used HXLPEs (Zimmer Prolong, DePuy XLK, and Stryker X3) against CPE for the 3 most common total knee arthroplasty systems (NexGen, PFC Sigma, and Triathlon).

## **The importance of skin cleansing in wound care**

British Journal of Nursing

[https://www.magonlinelibrary.com/doi/abs/10.12968/](https://www.magonlinelibrary.com/doi/abs/10.12968/bjon.2019.28.12.S20)

[bjon.2019.28.12.S20](https://www.magonlinelibrary.com/doi/abs/10.12968/bjon.2019.28.12.S20)

[Jeanette Milne](#)

*No abstract available*

## **Implementation of NICE technology guidance on venous leg ulcers and diabetic foot ulcers: a conference report.\***

Journal of Wound Care

[https://www.magonlinelibrary.com/doi/full/10.12968/](https://www.magonlinelibrary.com/doi/full/10.12968/jowc.2019.28.8.543)

[jowc.2019.28.8.543](https://www.magonlinelibrary.com/doi/full/10.12968/jowc.2019.28.8.543)

[Jeanette Milne](#)

### **Abstract**

Implementation of evidence-based care is central to achieving good results. In the UK, this involves implementing guidance from the National Institute for Health and Care Excellence (NICE). Here, Tracy Cowan, JWC consultant editor, reports on a conference that outlined recently published NICE guidance on UrgoStart for treating leg ulcers and diabetic foot ulcers, and described how to incorporate this into everyday practice to drive significant cost savings and improve patient outcomes.

## Establishing a tele-clinic service for kidney transplant recipients through a patient-codedigned quality improvement project.\*

BMJ Open Quality

<https://bmjopenquality.bmj.com/content/8/2/e000427>

[Anna Burhouse](#)

### Abstract

Kidney transplant patients in our regional centre travel long distances to attend routine hospital follow-up appointments. Patients incur travel costs and productivity losses as well as adverse environmental impacts. A significant proportion of these patients, who may not require physical examination, could potentially be managed through telephone consultations (tele-clinic). We adopted a Quality Improvement approach with iterative Plan–Do–Study–Act (PDSA) cycles to test the introduction of a tele-clinic service. We codesigned the service with patients and developed a prototype delivery model that we then tested over two PDSA improvement ramps containing multiple PDSA cycles to embed the model into routine service delivery. Nineteen tele-clinics were held involving 168 kidney transplant patients (202 tele-consultations). 2.9% of tele-clinic patients did not attend compared with 6.9% for face-to-face appointments. Improving both blood test quality and availability for the tele-clinic was a major focus of activity during the project. Blood test quality for tele-clinics improved from 25% to 90.9%. 97.9% of survey respondents were satisfied overall with their tele-clinic, and 96.9% of the patients would recommend this to other patients. The tele-clinic saved 3527 miles of motorised travel in total. This equates to a saving of 1035 kgCO<sub>2</sub>. There were no unplanned admissions within 30 days of the tele-clinic appointment. The service provided an immediate saving of £6060 for commissioners due to reduced tele-clinic tariff negotiated locally (£30 less than face-to-face tariff). The project has shown that tele-clinics for kidney transplant patients are deliverable and well received by patients with a positive environmental impact and modest financial savings. It has the potential to be rolled out to other renal centres if a national tele-clinic tariff can be negotiated, and an integrated, appropriately reimbursed community phlebotomy system can be developed to facilitate remote monitoring of patients.

