The Royal Wolverhampton NHS Trust
Staff Publications List
July to September 2019
- by Specialty -

Volume 1 Issue 2 July ~ September 2019
Edited by Pam Collins

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Introduction

This report provides a summary of research publications which were authored by staff from the Royal Wolverhampton NHS Trust, or staff with honorary contract or other partners with the trust between July and September 2019.

The Bell Library collates the list of staff publications to celebrate the good work done by staff in the Trust and to demonstrate the volume of knowledge in the organisation.

Note that RWT authors (or those with honorary RWT contracts) are highlighted in **bold red**. Further, articles may appear in more than one section, when they contain authors from multiple disciplines.

If your publications are missing from this report, or you have presented something at a conference and you would like to include them in the RWT publications output report, you can e-mail details to the Bell Library team at rwh-tr-Belllibrary@nhs.net

For help getting the full-text to any of these articles not accessible via your Athens account, please use our BaseDoc document supply service. This service is accessible via your Base Library membership card and password. If you are not a member of the library, you can register on line here.
Summary

Between July to September 2019 there were a total of 45 RWT authored publications identified via database alerts set up by the library team and ad hoc word of mouth from individual staff. This may therefore not be a true account of the published works by staff.

The top most published specialities are as follows:

Top Areas of Publication by Speciality
July - September 2019

Please note: the totals by department/division differ to the overall total as some articles are co-authored by RWT researchers from multiple departments.

The most published authors for the period are as follows:

Number of Publications by Author

- 3 -
Further, the main types of publications are:

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<tr>
<td>All other</td>
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Finally, the most frequent places of publications were BMJ Case Reports 3 items, BMJ Open 3 items, British Journal of Maxillofacial Surgery 3 items and Future Healthcare Journal 3 items.

Abstract: Sentinel lymph node biopsy (SLNB) was introduced in the 1990s, as a minimally invasive procedure for staging the axilla with less morbidity to the traditional axillary lymph node dissection and is now standard management of the axilla in the early breast cancer. SLNB using the combined technique of blue dye and radioisotope is currently the recommended method for lymphatic mapping, and studies have shown high identification rates (IR) (>95%) and low false-negative rates (FNR) 5-10%. However, there are several reports raising awareness regarding patent blue V dye-induced perioperative anaphylaxis. The main aim of this article is to highlight the emergence of patent blue dye as a new allergen and present evidence regarding the utility of alternative safer methods of evaluation of early breast cancer without compromising IR.

DOI: http://dx.doi.org/10.4103/ijc.IJC_139_18 PMID: 31389393
URL: http://www.indianjcancer.com/temp/IndianJournalofCancer563269-1304156_033721.pdf (Freely available)

Breast Care Services


DOI: http://dx.doi.org/10.1097/sap.0000000000001529 PMID: 29846219
URL: https://insights.ovid.com/pubmed?pmid=29846219 (Available via an Athens account)


Abstract: Sentinel lymph node biopsy (SLNB) was introduced in the 1990s, as a minimally invasive procedure for staging the axilla with less morbidity to the traditional axillary lymph node dissection and is now standard management of the axilla in the early breast cancer. SLNB using the combined technique of blue dye and radioisotope is currently the recommended method for lymphatic mapping, and studies have shown high identification rates (IR) (>95%) and low false-negative rates (FNR) 5-10%. However, there are several reports raising awareness regarding patent blue V dye-induced perioperative anaphylaxis. The main aim of this article is to highlight the emergence of patent blue dye as a new allergen and present evidence regarding the utility of alternative safer methods of evaluation of early breast cancer without compromising IR.

DOI: http://dx.doi.org/10.4103/ijc.IJC_139_18 PMID: 31389393
URL: http://www.indianjcancer.com/temp/IndianJournalofCancer563269-1304156_033721.pdf (Freely available)


Abstract: Advances in implantable biologic and synthetic products over the last decade have enabled surgeons to replace traditional submuscular implant-based breast reconstruction techniques with a prepectoral or muscle-sparing technique. Prepectoral breast reconstruction is becoming increasingly popular among surgeons and patients due to the preservation of normal chest wall anatomy, with the restoration of body image with minimal morbidity. In this article, we have described a guide to prepectoral or muscle-sparing breast reconstruction with a particular emphasis on patient selection, technique and postoperative outcomes. Hence, a joint consensus guide from European and USA breast and plastic reconstructive surgeons has been agreed, and a crowd-writing method has been adopted to produce this guide. Guideline.

Abstract: INTRODUCTION: One of the main harms from breast cancer screening is the anxiety caused by false positive results. Various factors may be associated with false-positive anxiety. One modifiable factor may be the method of communication used to deliver results. The aim of this study is to measure the effect on anxiety of receiving benign biopsy results in-person or by telephone. METHODS AND ANALYSIS: This is a multi-centre cluster randomised crossover trial in the English National Health Service Breast Screening Programme (NHSBSP) involving repeated survey measures at four time points. Participants will be women of screening age who have a biopsy following a suspicious mammography result, who ultimately receive a benign or normal (B1) result. Centres will trial both telephone and in-person results on a month-by-month basis, being randomised to which communication method will be trialled first. Women will be blinded to the method of communication they will receive. The analysis will compare women who have received telephone results and women who have received in-person results. The primary outcome measure will be anxiety (measured by the Psychological Consequences Questionnaire) after receiving results, while controlling for baseline anxiety. Secondary outcome measures will include anxiety at 3 and 6 months post-results, understanding of results and patient preferences for how results are communicated. Qualitative telephone interviews will also be conducted to further explore women’s reasons for communication preferences. Qualitative and quantitative data will be integrated after initial separate analysis using the pillar integration process. ETHICS AND DISSEMINATION: This study has been approved by the Public Health England Breast Screening Programme Research Advisory Committee, (BSPRAC_0013, ODR1718_040) and the National Health Service Health Research Authority (HRA) West Midlands-Coventry & Warwickshire Research Ethics Committee (17/WM/0313). The findings from this study will be disseminated to key stakeholders within the NHSBSP and via academic publications. TRIAL REGISTRATION NUMBER: ISRCTN36997684 TRIAL SPONSOR: This research is part of a PhD award and is funded by the Economic and Social Research Council Doctoral Training Centre at the University of Warwick and Public Health England. The sponsor for this research is Jane Prewett (sponsorship@warwick.ac.uk). Randomised Crossover Trial.

DOI: 10.1136/bmjopen-2018-028679 PMID: 31377704
URL: https://bmjopen.bmj.com/content/9/8/e028679 (Available via Athens an account)

Cardiology/Cardiothoracic


Abstract: BACKGROUND: Ventilator-associated pneumonia (VAP) is common and costly. In a recent randomized controlled trial, the Venner-PneuX (VPX) endotracheal tube system (Qualitech Healthcare Limited, Maidenhead, United Kingdom) was found to be superior to standard endotracheal tubes (SET) in preventing VAP. However, VPX is considerably more expensive. We evaluated the costs and benefits of VPX to determine whether replacing SET with VPX is a cost-effective option for intensive care units. METHODS: We developed a decision analytic model to compare intubation with VPX or SET for patients requiring mechanical ventilation after cardiac operations. The model was populated with existing evidence on costs, effectiveness, and quality of life. Cost-effectiveness and cost-utility analyses were conducted from a National Health Service hospital perspective. Uncertainty was assessed through deterministic and probabilistic sensitivity analyses. RESULTS: Compared with SET, VPX is associated with an expected cost saving of pound738 per patient. VPX led to a small increase in quality-adjusted life years, indicating that the device is overall less costly and more effective than SET. The probability of VPX being cost-effective at pound30,000 per quality-adjusted life year is 97%. VPX would cease to be cost-effective if (1) it led to a risk reduction smaller than 0.02 compared with SET, (2) the acquisition cost of VPX was as high as pound890, or (3) the cost of
treat ing a case of VAP was lower than pound1,450. CONCLUSIONS: VPX resulted in improved outcomes and savings that far offset the cost of the device, suggesting that replacing SET with VPX is overall beneficial. Findings were robust to extreme values of key variables. Comparative Study. DOI: 10.1016/j.athoracsur.2018.03.058 PMID: 29709502 URL: https://researchonline.lshtm.ac.uk/4647598/1/ls%20the%20Venner-PnevX%20endotracheal%20tube_GREEN%20AAM.pdf (Freely available) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/29709502


Abstract: OBJECTIVES: Heart failure is an escalating ‘pandemic’ with malignant outcomes. Clinical pharmacist heart failure services have been developing for the past two decades. However, little clarity is available on the additional advanced knowledge, skills and experience needed for pharmacists to practice safely and competently. We aimed to provide an expert consensus on the minimum competencies necessary for clinical pharmacists to deliver appropriate care to patients with heart failure. METHODS: There were four methodological parts; (1) establishing a project group from experts in the field; (2) review of the literature, including existing pharmacy competency frameworks in other specialties and previous heart failure curricula from other professions; (3) consensus building, including developing, reviewing and adapting the contents of the framework; and (4) write-up and dissemination to widen the impact of the project. KEY FINDINGS: The final framework defines minimum competencies relevant to heart failure for four different potential levels of specialism: all pharmacists regardless of role (Stage 1); all patient-facing clinical pharmacists (Stage 2); clinical pharmacists with specific planned roles in the care of heart failure patients (Stage 3); and regionally/nationally/internationally recognised expert pharmacists with a direct specialism in heart failure (Stage 4). CONCLUSIONS: The framework delivers the vital first step needed to help standardise care, give pharmacists a blueprint for career progression and continuing professional development and bring clarity to the role of the pharmacist. Future collaboration between professional bodies and training providers is needed to develop structured programmes to align with the framework and facilitate training and resultant accreditation. Clinical Trial. DOI: 10.1111/ijpp.12465 PMID: 30028562 URL: https://www.nejm.org/doi/10.1056/NEJMoa1907775 (Access via Bell Library) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/?term=30028562


Abstract: BACKGROUND: In patients with ST-segment elevation myocardial infarction (STEMI), percutaneous coronary intervention (PCI) of the culprit lesion reduces the risk of cardiovascular death or myocardial infarction. Whether PCI of nonculprit lesions further reduces the risk of such events is unclear. METHODS: We randomly assigned patients with STEMI and multivessel coronary artery disease who had undergone successful culprit-lesion PCI to a strategy of either complete revascularization with PCI of angiographically significant nonculprit lesions or no further revascularization. Randomization was stratified according to the intended timing of nonculprit-lesion PCI (either during or after the index hospitalization). The first coprimary outcome was the composite of cardiovascular death or myocardial infarction; the second coprimary outcome was the composite of cardiovascular death, myocardial infarction, or ischemia-driven revascularization. RESULTS: At a median follow-up of 3 years, the first coprimary outcome had occurred in 158 of the 2016 patients (7.8%) in the complete-revascularization group as compared with 213 of the 2025 patients (10.5%) in the culprit-lesion-only PCI group (hazard ratio, 0.74; 95% confidence interval [CI], 0.60 to 0.91; P = 0.004). The second coprimary outcome had occurred in 179 patients (8.9%) in the complete-revascularization group as compared with 339 patients (16.7%) in the culprit-lesion-only PCI group (hazard ratio, 0.51; 95% CI, 0.43 to 0.61; P < 0.001). For both coprimary outcomes, the benefit of complete revascularization was consistently observed regardless of the intended timing of nonculprit-lesion PCI (P = 0.62 and P = 0.27 for interaction for the first and second coprimary outcomes, respectively). CONCLUSIONS: Among patients with STEMI and multivessel coronary artery disease,
complete revascularization was superior to culprit-lesion-only PCI in reducing the risk of cardiovascular death or myocardial infarction, as well as the risk of cardiovascular death, myocardial infarction, or ischemia-driven revascularization. (Funded by the Canadian Institutes of Health Research and others; COMPLETE ClinicalTrials.gov number, NCT01740479.). Clinical Trial.

DOI: 10.1056/NEJMoa1907775  PMID: 31475795


Clinical Sciences


Abstract: Background: Potassium ethylenediaminetetraacetic acid (K-EDTA) contamination of serum samples is a common cause of spurious electrolyte results which may adversely affect patient care. The source of K-EDTA sample contamination is unknown since it is not caused by reverse order of draw. Other possible mechanisms are either direct transfer of blood from K-EDTA containing tubes to other tubes or syringe needle/top contamination when delivering blood into EDTA sample tubes before other sample tubes but these have not been studied in clinical practice. We report on a quality improvement programme aimed at identifying the source of K-EDTA contaminated samples. Methods: We routinely measure EDTA in all serum samples with a potassium >6.0 mmol/L. We identified individuals responsible for K-EDTA contaminated samples (EDTA >0.15 mmol/L) and in close-to-real-time discussed their phlebotomy methods for the collection of these samples. Results: Over four months, we investigated 96 EDTA contaminated samples. Of these, we identified and interviewed 64 (67%) individuals responsible for contaminated samples: 52 (81%) doctors, 9 (14%) phlebotomists and 3 (5%) nurses. Fifty-two individuals recalled taking the sample and the phlebotomy method used. Conclusions: We report, for the first time, that K-EDTA sample contamination almost always, if not exclusively, occurs following open phlebotomy methods. Phlebotomy training and guidelines should, therefore, encourage use of closed systems as well as include and emphasise the importance of "order of blood sample tube fill" when using open phlebotomy methods. Quality Improvement.

DOI: 10.1177/0004563219878463  PMID: 31500437

URL: https://journals.sagepub.com/doi/abs/10.1177/0004563219878463 (Available via Bell Library)


Diabetes and Endocrine


Abstract: Ectopic adrenocorticotropic hormone (ACTH) syndrome (EAS) is rarely caused by a phaeochromocytoma. We report a case of a 51-year-old woman with an 8-year history of severe constipation who underwent extensive investigations including gastroscopy, colonoscopy, ultrasonography, colonic transit studies and isotope defaecography, which did not reveal any pathology other than slow colonic transit time. The unifying diagnosis of ectopic ACTH and phaeochromocytoma was made after the case was initially investigated for an adrenal incidentaloma. Multiple challenges had to be overcome prior to surgery for the functioning adrenal adenoma including management of refractory hypokalaemia, poor nutritional status, persistent hyperglycaemia, labile blood pressure and florid hypercortisolaemia driving the metabolic derangements. She underwent an uneventful left-sided adrenalectomy and required no medication thereafter with normal blood pressure, blood glucose and serum potassium and resolution of constipation and abdominal symptoms. In conclusion, patients with EAS related to phaeochromocytoma are rare and present with distinctive diagnostic and management challenges but if diagnosed successfully and managed intensively, they are curable. Case Report.

DOI: 10.1136/bcr-2019-230636  PMID: 31434676
Ear, Nose and Throat


Abstract: Parapharyngeal infections carry a significant risk of extensive suppuration and airway compromise. We report the case of a patient presenting with a right paranasopharyngeal abscess, featuring atypical symptoms that made diagnosis particularly challenging. Complications included evidence of right vocal cord paralysis, likely secondary to involvement of the vagus nerve. Notably, this paralysis occurred in isolation, without involvement of cranial nerves IX or XI, which would be expected from jugular foramen encroachment. Imaging demonstrated the presence of a collection extending towards the skull base, which was drained using a transnasal endoscopic approach, avoiding the use of external incisions. Tissue biopsies from the abscess wall suggest that the underlying aetiology was minor salivary gland sialadenitis, which has not been previously reported in the literature. Case Report.

DOI: 10.1308/rcsann.2019.0132  PMID: 31538802

Education


Abstract: OBJECTIVES: Heart failure is an escalating 'pandemic' with malignant outcomes. Clinical pharmacist heart failure services have been developing for the past two decades. However, little clarity is available on the additional advanced knowledge, skills and experience needed for pharmacists to practice safely and competently. We aimed to provide an expert consensus on the minimum competencies necessary for clinical pharmacists to deliver appropriate care to patients with heart failure. METHODS: There were four methodological parts; (1) establishing a project group from experts in the field; (2) review of the literature, including existing pharmacy competency frameworks in other specialities and previous heart failure curricula from other professions; (3) consensus building, including developing, reviewing and adapting the contents of the framework; and (4) write-up and dissemination to widen the impact of the project. KEY FINDINGS: The final framework defines minimum competencies relevant to heart failure for four different potential levels of specialism: all pharmacists regardless of role (Stage 1); all patient-facing clinical pharmacists (Stage 2); clinical pharmacists with specific planned roles in the care of heart failure patients (Stage 3); and regionally/nationally/internationally recognised expert pharmacists with a direct specialism in heart failure (Stage 4). CONCLUSIONS: The framework delivers the vital first step needed to help standardise care, give pharmacists a blueprint for career progression and continuing professional development and bring clarity to the role of the pharmacist. Future collaboration between professional bodies and training providers is needed to develop structured programmes to align with the framework and facilitate training and resultant accreditation. Clinical Trial.


Abstract: The authors conducted a pilot project that endeavoured to enhance support for medical registrars during the acute medical take. The aims were to gather ideas and examples throughout the
region, to form a template that might be applied to individual trusts in order to effect change that would enable and support the registrar, thereby adding to the efficiency and efficacy of the acute medical take. **Survey.**

**DOI:** 10.7861/futurehosp.6-1-s152  **PMID:** 31363668  **PMCID:** PMC6616701  
**URL:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6616701/  (Freely available)  
**PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/31363668


**DOI:** 10.7861/futurehosp.6-1-s160  **PMID:** 31363674  **PMCID:** PMC6616846  
**URL:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6616846/  (Freely Available)  
**PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/31363674

**Elderly Care**


**Abstract:** Background: Studies have reported large scale overprescribing of antibiotics for urinary tract infection (UTI) in hospitalised older adults. Older adults often have asymptomatic bacteriuria, and clinicians have been found to diagnose UTIs inappropriately based on vague symptoms and positive urinalysis and microbiology. However, the joined perspectives of different staff groups and older adult patients on UTI diagnosis have not been investigated. Methods: Thematic analysis of qualitative interviews with healthcare staff (n = 27) and older adult patients (n = 14) in two UK hospitals. Results: Interviews featured a recurrent theme of discrepant understandings and gaps in communication or translation between different social groups in three key forms: First, between clinicians and older adult patients about symptom recognition. Second, between nurses and doctors about the use and reliability of point-of-care urinary dipsticks. Third, between nurses, patients, microbiologists and doctors about collection of urine specimens, contamination of the specimens and interpretation of mixed growth laboratory results. The three gaps in communication could all foster inappropriate diagnosis and antibiotic prescribing. Conclusion: Interventions to improve diagnosis and prescribing for UTIs in older adults typically focus on educating clinicians. Drawing on the sociological concept of translation and interviews with staff and patients our findings suggest that inappropriate diagnosis and antibiotic prescribing in hospitals can be fuelled by gaps in communication or translation between different staff groups and older adult patients, using different languages and technologies or interpreting them differently. We suggest that interventions in this area may be improved by also addressing discrepant understandings and communication about symptoms, urinary dipsticks and the process of urinalysis. **Interviews.**

**DOI:** 10.1186/s13756-019-0587-2  **PMCID:** PMC6683464  
**URL:** https://aricjournal.biomedcentral.com/articles/10.1186/s13756-019-0587-2  (Freely available)  
**PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/31404364


**Abstract:** This study aimed to provide an accurate description of patients with multiple medical admission (≥3 non-elective admissions (NEA) in preceding 12 months) within an NHS hospital, a description of current care and a judgement on predicted care needs for good holistic care by expert assessors. **Population Study.**

**DOI:** 10.7861/futurehosp.6-1-s116  **PMID:** 31363635  **PMCID:** PMC6616835  
**URL:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6616835/  (Freely available)  
**PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/31363635
Gastroenterology


Abstract: BACKGROUND AND AIMS: The incidence of inflammatory bowel disease (IBD) is rising worldwide and no cure is available. Many patients require surgery and they often present with nutritional deficiencies. Although randomized controlled trials of dietary therapy are lacking, expert IBD centres have long established interdisciplinary care, including tailored nutritional therapy, to optimize clinical outcomes and resource utilization. This topical review aims to share expertise and offers current practice recommendations to optimize outcomes of IBD patients who undergo surgery. METHODS: A consensus expert panel consisting of dietitians, surgeons, and gastroenterologists convened by the European Crohn's and Colitis Organisation performed a systematic literature review. Nutritional evaluation and dietary needs, perioperative optimization, surgical complications, long-term needs, and special situations were critically appraised. Statements were developed using a Delphi methodology incorporating three successive rounds. Current practice positions were set when >/=80% of participants agreed on a recommendation. RESULTS: A total of 26 current practice positions were formulated that address the needs of IBD patients perioperatively and in the long term following surgery. Routine screening, perioperative optimization by oral, enteral, or parenteral nutrition, dietary fibre and supplements were reviewed. IBD-specific situations, including management of patients with a restorative proctocolectomy, an ostomy, strictures, or short-bowel syndrome were addressed. CONCLUSION: Perioperative dietary therapy improves the outcomes of IBD patients who undergo a surgical procedure. This topical review shares interdisciplinary expertise and provides guidance to optimize the outcomes of patients with Crohn's disease and ulcerative colitis taking advantage of contemporary nutrition science. Practice Guideline. DOI: 10.1093/ecco-jcc/jjz160 PMID: 31550347 URL: https://academic.oup.com/ecco-jcc/advance-article/doi/10.1093/ecco-jcc/jjz160/5573284 (Freely available) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/?term=31550347


Abstract: BACKGROUND: Acute gastrointestinal (GI) bleeding is an important cause of mortality worldwide. Bleeding can occur from the upper or lower GI tract, with upper GI bleeding accounting for most cases. The main causes include peptic ulcer/erosive mucosal disease, oesophageal varices and malignancy. The case fatality rate is around 10% for upper GI bleeding and 3% for lower GI bleeding. Rebleeding affects 5-40% of patients and is associated with a four-fold increased risk of death. Tranexamic acid (TXA) decreases bleeding and the need for blood transfusion in surgery and reduces death due to bleeding in patients with trauma and postpartum haemorrhage. It reduces bleeding by inhibiting the breakdown of fibrin clots by plasmin. Due to the methodological weaknesses and small size of the existing trials, the effectiveness and safety of TXA in GI bleeding is uncertain. The Haemorrhage ALleviation with Tranexamic acid - Intestinal system (HALT-IT) trial aims to provide reliable evidence about the effects of TXA in acute upper and lower GI bleeding. METHODS: The HALT-IT trial is an international, randomised, double-blind, placebo-controlled trial of tranexamic acid in 12,000 adults (increased from 8000) with acute upper or lower GI bleeding. Eligible patients are randomly allocated to receive TXA (1-g loading dose followed by 3-g maintenance dose over 24 h) or matching placebo. The main analysis will compare those randomised to TXA with those randomised to placebo on an intention-to-treat basis, presenting the results as effect estimates (relative risks) and confidence intervals. The primary outcome is death due to bleeding within 5 days of randomisation and secondary outcomes are: rebleeding; all-cause and cause-specific mortality; thromboembolic events; complications; endoscopic, radiological and surgical interventions; blood transfusion requirements; disability (defined by a measure of patient’s self-care capacity); and number of days spent in intensive care or high-dependency units. Subgroup analyses for the primary outcome will consider time to treatment, location of bleeding, cause of bleed and clinical Rockall score.

Abstract: OBJECTIVES: In patients with acute recurrent pancreatitis (ARP), pancreas divisum, and no other etiologic factors, endoscopic retrograde cholangiopancreatography (ERCP) with minor papilla endoscopic sphincterotomy (mIES) is often performed to enlarge the minor papillary orifice, based on limited data. The aims of this study are to describe the rationale and methodology of a sham-controlled clinical trial designed to test the hypothesis that mIES reduces the risk of acute pancreatitis. METHODS: The SPHincterotomy for Acute Recurrent Pancreatitis (SHARP) trial is a multicenter, international, sham-controlled, randomized trial comparing endoscopic ultrasound + ERCP with mIES versus endoscopic ultrasound + sham for the management of ARP. A total of 234 consented patients having 2 or more discrete episodes of acute pancreatitis, pancreas divisum confirmed by magnetic resonance cholangiopancreatography, and no other clear etiology for acute pancreatitis will be randomized. Both cohorts will be followed for a minimum of 6 months and a maximum of 48 months. RESULTS: The trial is powered to detect a 33% risk reduction of acute pancreatitis frequency. CONCLUSIONS: The SHARP trial will determine whether ERCP with mIES benefits patients with idiopathic ARP and pancreas divisum. Trial planning has informed the importance of blinded outcome assessors and long-term follow-up.


Abstract: OBJECTIVE: The aim of this study was to assess the nutritional status of patients presenting with small bowel obstruction (SBO), along with associated nutritional interventions and clinical outcomes. DESIGN: Prospective cohort study. SETTING: 131 UK hospitals with acute surgical services. PARTICIPANTS: 2069 adult patients with a diagnosis of SBO were included in this study. The mean age was 67.0 years and 54.7% were female. PRIMARY AND SECONDARY OUTCOME MEASURES: Primary outcome was in-hospital mortality. Secondary outcomes recorded included: major complications (composite of in-hospital mortality, reoperation, unplanned intensive care admission and 30-day readmission), complications arising from surgery (anastomotic leak, wound dehiscence), infection (pneumonia, surgical site infection, intra-abdominal infection, urinary tract infection, venous catheter infection), cardiac complications, venous thromboembolism and delirium. RESULTS: Postoperative admissions were the most common cause of SBO (49.1%). Early surgery (<24 hours postadmission) took place in 30.0% of patients, 22.0% underwent delayed operation and 47.9% were managed non-operatively. Malnutrition as stratified by Nutritional Risk Index was common, with 35.7% at moderate risk and 5.7% at severe risk of malnutrition. Dietitian review occurred in just 36.4% and 55.9% of the moderate and severe risk groups. In the low risk group, 30.3% received nutritional intervention compared with 40.7% in moderate risk group and 62.7% in severe risk group. In comparison to the low risk group, patients who were at severe or moderate risk of malnutrition had 4.2 and 2.4 times higher unadjusted risk of in-hospital mortality, respectively. Propensity-matched analysis found no difference in outcomes based on use or timing of parenteral nutrition. CONCLUSIONS: Malnutrition on admission is associated with worse outcomes in patients with SBO, and marked variation in management of malnutrition was observed. Future trials should
focus on identifying effective and cost-effective nutritional interventions in SBO. **Prospective Cohort Study.**

**DOI:** 10.1136/bmjopen-2019-029235  **PMID:** 31352419  
**URL:** [https://bmjopen.bmj.com/content/9/7/e029235.long](https://bmjopen.bmj.com/content/9/7/e029235.long) (Freely Available)  


**Abstract:** Background: The National Endoscopy Database (NED) project commenced in 2013 under the auspices of the Joint Advisory Group. The aim is to upload endoscopy procedure data from all units across the United Kingdom to a centralised database. The database can be used to facilitate quality assurance, research and training in endoscopy. Objective: This article describes the development and implementation process of NED from its inception to date. Methods: NED utilises automated data uploading of a minimum dataset from local endoscopy reporting systems to a central national database via the internet. Currently all data are anonymised. Key performance indicators are presented to endoscopists and organisations on a web-based platform for quality assurance purposes. Results: As of October 2018, 295 endoscopy services out of a total of 529 known services in the UK (56%) are actively uploading to NED. Data from more than 400,000 endoscopic procedures have been uploaded. Conclusion: UK-wide data collection from endoscopy units to a central database is feasible using an automated upload system. This has the potential to facilitate endoscopy quality assurance and research.

**DOI:** 10.1177/2050640619841539  **PMID:** 31316784  **PMCID:** PMC6620868  
**URL:** [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6620868/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6620868/) (Freely available)  


**Abstract:** Cholangiopathies describe a group of conditions affecting the intrahepatic and extrahepatic biliary tree. Impairment to bile flow and chronic cholestasis cause biliary inflammation, which leads to more permanent damage such as destruction of the small bile ducts (ductopaenia) and biliary cirrhosis. Most cholangiopathies are progressive and cause end-stage liver disease unless the physical obstruction to biliary flow can be reversed. This review considers large-duct cholangiopathies, such as primary sclerosing cholangitis, ischaemic cholangiopathy, portal biliopathy, recurrent pyogenic cholangitis and Caroli disease. **Review.**

**DOI:** 10.1136/flgastro-2018-101098  **PMID:** 31288256  **PMCID:** PMC6583582  
**URL:** [https://fg.bmj.com/content/10/3/284](https://fg.bmj.com/content/10/3/284) (Available via Athens password)  


**Abstract:** BACKGROUND: The incidence of hepatobiliary cancer is steadily increasing. It is unclear if this rise is related to increasing trends in obesity, metabolic syndrome, and lifestyle changes. METHODS: A case-control study was performed using the Health Improvement Network (THIN) database. Cases with a diagnosis of liver, bile duct, and gallbladder cancers were matched in a 1:2 fashion with controls and analyzed for potential associations between hepatobiliary cancer and obesity/metabolic syndrome. RESULTS: Four thousand two hundred and eighty-seven patients (62% male, 38% female) with hepatobiliary cancers were matched with 8574 controls. On univariate analysis, body mass index (BMI), smoking, diabetes, alcohol consumption, ischemic heart disease, and hypertension were associated with hepatobiliary cancer. Statin use and non-smoking status had an inverse association. On multivariate analysis, BMI, diabetes, hypertension, ischemic heart disease, and insulin use were associated with the risk of hepatobiliary cancer. Statin use and non-smoking status were protective. On modeling BMI, each of diabetes and hypertension as a single covariate, there was a significant association with hepatobiliary cancer (1.59 [1.49-1.69], p < 0.001) which persisted despite adjusting for increasing age (1.006 [1005-1.006], p < 0.001) and background liver cirrhosis (1.037 [1.03-1.044], p < 0.001). CONCLUSIONS: Obesity and metabolic syndrome are
associated with the risk of hepatobiliary cancer. Statin use seems to be protective. **Case Control Study.**

**DOI:** 10.1007/s12664-018-0925-y  **PMID:** 30628006


**Abstract:** BACKGROUND: Preoperative anemia and red blood cell (RBC) transfusion are both associated with in-hospital mortality after cardiac surgery. The aim of this study was to investigate the interactions between preoperative anemia and RBC transfusion and their effect on the long-term survival of patients undergoing cardiac surgery. METHODS: Between 2005 and 2012, 1170 patients with anemia who underwent elective or urgent cardiac surgery were included. A matched group of 1170 nonanemic patients was used as a control group. A binary logistic regression model was used.

RESULTS: The median follow-up period was 64 months (range, 0-127). Anemic patients had higher mortality (45%, n = 526) than nonanemic patients (32%, n = 374; P < .001). Preoperative anemia was independently associated with long-term mortality (odds ratio [OR], 1.70; 95% confidence interval [CI], 1.46-2.1; P < .001), with both moderate (OR, 2.27; 95% CI, 1.72-2.99; P < .001) and mild anemia (OR, 1.39; 95% CI, 1.13-1.71; P = .002) contributing significantly. RBC transfusion was not associated with long-term mortality (OR, 1.07; 95% CI, 0.88-1.31; P = .49). There was no interaction between preoperative anemia and RBC transfusion (P = .947). CONCLUSIONS: Long-term mortality is significantly high in patients who are anemic, regardless of their transfusion status. Preoperative anemia is a strong, independent predictor of mortality and therefore should be managed before cardiac surgery.

**DOI:** 10.1016/j.athoracsur.2019.04.044  **PMID:** 31173755


**Abstract:** The European Society of Gastrointestinal Endoscopy (ESGE) and United European Gastroenterology present a list of key performance measures for endoscopy services. We recommend that these performance measures be adopted by all endoscopy services across Europe. The measures include those related to the leadership, organization, and delivery of the service, as well as those associated with the patient journey. Each measure includes a recommendation for a minimum and target standard for endoscopy services to achieve. We recommend that all stakeholders in endoscopy take note of these ESGE endoscopy services performance measures to accelerate their adoption and implementation. Stakeholders include patients and their advocacy groups; service leaders; staff, including endoscopists; professional societies; payers; and regulators.

**Practice Guideline.**

**DOI:** 10.1055/a-0755-7515  **PMID:** 30423593


**Haematology**


**Head and Neck Services**


Abstract: A 43-year-old woman presented with an 8-week history of fatigue and recurrent right sided nasal bleeds progressing to significant pain and swelling on the right side of her face. Clinical examination revealed a friable mass in her right nasal passage. A biopsy and staging positron emission tomography-CT scan confirmed the diagnosis of a T4 N1 M1 BRAF wild type mucosal melanoma. The melanoma had metastasised to the right paranasal sinuses, right and left neck nodes, right submental node, right upper breast, liver, the subcutaneous fat of the left buttock and the right iliac bone as well as cerebral metastasis with further disease progression. Combination immunotherapy was started but initially suspended due to an adverse reaction to nivolumab and restarted in due course. Surgical debulking was carried out for symptomatic relief. This case report explores the delay in diagnosis of mucosal melanoma with its subsequent consequences and the lack of understanding of associated risk factors and optimal treatment. Case Report. DOI: 10.1136/bcr-2018-228640 PMID: 31302615 URL: https://casereports.bmj.com/content/12/7/e228640.long (Available via Athens account) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/31302615


Abstract: Where the first choice of flap is not available for reconstruction in the head and neck (often during salvage) the pedicle may not be long enough to allow tension-free anastomosis, which can lead to a greater risk of failure. Interpositional vein grafts are an accepted technique to provide a greater length of pedicle, and those most commonly used are the cephalic, external jugular, or long saphenous veins. We describe a patient in whom none of these were suitable and so the superficial inferior epigastric vein was used to good effect. Case Report. DOI: 10.1016/j.bjoms.2018.07.001 PMID: 30054025 URL: https://www.bjoms.com/article/S0266-4356(18)30215-8/fulltext (Available via Athens account) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/30054025


Abstract: The nasogastric tube remains an important route of enteral feeding in the early postoperative period following total laryngectomy. Its insertion, however, is not without any risks of complications. In this article, we report an unusual case of inadvertent nasopharyngeal perforation secondary to intraoperative nasogastric tube insertion presenting as unilateral cervical subcutaneous emphysema in a patient who underwent total laryngectomy. Case Report. DOI: 10.1155/2019/2712481 PMID: 31360568 PMCID: PMC6642750 URL: https://www.hindawi.com/journals/crit/2019/2712481/ (Freely available) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/31360568

Abstract: Background: Domiciliary patients are amongst the most difficult and challenging patient groups that dentists will treat. Their management is complicated by several factors including medication, ability to perform plaque control, access to dentistry and cooperation for dental treatment. Aim: To provide an overview of domiciliary care, possible future innovations and research interests and identify evidence gaps. Methodology: This article reviews appropriate journals, guidelines, textbooks, recommendations and web sites relevant to domiciliary dental care. Professional opinion and clinical experience are taken into account where there is insufficient research on a particular aspect of domiciliary dental care. Results: A literature search was carried out using Ovid, PubMed, the Cochrane Library and Google Scholar. Guidelines were extracted from specialist societies or government health authorities, textbooks were from reputable authors and the latest editions; websites were from recognised professional or regulatory bodies. Conclusions: Domiciliary care requires the management of patients who are at higher risk of oral and systemic disease; often requiring a multi-disciplinary approach to management. The demand for domiciliary care is likely to increase but future advances in technology and dentistry may help to manage this very vulnerable group of patients. More research is required in patient groups requiring domiciliary dental care other than older people. Review Article.


Abstract: The use of pneumatic tourniquets during the harvest of free flaps is an established practice in oral and maxillofacial surgery. Their use can be associated with severe but preventable complications, for which operating surgeons are ultimately responsible. The aim of this study was to find any pitfalls concerning the safe use of tourniquets by maxillofacial surgeons. An electronic questionnaire based on the Association of Perioperative Registered Nurses (AORN) guidelines was distributed to maxillofacial surgeons nationally. A total of 37 questionnaires were completed and analysed. The mean (range) score for the knowledge-based questions for all respondents was 72.8% (47.3%-94.7%). The number of clinicians who answered correctly on topics relating to cuff position, reperfusion time and contraindications for the use of tourniquets were 15, 10 and 6, respectively. A total of 35 clinicians had had no formal training on the application of a tourniquet. Our study shows that knowledge about their use by maxillofacial surgeons is poor, and it highlights the importance of formal education during basic and higher surgical training.


Abstract: Patients with complex oral and maxillofacial injuries should be managed in specific operating theatres with a specialised team. The effect of the “team” in complex clinical situations is well reported and can have a measurable effect on outcome, but there are many practical reasons why this does not always happen. Centralisation without neurosurgery or children’s services, volume of cases, and allocation of theatre time, can all conspire against being able to have a “home” for major maxillofacial trauma.


Hospital Admissions


**Abstract:** This study aimed to provide an accurate description of patients with multiple medical admission (≥3 non-elective admissions (NEA) in preceding 12 months) within an NHS hospital, a description of current care and a judgement on predicted care needs for good holistic care by expert assessors. **Population Study.**

**DOI:** 10.7861/futurehosp.6-1-s116  **PMID:** 31363635  **PMCID:** PMC6616835  **URL:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6616835/ (Freely available)  **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/31363635

Infection Prevention


**Abstract:** Background: Studies have reported large scale overprescribing of antibiotics for urinary tract infection (UTI) in hospitalised older adults. Older adults often have asymptomatic bacteriuria, and clinicians have been found to diagnose UTIs inappropriately based on vague symptoms and positive urinalysis and microbiology. However, the joined perspectives of different staff groups and older adult patients on UTI diagnosis have not been investigated. Methods: Thematic analysis of qualitative interviews with healthcare staff (n = 27) and older adult patients (n = 14) in two UK hospitals. Results: Interviews featured a recurrent theme of discrepant understandings and gaps in communication or translation between different social groups in three key forms: First, between clinicians and older adult patients about symptom recognition. Second, between nurses and doctors about the use and reliability of point-of-care urinary dipsticks. Third, between nurses, patients, microbiologists and doctors about collection of urine specimens, contamination of the specimens and interpretation of mixed growth laboratory results. The three gaps in communication could all foster inappropriate diagnosis and antibiotic prescribing. Conclusion: Interventions to improve diagnosis and prescribing for UTIs in older adults typically focus on educating clinicians. Drawing on the sociological concept of translation and interviews with staff and patients our findings suggest that inappropriate diagnosis and antibiotic prescribing in hospitals can be fuelled by gaps in communication or translation between different staff groups and older adult patients, using different languages and technologies or interpreting them differently. We suggest that interventions in this area may be improved by also addressing discrepant understandings and communication about symptoms, urinary dipsticks and the process of urinalysis. **Qualitative interviews.**

**DOI:** 10.1186/s13756-019-0587-2  **PMCID:** PMC6683464  **PMID:** 31404364  **URL:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6683464/ (Freely available)  **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/31404364

Intensive and Critical Care


**Abstract:** AIM: To assess whether frailty was associated with cardio-pulmonary resuscitation (CPR) outcome in a UK setting. METHOD: Retrospective review of prospectively collected data on in-hospital cardio-respiratory arrests between 1/1/17 and 31/12/17. Clinical Frailty Scale (CFS) scores were assigned from notes review, patients with CFS scores >6 signified moderate or greater frailty. RESULTS: There were 179 in-hospital cardiac arrest cases where the CFS could be calculated. The median age on admission was 74 (mean 71, range 27-102), 110 patients were male and 69 female. The initial rhythm was non-shockable in 64% of cases. In 48% of cases return of spontaneous circulation (ROSC) was achieved, 22% of the study population survived to hospital discharge. Moderate or greater frailty was present in 31.3% of patients. Return of spontaneous circulation (ROSC) was achieved in 56.1% of patients with a CFS score of 1-5 and 32.1% with scores 6-9 (p<0.001). Survival to hospital discharge was also associated with frailty, being seen in 31.7% of CFS
1-5 patients but only in 1.8% of CFS 6-9 patients (p<0.001). In multivariable analysis adjusting for age, presenting rhythm and admitting specialty the effect of frailty on survival to discharge remained significant (p=0.044). CONCLUSION: Patients with moderate or greater frailty as determined by CFS score are unlikely to survive to hospital discharge even if ROSC occurs following CPR. This should be considered when making resuscitation status and ceiling of care decisions in this patient group.

DOI: 10.1016/j.resuscitation.2019.07.021  PMID: 31369792
URL: https://www.resuscitationjournal.com/article/S0300-9572(19)30543-X/fulltext (Available via Bell Library)

Neonatal and Childrens Services


Abstract: This article explores ethical decision-making surrounding clinical holding of children and young people in healthcare environments with the aim of enhancing autonomy and engagement on their behalf. A considerable body of evidence, published over the last 20 years, suggests that this complex and challenging area of practice is not always well managed, with mixed messages about the nature of consent, choice and negotiated practice countered by best interests decisions taking precedence ahead of the child’s wishes. An ethical framework is proposed comprising four levels of value-based interventions and how they may be applied in clinical practice, allowing for increased engagement, empowerment and support on behalf of children and young people in relation to clinical holding decisions. Guideline.

DOI: 10.7748/ncyp.2019.e1021  PMID: 31468764


Abstract: INTRODUCTION: In England, for babies born at 23-26 weeks gestation, care in a neonatal intensive care unit (NICU) as opposed to a local neonatal unit (LNU) improves survival to discharge. This evidence is shaping neonatal health services. In contrast, there is no evidence to guide location of care for the next most vulnerable group (born at 27-31 weeks gestation) whose care is currently spread between 45 NICU and 84 LNU in England. This group represents 12% of preterm births in England and over one-third of all neonatal unit care days. Compared with those born at 23-26 weeks gestation, they account for four times more admissions and twice as many National Health Service bed days/year. METHODS: In this mixed-methods study, our primary objective is to assess, for babies born at 27-31 weeks gestation and admitted to a neonatal unit in England, whether care in an NICU vs an LNU impacts on survival and key morbidities (up to age 1 year), at each gestational age in weeks. Routinely recorded data extracted from real-time, point-of-care patient management systems held in the National Neonatal Research Database, Hospital Episode Statistics and Office for National Statistics, for January 2014 to December 2018, will be analysed. Secondary objectives are to assess (1) whether differences in care provided, rather than a focus on LNU/NICU designation, drives gestation-specific outcomes, (2) where care is most cost-effective and (3) what parents’ and clinicians’ perspectives are on place of care, and how these could guide clinical decision-making. Our findings will be used to develop recommendations, in collaboration with national bodies, to inform clinical practice, commissioning and policy-making. The project is supported by a parent advisory panel and a study steering committee. ETHICS AND DISSEMINATION: Research ethics approval has been obtained (IRAS 212304). Dissemination will be through publication of findings and development of recommendations for care. TRIAL REGISTRATION NUMBER: NCT02994849 and ISRCTN74230187.

Clinical Trial.

DOI: 10.1136/bmjopen-2019-029421  PMID: 31444186
Nutritional Support


Abstract: OBJECTIVE: The aim of this study was to assess the nutritional status of patients presenting with small bowel obstruction (SBO), along with associated nutritional interventions and clinical outcomes. DESIGN: Prospective cohort study. SETTING: 131 UK hospitals with acute surgical services. PARTICIPANTS: 2069 adult patients with a diagnosis of SBO were included in this study. The mean age was 67.0 years and 54.7% were female. PRIMARY AND SECONDARY OUTCOME MEASURES: Primary outcome was in-hospital mortality. Secondary outcomes recorded included: major complications (composite of in-hospital mortality, reoperation, unplanned intensive care admission and 30-day readmission), complications arising from surgery (anastomotic leak, wound dehiscence), infection (pneumonia, surgical site infection, intra-abdominal infection, urinary tract infection, venous catheter infection), cardiac complications, venous thromboembolism and delirium. RESULTS: Postoperative adhesions were the most common cause of SBO (49.1%). Early surgery (<24 hours postadmission) took place in 30.0% of patients, 22.0% underwent delayed operation and 47.9% were managed non-operatively. Malnutrition as stratified by Nutritional Risk Index was common, with 35.7% at moderate risk and 5.7% at severe risk of malnutrition. Dietitian review occurred in just 36.4% and 55.9% of the moderate and severe risk groups. In the low risk group, 30.3% received nutritional intervention compared with 40.7% in moderate risk group and 62.7% in severe risk group. In comparison to the low risk group, patients who were at severe or moderate risk of malnutrition had 4.2 and 2.4 times higher unadjusted risk of in-hospital mortality, respectively. Propensity-matched analysis found no difference in outcomes based on use or timing of parenteral nutrition. CONCLUSIONS: Malnutrition on admission is associated with worse outcomes in patients with SBO, and marked variation in management of malnutrition was observed. Future trials should focus on identifying effective and cost-effective nutritional interventions in SBO. Prospective Cohort Study.

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Obstetrics and Gynaecology


Survey.DOI: 10.7861/futurehosp.6-1-s160 PMID: 31363674 PMCID: PMC6616846
URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6616846/ (Freely Available)

Oncology and Haematology


Abstract: A 43-year-old woman presented with an 8-week history of fatigue and recurrent right sided nasal bleeds progressing to significant pain and swelling on the right side of her face. Clinical examination revealed a friable mass in her right nasal passage. A biopsy and staging positron emission tomography-CT scan confirmed the diagnosis of a T4 N1 M1 BRAF wild type mucosal melanoma. The melanoma had metastasised to the right paranasal sinuses, right and left neck nodes, right submental node, right upper breast, liver, the subcutaneous fat of the left buttock and the right iliac bone as well as cerebral metastasis with further disease progression. Combination immunotherapy was started but initially suspended due to an adverse reaction to nivolumab and restarted in due course. Surgical debulking was carried out for symptomatic relief. This case report
explores the delay in diagnosis of mucosal melanoma with its subsequent consequences and the lack of understanding of associated risk factors and optimal treatment.

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URL:


URL: https://search.proquest.com/docview/2242709068?accountid=49013

**Ophthalmology**


**Abstract:** PURPOSE: To report on the composition and performance of the portfolio of Ophthalmology research studies in the United Kingdom's National Institute for Health Research (NIHR) Clinical Research Network (UK CRN). METHODS: Ophthalmology studies open to recruitment between 1 April 2010 and 31 March 2018 were classified by: sub-specialty, participant age, gender of Chief Investigator, involvement of genetic investigations, commercial/ non-commercial, interventional/observational design. Frequency distributions for each covariate and temporal variation in recruitment to time and target were analysed. RESULTS: Over 8 years, 137,377 participants were recruited (average of 15,457 participants/year; range: 5485-32,573) with growth by year in proportion of commercial studies and hospital participation in England (76% in 2017/18). Fourteen percent of studies had a genetic component and most studies (82%) included only adults. The majority of studies (41%) enrolled patients with retinal diseases, followed by glaucoma (17%), anterior segment and cataract (13%), and ocular inflammation (6%). Overall, 68% of non-commercial studies and 55% of commercial studies recruited within the anticipated time set by the study and also recruited to or exceeded the target number of participants. CONCLUSIONS: High levels of clinical research activity, growth and improved performance have been observed in Ophthalmology in UK over the past 8 years. Some sub-specialties that carry substantial morbidity and a very high burden on NHS services are underrepresented and deserve more patient-centred research. Yet the NIHR and its CRN Ophthalmology National Specialty Group has enabled key steps in achieving the goal of embedding research into every day clinical care. *Original Research.*

DOI: 10.1038/s41433-018-0251-8  PMCID: PMC6461943  PMID: 30459469

URL: https://www.nature.com/articles/s41433-018-0251-8 (Available via Bell Library)


**Abstract:** Central serous chorioretinopathy (CSCR) is characterised by acute or chronic neurosensory detachments of the retina, usually in the posterior pole, with or without associated detachments of retinal pigment epithelium. Although the condition often resolves spontaneously, chronic and recurrent cases can lead to significant visual loss in the working population and it is thus increasingly recognised as an important public health issue. The uncertainty regarding the underlying cause of CSCR has led to a wide range of therapies being tried for this condition including photodynamic therapy, laser photocoagulation, anti-VEGF injections and a multitude of oral agents. This article aims to review the current evidence for oral agents that have been used for treatment of CSCR. A systematic literature search was conducted for articles published between 1980 to July 2018. A total of 73 articles were included. These studied the following oral medications: eplerenone, spironolactone, beta blockers, H. pylori agents, omeprazole, rifampicin, methotrexate, aspirin,
acetazolamide, mifepristone, melatonin, finasteride, ketoconazole, antioxidants and curcumin phospholipid. Although none of the studies showed robust evidence of efficacy, the mineralocorticoid receptor antagonists, particularly eplerenone, appear to demonstrate the highest quality evidence for use in this condition. The review aims to give the reader an overview of the current available evidence for oral medications used in the treatment of CSCR in order to provide an evidence-based discussion with the patient and guide through possible options for treatment. Literature Review.

DOI: 10.1038/s41433-019-0568-y  PMID: 31527760

URL: https://www.nature.com/articles/s41433-019-0568-y  (Available via Bell Library).


Abstract: Importance: The comparative clinical effectiveness of ranibizumab, aflibercept, and bevacizumab for the management of macular edema due to central retinal vein occlusion (CRVO) is unclear. Objective: To determine whether intravitreal aflibercept or bevacizumab compared with ranibizumab results in a noninferior mean change in vision at 100 weeks for eyes with CRVO-related macular edema. Design, Setting, and Participants: This prospective, 3-arm, double-masked, randomized noninferiority trial (Lucentis, Eylea, Avastin in Vein Occlusion [LEAVO] Study) took place from December 12, 2014, through December 16, 2016, at 44 UK National Health Service ophthalmology departments. Inclusion criteria included age 18 years or older, visual impairment due to CRVO-related macular edema of less than 12 months with best-corrected visual acuity (BCVA) Early Treatment Diabetic Retinopathy Study letter score (approximate Snellen equivalent) in the study eye between 19 (20/400) and 78 (20/32), and spectral domain optical coherence tomography imaging central subfield thickness of 320 mum or greater. Data were analyzed from March 4, 2019, to April 26, 2019. Interventions: Participants were randomized (1:1:1) to receive repeated intravitreal injections of ranibizumab (0.5 mg/0.05 mL) (n = 155), aflibercept (2.0 mg/0.05 mL) (n = 154), or bevacizumab (1.25 mg/0.05 mL) (n = 154) for 100 weeks. Main Outcomes and Measures: Adjusted mean change in BCVA in the study eye at 100 weeks wherein noninferiority was concluded if the lower bounds of the 95% CI of both the intention-to-treat and the per protocol analyses were above -5 letters. Results: Of 463 participants, 265 (57.2%) were male, with a mean (SD) age of 69.1 (13.0) years. The mean (SD) gain in BCVA letter score was 12.5 (21.1) for ranibizumab, 15.1 (18.7) for aflibercept, and 9.8 (21.4) for bevacizumab at 100 weeks. Aflibercept was noninferior to ranibizumab (intention-to-treat-adjusted mean BCVA difference, 2.23 letters; 95% CI, -2.17 to 6.63 letters; P < .001). Bevacizumab was not noninferior to ranibizumab (intention-to-treat-adjusted mean BCVA difference, -1.73 letters; 95% CI, -6.12 to 2.67 letters; P = .07). The per protocol analysis conclusions were similar. Fewer mean injections were given in the aflibercept group (10.0) than in the ranibizumab (11.8) group (mean difference at 100 weeks, -1.9; 95% CI, -2.9 to -0.8). Conclusions and Relevance: Mean changes in vision after treatment of macular edema due to CRVO were no worse using aflibercept compared with ranibizumab. Mean changes in vision using bevacizumab compared with ranibizumab were inconclusive regarding vision outcomes (ie, the change in visual acuity from baseline, on average, may be worse or may not be worse when using bevacizumab compared with ranibizumab). Trial Registration: ISRCTN13623634. Randomised Clinical Trial.

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Patient Safety


Comments on improving patient safety: we need to reduce hierarchy and empower junior doctors to speak up. Letter.
DOI: 10.1136/bmj.i4998  PMID: 31391164
URL: https://www.bmj.com/content/366/bmj.i4998.full (Available with Athens account)

Pharmacy/Prescribing


Abstract: OBJECTIVES: Heart failure is an escalating 'pandemic' with malignant outcomes. Clinical pharmacist heart failure services have been developing for the past two decades. However, little clarity is available on the additional advanced knowledge, skills and experience needed for pharmacists to practice safely and competently. We aimed to provide an expert consensus on the minimum competencies necessary for clinical pharmacists to deliver appropriate care to patients with heart failure. METHODS: There were four methodological parts: (1) establishing a project group from experts in the field; (2) review of the literature, including existing pharmacy competency frameworks in other specialties and previous heart failure curricula from other professions; (3) consensus building, including developing, reviewing and adapting the contents of the framework; and (4) write-up and dissemination to widen the impact of the project. KEY FINDINGS: The final framework defines minimum competencies relevant to heart failure for four different potential levels of specialism: all pharmacists regardless of role (Stage 1); all patient-facing clinical pharmacists (Stage 2); clinical pharmacists with specific planned roles in the care of heart failure patients (Stage 3); and regionally/nationally/internationally recognised expert pharmacists with a direct specialism in heart failure (Stage 4). CONCLUSIONS: The framework delivers the vital first step needed to help standardise care, give pharmacists a blueprint for career progression and continuing professional development and bring clarity to the role of the pharmacist. Future collaboration between professional bodies and training providers is needed to develop structured programmes to align with the framework and facilitate training and resultant accreditation. Clinical Trial.
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Abstract: Background: Studies have reported large scale overprescribing of antibiotics for urinary tract infection (UTI) in hospitalised older adults. Older adults often have asymptomatic bacteriuria, and clinicians have been found to diagnose UTIs inappropriately based on vague symptoms and positive urinalysis and microbiology. However, the joined perspectives of different staff groups and older adult patients on UTI diagnosis have not been investigated. Methods: Thematic analysis of qualitative
interviews with healthcare staff (n = 27) and older adult patients (n = 14) in two UK hospitals. Results: Interviews featured a recurrent theme of discrepant understandings and gaps in communication or translation between different social groups in three key forms: First, between clinicians and older adult patients about symptom recognition. Second, between nurses and doctors about the use and reliability of point-of-care urinary dipsticks. Third, between nurses, patients, microbiologists and doctors about collection of urine specimens, contamination of the specimens and interpretation of mixed growth laboratory results. The three gaps in communication could all foster inappropriate diagnosis and antibiotic prescribing. Conclusion: Interventions to improve diagnosis and prescribing for UTIs in older adults typically focus on educating clinicians. Drawing on the sociological concept of translation and interviews with staff and patients our findings suggest that inappropriate diagnosis and antibiotic prescribing in hospitals can be fuelled by gaps in communication or translation between different staff groups and older adult patients, using different languages and technologies or interpreting them differently. We suggest that interventions in this area may be improved by also addressing discrepant understandings and communication about symptoms, urinary dipsticks and the process of urinalysis. **Interviews.**

**Phlebotomy**


**Abstract:** Background: Potassium ethylenediaminetetraacetic acid (K-EDTA) contamination of serum samples is a common cause of spurious electrolyte results which may adversely affect patient care. The source of K-EDTA sample contamination is unknown since it is not caused by reverse order of draw. Other possible mechanisms are either direct transfer of blood from K-EDTA containing tubes to other tubes or syringe needle/top contamination when delivering blood into EDTA sample tubes before other sample tubes but these have not been studied in clinical practice. We report on a quality improvement programme aimed at identifying the source of K-EDTA contaminated samples. Methods: We routinely measure EDTA in all serum samples with a potassium >6.0 mmol/L. We identified individuals responsible for K-EDTA contaminated samples (EDTA >0.15 mmol/L) and in close-to-real-time discussed their phlebotomy methods for the collection of these samples. Results: Over four months, we investigated 96 EDTA contaminated samples. Of these, we identified and interviewed 64 (67%) individuals responsible for contaminated samples; 52 (81%) doctors, 9 (14%) phlebotomists and 3 (5%) nurses. Fifty-two individuals recalled taking the sample and the phlebotomy method used. All used open phlebotomy methods. Conclusions: We report, for the first time, that K-EDTA sample contamination almost always, if not exclusively, occurs following open phlebotomy methods. Phlebotomy training and guidelines should, therefore, encourage use of closed systems as well as include and emphasise the importance of "order of blood sample tube fill" when using open phlebotomy methods. **Quality Improvement.**

**Prostate Cancer**


**Abstract:** BACKGROUND: Mutations in BRCA2 cause a higher risk of early-onset aggressive prostate cancer (PrCa). The IMPACT study is evaluating targeted PrCa screening using prostate-specific-antigen (PSA) in men with germline BRCA1/2 mutations. OBJECTIVE: To report the utility of PSA screening, PrCa incidence, positive predictive value of PSA, biopsy, and tumour characteristics after 3 yr of screening, by BRCA status. DESIGN, SETTING, AND PARTICIPANTS: Men aged 40-69 yr with a germline pathogenic BRCA1/2 mutation and male controls testing negative for a familial BRCA1/2 mutation were recruited. Participants underwent PSA screening for 3 yr, and if PSA > 3.0
ng/ml, men were offered prostate biopsy. OUTCOME MEASUREMENTS AND STATISTICAL ANALYSIS: PSA levels, PrCa incidence, and tumour characteristics were evaluated. Statistical analyses included Poisson regression offset by person-year follow-up, chi-square tests for proportion tests for means, and Kruskal-Wallis for medians. RESULTS AND LIMITATIONS: A total of 3027 patients (2932 unique individuals) were recruited (919 BRCA1 carriers, 709 BRCA1 noncarriers, 902 BRCA2 carriers, and 497 BRCA2 noncarriers). After 3 yr of screening, 527 men had PSA > 3.0 ng/ml, 357 biopsies were performed, and 112 PrCa cases were diagnosed (31 BRCA1 carriers, 19 BRCA1 noncarriers, 47 BRCA2 carriers, and 15 BRCA2 noncarriers). Higher compliance with biopsy was observed in BRCA2 carriers compared with noncarriers (73% vs 60%). Cancer incidence rate per 1000 person years was higher in BRCA2 carriers than in noncarriers (19.4 vs 12.0; p = 0.03); BRCA2 carriers were diagnosed at a younger age (61 vs 64 yr; p = 0.04) and were more likely to have clinically significant disease than BRCA2 noncarriers (77% vs 40%; p = 0.01). No differences in age or tumour characteristics were detected between BRCA1 carriers and BRCA1 noncarriers. The 4 kallikrein marker model discriminated better (area under the curve [AUC] = 0.73) for clinically significant cancer at biopsy than PSA alone (AUC = 0.65). CONCLUSIONS: After 3 yr of screening, compared with noncarriers, BRCA2 mutation carriers were associated with a higher incidence of PrCa, younger age of diagnosis, and clinically significant tumours. Therefore, systematic PSA screening is indicated for men with a BRCA2 mutation. Further follow-up is required to assess the role of screening in BRCA1 mutation carriers. PATIENT SUMMARY: We demonstrate that after 3 yr of prostate-specific antigen (PSA) testing, we detect more serious prostate cancers in men with BRCA2 mutations than in those without these mutations. We recommend that male BRCA2 carriers are offered systematic PSA screening.

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Renal/Urology


Abstract: Background: Patients with metastatic renal cell carcinoma (mRCC) are commonly treated with tyrosine kinase inhibitors (TKIs). An adverse effect frequently suffered by patients is lethargy, which often leads to dose reduction or drug cessation. We aimed to assess whether hypogonadism is related to treatment with TKIs. Methods: We prospectively assessed gonadal function in 41 consecutive males with mRCC treated with TKIs. Demographic, clinical, and biochemical variables were collected, and statistical analyses performed to assess correlation and survival. Data Capture for each patient was performed at the time of entry in the study. Results: There was a 77% incidence of hypogonadism in this cohort. Assessment of testosterone level and time on TKI treatment revealed a correlation with linear regression R(2) of 0.24 and regression coefficient of -0.003 (p = 0.019). Odds ratio for hypogonadism at >30 months on TKIs was 12.1 (p = 0.011). Odds ratios above and below this value showed a confirmatory trend, suggesting that this may be a chronic adverse effect. Conclusions: Our findings provide an important and robust hypothesis for a prospective clinical trial to be performed. Expert Opinion: Given the present data, patients who have symptoms suggestive of hypogonadism must have an assessment of gonadal function and be treated. Prospective Clinical Trial.

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Abstract: Background: Studies have reported large scale overprescribing of antibiotics for urinary tract infection (UTI) in hospitalised older adults. Older adults often have asymptomatic bacteriuria, and clinicians have been found to diagnose UTIs inappropriately based on vague symptoms and positive urinalysis and microbiology. However, the joined perspectives of different staff groups and older adult
patients on UTI diagnosis have not been investigated. Methods: Thematic analysis of qualitative interviews with healthcare staff (n = 27) and older adult patients (n = 14) in two UK hospitals. Results: Interviews featured a recurrent theme of discrepant understandings and gaps in communication or translation between different social groups in three key forms: First, between clinicians and older adult patients about symptom recognition. Second, between nurses and doctors about the use and reliability of point-of-care urinary dipsticks. Third, between nurses, patients, microbiologists and doctors about collection of urine specimens, contamination of the specimens and interpretation of mixed growth laboratory results. The three gaps in communication could all foster inappropriate diagnosis and antibiotic prescribing. Conclusion: Interventions to improve diagnosis and prescribing for UTIs in older adults typically focus on educating clinicians. Drawing on the sociological concept of translation and interviews with staff and patients our findings suggest that inappropriate diagnosis and antibiotic prescribing in hospitals can be fuelled by gaps in communication or translation between different staff groups and older adult patients, using different languages and technologies or interpreting them differently. We suggest that interventions in this area may be improved by also addressing discrepant understandings and communication about symptoms, urinary dipsticks and the process of urinalysis. Interviews.

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Respiratory


Abstract: alpha1-Antitrypsin (alpha1-AT) deficiency is a risk factor for emphysema due to tissue damage by serine proteases. Neutrophil elastase (NE) has long been considered the enzyme responsible. However, protease 3 (PR3) also produces the pathological features of chronic obstructive pulmonary disease (COPD), is present in the same granules in the neutrophil and is inhibited after NE. We developed a specific footprint assay for PR3 activity and assessed its relationship to an NE footprint in alpha1-AT deficiency. An ELISA was developed for the specific PR3 fibrinogen cleavage site Aalpha-Val(541). Levels were measured in plasma from 239 PiZZ patients, 94 PiSZ patients, 53 nondeficient healthy smokers and 78 individuals with usual COPD. Subjects underwent extensive demographic characterisation including full lung function and lung computed tomography scanning. Aalpha-Val(541) was greater than the NE footprint in all cohorts, consistent with differential activity. Values were highest in the PiZZ alpha1-AT-deficient patients and correlated with the NE marker Aalpha-Val(360), but were approximately 17 times higher than for the NE footprint, consistent with a greater potential contribution to lung damage. Aalpha-Val(541) was related cross-sectionally to the severity of lung disease (forced expiratory volume in 1 s % pred: rs= -0.284; p<0.001) and was sensitive to augmentation therapy, falling from 287.2 to 48.6 nM (p<0.001). An in vivo plasma footprint of PR3 activity is present in greater quantities than an NE footprint in patients with alpha1-AT deficiency, is sensitive to augmentation therapy and represents a likely biomarker for dose-ranging studies. Essay.

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URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6680069/

Rheumatology


Abstract: Objective: Real-world evidence of the long-term effectiveness of TNF-alpha inhibitor (TNFi) therapy in patients with PsA is limited. This study was conducted to describe patterns of TNFi therapy and treatment responses in patients with PsA treated in UK clinical practice. Methods: A multicentre, retrospective, observational cohort study of consenting patients treated with TNFi for PsA with >=3
years follow-up from first TNFi initiation (observation period) was carried out in 11 UK National Health Service hospitals. Data were collected concerning baseline patient characteristics, PsA-related treatment pathways and TNFi treatment responses (PsA response criteria components: swollen/tender joint counts, physician and patient global assessments). Results: The mean age of patients (n = 141) was 50.3 (s.d.: 12.1) years (50% male). During a median observation period of 4.5 (range: 3.4-5.5) years, patients received a median of one (range: one to five) TNFi. Twelve-week response rates for first TNFi (where available) were as follows: 80% (n = 64/80) for swollen joint counts, 79% (n = 63/79) for tender joint counts, 79% (n = 37/47) for physician global assessments, 69% (n = 41/59) for patient global assessments and 79% (n = 37/47) for PsA response criteria. At the end of the observation period, the proportions of patients remaining on first, second, third and fourth/fifth TNFi were 56, 15, 5 and 3%, respectively; 21% of patients permanently discontinued TNFi therapy. Conclusion: Long-term TNFi therapy is generally well tolerated and may be effective; however, after initial TNFi failure, there appears to be progressively less benefit and more adverse effects with successive TNFi switches. Strategies are needed for effective therapy for PsA beyond the first TNFi failure. Retrospective Study. DOi: 10.1093/rheumatology/key217 PMID: 31431979 PMCID: PMC6649900 URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6649900/ (Freely available) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/31431979


Abstract: The aim of this article is to explore the benefits and limitations of the established treatments for axial SpA (axSpA), including physiotherapy, NSAIDs, conventional synthetic DMARDs and biologic DMARDs such as TNF inhibitors (TNFis). It also briefly discusses the emerging role of anti-IL-17 therapy, which could be used as a valuable alternative to first-line biologic DMARD treatment or as a second-line treatment for patients who are inadequate responders to TNFi therapy, as evidenced by various studies. Exercise programmes improve health-related quality of life and hydrotherapy improves disease activity and functional parameters in AS. NSAIDs have been proven to substantially relieve symptoms in 70-80% of patients and enhance physiotherapy by reducing pain and stiffness. The role of NSAIDs in preventing radiographic progression remains unclear. The use of conventional synthetic DMARDs (csDMARDs) is limited to peripheral arthritis; there is insufficient evidence to support the use of csDMARDs for axial disease. TNFi therapy reduces the disease activity of axSpA, however, as not all patients respond to treatment in the same way, it is good to have other therapeutic options available. Finally, this article explores the potential for IL-17 inhibition in AS and introduces clinical data for secukinumab, a fully human monoclonal antibody targeting IL-17A. Review. DOI: 10.1093/rheumatology/key217 PMID: 30445485 PMCID: PMC6238225 URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6238225/ (Freely available) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/30445485


Abstract: Rheumatoid factor (RF) and anti-citrullinated protein antibodies (ACPAs) are the two most prevalent autoantibodies in rheumatoid arthritis (RA), and are thought to have distinct autoantigen targets. Whilst RF targets the Fc region of antibodies, ACPAs target a far broader spectrum of citrullinated peptides. Here we demonstrate significant sequence and structural homology between proposed RF target epitopes in IgG1 Fc and the ACPA target fibrinogen. Two of the three homologous sequences were susceptible to citrullination, and this modification, which occurs extensively in RA, permitted significant cross-reactivity of RF+ patient sera with fibrinogen in both western blots and ELISAs. Crucially, this reactivity was specific to RF as it was absent in RF- patient and healthy control sera, and could be inhibited by pre-incubation with IgG1 Fc. These studies establish fibrinogen as a common target for both RF and ACPAs, and suggest a new mechanism in RF-mediated autoimmune diseases wherein RF may act as a precursor from which the ACPA response evolves. DOI: 10.1038/s41598-019-48176-3 PMID: 31427662 PMCID: PMC6700074 URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6700074/ (Freely Available) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/31427662
Sexual Health


Abstract: Increasing numbers of women living with HIV are reaching their midlife. We explore the association of HIV status with sexual function (SF) in women aged 45-60 using two national cross-sectional surveys: the third British National Survey of Sexual Attitudes and Lifestyles ("Natsal-3") and "PRIME", a survey of women living with HIV attending HIV clinics across England. Both studies asked the same questions about SF that take account not only sexual difficulties but also the relationship context and overall level of satisfaction, which collectively allowed an overall SF score to be derived. We undertook analyses of sexually-active women aged 45-60 from Natsal-3 (N = 1228, presumed HIV-negative given the low estimated prevalence of HIV in Britain) and PRIME (N = 386 women living with HIV). Women living with HIV were compared to Natsal-3 participants using multivariable logistic regression (adjusting for key confounders identified a priori: ethnicity, ongoing relationship status, depression and number of chronic conditions) and propensity scoring. Relative to Natsal-3 participants, women living with HIV were more likely to: have low overall SF (adjusted odds ratio (AOR) 3.75 [2.15-6.56]), report >/=1 sexual problem(s) lasting >/=3 months (AOR 2.44 [1.49-4.00]), and report almost all 8 sexual problems asked about (AORs all >/=2.30). The association between HIV status and low SF remained statistically significant when using propensity scoring (AOR 2.43 [1.68-3.51]). Among women living with HIV (only), low SF was more common in those who were postmenopausal vs. Premenopausal (55.6% vs. 40.4%). This study suggests a negative association between HIV status and sexual function in women aged 45-60. We recommend routine assessment of SF in women living with HIV. Survey.

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