The Royal Wolverhampton NHS Trust
Staff Publications List
January to March 2020
- by Specialty -

Volume 2 Issue 1

Edited by Pam Collins

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Report created: 3rd April 2020
Data extracted: 31st March 2020
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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 January and March 2020.

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 January and March 2020 there were a total of 44 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:

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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 author for the period are

Further, the main types of publications are:

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Breast Care Services


Abstract: INTRODUCTION: Outcome reporting in research studies of breast reconstruction is inconsistent and lacks standardisation. The results of individual studies therefore cannot be meaningfully compared or combined limiting their value. A core outcome set (COS) has been developed to address these issues and identified 11 key outcomes to be measured and reported in all future research and audit studies in reconstructive breast surgery (RBS). A COS represents what key outcomes should be measured. The next step is to determine how and when this should be done. The aim of this study is to develop a core measurement set (CMS) for use in research and audit studies in implant-based breast reconstruction. METHODS AND ANALYSIS: The CMS will be developed in accordance with the guidance developed by the Core Outcome Measures in Effectiveness Trials initiative (COMET) and COnsensus-based Standards for the selection of health Measurement Instruments (COSMIN) group for the selection of outcome measurement instruments (OMIs) for relevant outcome domains included in the RBS COS. This will involve three phases with strategies to promote implementation as a final additional phase. The phases are (1) conceptual considerations in which the target population, procedures and settings are defined; (2) systematic reviews to identify existing clinical, patient-reported and cosmetic OMIs and, if appropriate, assess their quality using COSMIN methodology; (3) a modified Delphi process including sequential Delphi surveys involving approximately 100 healthcare professionals and a face to face consensus meeting to agree and ratify which outcome definitions and OMIs should be used and standardised time points for assessment; (4) strategies to promote dissemination and adoption of the CMS. ETHICS AND DISSEMINATION: Ethical approval has been granted by University of Bristol Faculty Research Ethics Committee FREC ID 60221. Dissemination strategies will include scientific meeting presentations and peer-reviewed journal publications. Implementation activities will include engagement with journal editors and funders to promote uptake and use of the CMS. Guideline.

DOI: 10.1136/bmjopen-2019-035505 PMID: 31964677
URL: https://bmjopen.bmj.com/content/10/1/e035505.long (Freely available online)


DOI: 10.1016/j.bjps.2018.12.007 PMID: 30591363
URL: https://www.jprasurg.com/article/S1748-6815(18)30447-9/fulltext (Freely available online)


DOI: 10.1097/prs.0000000000006105 PMID: 31397792

Cardiology and Cardiothoracic


Abstract: NHS England recently mandated that the National Early Warning Score of vital signs be used in all acute hospital trusts in the UK despite limited validation in the postoperative setting. We undertook a multicentre UK study of 13,631 patients discharged from intensive care after risk-stratified cardiac surgery in four centres, all of which used VitalPAC(TM) to electronically collect postoperative National Early Warning Score vital signs. We
analysed 540,127 sets of vital signs to generate a logistic score, the discrimination of which we compared with the national additive score for the composite outcome of: in-hospital death; cardiac arrest; or unplanned intensive care admission. There were 578 patients (4.2%) with an outcome that followed 4300 sets of observations (0.8%) in the preceding 24 h: 499 out of 578 (86%) patients had unplanned re-admissions to intensive care. Discrimination by the logistic score was significantly better than the additive score. Respective areas (95%CI) under the receiver-operating characteristic curve with 24-h and 6-h vital signs were: 0.779 (0.771-0.786) vs. 0.754 (0.746-0.761), p < 0.001; and 0.841 (0.829-0.853) vs. 0.813 (0.800-0.825), p < 0.001, respectively. Our proposed logistic Early Warning Score was better than the current National Early Warning Score at discriminating patients who had an event after cardiac surgery from those who did not. Multicentre Study. 10.1111/anae.14755 PMID: 31270799 PMCID: PMC6954099 Ems85274 URL: https://onlinelibrary.wiley.com/doi/full/10.1111/anae.14755 (Freely available online) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/31270799


Abstract: Background Impaired microcirculatory reperfusion worsens prognosis following acute ST-segment-elevation myocardial infarction. In the T-TIME (A Trial of Low-Dose Adjunctive Alteplase During Primary PCI) trial, microvascular obstruction on cardiovascular magnetic resonance imaging did not differ with adjunctive, low-dose, intracoronary alteplase (10 or 20 mg) versus placebo during primary percutaneous coronary intervention. We evaluated the effects of intracoronary alteplase, during primary percutaneous coronary intervention, on the index of microcirculatory resistance, coronary flow reserve, and resistive reserve ratio. Methods and Results A prespecified physiology substudy of the T-TIME trial. From 2016 to 2017, patients with ST-segment-elevation myocardial infarction 0.0 <= 6 hours from symptom onset were randomized in a double-blind study to receive alteplase 20 mg, alteplase 10 mg, or placebo infused into the culprit artery postreperfusion, but prestenting. Index of microcirculatory resistance, coronary flow reserve, and resistive reserve ratio were measured after percutaneous coronary intervention. Cardiovascular magnetic resonance was performed at 2 to 7 days and 3 months. Analyses in relation to ischemic time (<2, 2-4, and >4 hours) were prespecified. One hundred forty-four patients (mean age, 59+/−11 years; 80% male) were prospectively enrolled, representing 33% of the overall population (n=440). Overall, index of microcirculatory resistance (median, 29.5; interquartile range, 17.0-55.0), coronary flow reserve (1.4 [1.1-2.0]), and resistive reserve ratio (1.7 [1.3-2.3]) at the end of percutaneous coronary intervention did not differ between treatment groups. Interactions were observed between ischemic time and alteplase for coronary flow reserve (P=0.013), resistive reserve ratio (P=0.026), and microvascular obstruction (P=0.022), but not index of microcirculatory resistance. Conclusions In ST-segment-elevation myocardial infarction with ischemic time < /=6 hours, there was overall no difference in microvascular function with alteplase versus placebo. Clinical Trial Registration URL: https://www.clinicaltrials.gov. Unique identifier: NCT02257294.


Abstract: BACKGROUND: The efficacy of antiplatelet therapies following percutaneous coronary intervention (PCI) may be affected by body mass index (BMI). METHODS AND RESULTS: This is a prespecified subgroup analysis of the GLOBAL LEADERS trial, a prospective, multicenter, open-label, randomized controlled trial in an all-comer population undergoing PCI, comparing the experimental strategy (23-month ticagrelor monotherapy following 1-month dual antiplatelet therapy [DAPT]) with a reference regimen (12-month aspirin monotherapy following 12-month DAPT). A total of 15,968 patients were stratified by baseline BMI with prespecified threshold
of 27 kg/m(2). Of those, 6973 (43.7%) patients with a BMI < 27 kg/m(2) had a higher risk of all-cause mortality at 2 years than those with BMI >/= 27 kg/m(2) (adjusted HR 1.24, 95% CI 1.02-1.49). At 2 years, the rates of the primary endpoint (all-cause mortality or new Q-wave myocardial infarction) were similar between treatment strategies in either BMI group (pinteraction = 0.51). In acute coronary syndrome, however, the experimental strategy was associated with significant reduction of the primary endpoint compared to the reference strategy in patients with BMI < 27 kg/m(2) (HR 0.69, 95% CI 0.51-0.94), but not in the ones with BMI >/= 27 kg/m(2) (pinteraction = 0.047). In chronic coronary syndrome, there was no between-group difference in the efficacy and safety of the two antiplatelet strategies. This is a prespecified subgroup analysis of the GLOBAL LEADERS trial, a prospective, multicenter, open-label, randomized controlled trial in an all-comer population undergoing PCI, comparing the experimental strategy (23-month ticagrelor monotherapy following 1-month dual antiplatelet therapy [DAPT]) with a reference regimen (12-month aspirin monotherapy following 12-month DAPT). A total of 15,968 patients were stratified by baseline BMI with prespecified threshold of 27 kg/m(2). Of those, 6973 (43.7%) patients with a BMI < 27 kg/m(2) had a higher risk of all-cause mortality at 2 years than those with BMI >/= 27 kg/m(2) (adjusted HR 1.24, 95% CI 1.02-1.49). At 2 years, the rates of the primary endpoint (all-cause mortality or new Q-wave myocardial infarction) were similar between treatment strategies in either BMI group (pinteraction = 0.51). In acute coronary syndrome, however, the experimental strategy was associated with significant reduction of the primary endpoint compared to the reference strategy in patients with BMI < 27 kg/m(2) (HR 0.69, 95% CI 0.51-0.94), but not in the ones with BMI >/= 27 kg/m(2) (pinteraction = 0.047). In chronic coronary syndrome, there was no between-group difference in the efficacy and safety of the two antiplatelet strategies. This is a prespecified subgroup analysis of the GLOBAL LEADERS trial, a prospective, multicenter, open-label, randomized controlled trial in an all-comer population undergoing PCI, comparing the experimental strategy (23-month ticagrelor monotherapy following 1-month dual antiplatelet therapy [DAPT]) with a reference regimen (12-month aspirin monotherapy following 12-month DAPT). A total of 15,968 patients were stratified by baseline BMI with prespecified threshold of 27 kg/m(2). Of those, 6973 (43.7%) patients with a BMI < 27 kg/m(2) had a higher risk of all-cause mortality at 2 years than those with BMI >/= 27 kg/m(2) (adjusted HR 1.24, 95% CI 1.02-1.49). At 2 years, the rates of the primary endpoint (all-cause mortality or new Q-wave myocardial infarction) were similar between treatment strategies in either BMI group (pinteraction = 0.51). In acute coronary syndrome, however, the experimental strategy was associated with significant reduction of the primary endpoint compared to the reference strategy in patients with BMI < 27 kg/m(2) (HR 0.69, 95% CI 0.51-0.94), but not in the ones with BMI >/= 27 kg/m(2) (pinteraction = 0.047). In chronic coronary syndrome, there was no between-group difference in the efficacy and safety of the two antiplatelet strategies. CONCLUSIONS: Overall, BMI did not influence the treatment effect seen with ticagrelor monotherapy; however, a beneficial effect of ticagrelor monotherapy was seen in ACS patients with BMI < 27 kg/m(2). TRIAL REGISTRATION: The trial has been registered with ClinicalTrials.gov, Number NCT01813435.

Abstract: The original version of this article unfortunately has a typo error. The name of the author "Kamalan Jeevaratnam" should be presented as "Kamalan Jeevaratnam" as shown above.: Erratum. DOI: 10.1007/s10840-019-00701-0 PMID: 31940110 URL: https://link.springer.com/article/10.1007%2Fs10840-019-00701-0 Freely available online


Abstract: BACKGROUND: Oral P2Y12 inhibitors take more than 2 hours to achieve full effect in healthy subjects and this action is further delayed in patients with acute myocardial infarction. Intravenous P2Y12 inhibition might lead to more timely and potent anti-platelet effect in the context of emergency primary angioplasty, improving myocardial recovery. OBJECTIVES: This article compares the efficacy of intravenous cangrelor versus ticagrelor in a ST-elevation myocardial infarction (STEMI) population treated with primary percutaneous coronary intervention (PPCI). MATERIALS AND METHODS: In an open-label, prospective, randomized controlled trial, 100 subjects with STEMI were assigned 1:1 to intravenous cangrelor or oral ticagrelor. The co-primary endpoints were platelet P2Y12 inhibition at infarct vessel balloon inflation time, 4 and 24 hours. Secondary endpoints included indices of coronary microcirculatory function: index of microvascular resistance (IMR), initial infarct size (troponin at 24 hours) and final infarct size at 12 weeks (cardiac magnetic resonance). Secondary endpoints included indices of coronary microcirculatory function (index of microvascular resistance [IMR]), initial infarct size (troponin at 24 hours), final infarct size at 12 weeks (cardiac magnetic resonance), corrected thrombolysis in myocardial infarction (TIMI) frame count, TIMI flow grade, myocardial perfusion grade, and ST-segment resolution (ClinicalTrials.gov NCT02733341). RESULTS: P2Y12 inhibition at first balloon inflation time was significantly greater in cangrelor-treated patients (cangrelor P2Y12 reaction unit [PRU] 145.2 +/− 50.6 vs. ticagrelor 248.3 +/− 55.1). There was no difference in mean PRU at 4 and 24 to 36 hours post-dosing. IMR, final infarct size, angiographic and electrocardiographic measures of reperfusion were all similar between groups. CONCLUSION: Cangrelor produces more potent P2Y12 inhibition at the time of first coronary balloon inflation time compared with ticagrelor. Despite this enhanced P2Y12 inhibition, coronary microvascular function and final infarct size did not differ between groups.: Randomised Controlled Trial. DOI: 10.1055/s-0039-1688789 PMCID: PMID: 31129911 URL: https://www.thieme-connect.com/products/ejournals/abstract/10.1055/s-0039-1688789 (Available on request from the library) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/31129911

Abstract: Purpose: Women with polycystic ovary syndrome (PCOS) exhibit many metabolic abnormalities that are associated with an increased cardiovascular disease risk. Exercise may promote improvements in lipid profile and insulin sensitivity in women with PCOS. There is however, a knowledge gap on the optimal dose of exercise, regarding duration, intensity, type, and frequency of exercise. The aim of this systematic review and meta-analysis was to define effective types of exercise to improve cardiometabolic profile in PCOS. Methods: We included randomised controlled trials (RCT), quasi-RCT, and controlled clinical trials focusing on reproductive-aged women diagnosed with PCOS. Eligible interventions included those with at least two weeks of supervised exercise sessions. Primary outcomes were blood lipids, blood glucose, blood pressure, measures of abdominal adiposity, and inflammation markers. Secondary outcomes were total and free testosterone, sex hormone binding globulin, and measures of insulin resistance. Nine electronic databases were searched from inception to present for English language publications. The Cochrane Risk Assessment tool was used to assess bias in the included studies. Outcomes were quantitatively synthesised and a meta-analysis was performed. Pooled effect estimates and 95% confidence intervals were presented. Results: This systematic review identified three trials, including 231 participants with PCOS, that examined the effect of structured, supervised exercise on cardiometabolic outcomes. Analysis of pooled data indicated statistical favourable effects of exercise on total cholesterol, fasting glucose, waist circumference and waist-to-hip ratio, systolic blood pressure, C-reactive protein, total testosterone, and sex hormone binding globulin using post-intervention scores. Conclusions: Moderate aerobic exercise interventions >/=3 months in duration, with a frequency of 3/week for at least 30-min, may have favourable effects on various cardiometabolic risk factors in women with PCOS. However, results should be interpreted with caution. Many of the outcomes were based on studies with serious methodological limitations, and only one “gold-standard” RCT was identified. PROSPERO ID: CRD42018086117.: Systematic Review. DOI: 10.1007/s40200-019-00425-y PMID: 31890686 PMCID: PMC6915192 URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6915192/ (Freely available on line) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/31890686

Critical and Intensive Care


Abstract: NHS England recently mandated that the National Early Warning Score of vital signs be used in all acute hospital trusts in the UK despite limited validation in the postoperative setting. We undertook a multicentre UK study of 13,631 patients discharged from intensive care after risk-stratified cardiac surgery in four centres, all of which used VitalPAC(TM) to electronically collect postoperative National Early Warning Score vital signs. We analysed 540,127 sets of vital signs to generate a logistic score, the discrimination of which we compared with the national additive score for the composite outcome of: in-hospital death; cardiac arrest; or unplanned intensive care admission. There were 578 patients (4.2%) with an outcome that followed 4300 sets of observations (0.8%) in the preceding 24 h: 499 out of 578 (86%) patients had unplanned re-admissions to intensive care. Discrimination by the logistic score was significantly better than the additive score. Respective areas (95%CI) under the receiver-operating characteristic curve with 24-h and 6-h vital signs were: 0.779 (0.771-0.786) vs. 0.754 (0.746-0.761), p < 0.001; and 0.841 (0.829-0.853) vs. 0.813 (0.800-0.825), p < 0.001, respectively. Our proposed logistic Early Warning Score was better than the current National Early Warning Score at discriminating patients who had an event after cardiac surgery from those who did not: Multicentre Study. 10.1111/anae.14755 PMID: 31270799 PMCID: PMC6954099 Ems85274 URL: https://onlinelibrary.wiley.com/doi/full/10.1111/anae.14755 (Freely available online) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/31270799

Dementia Services

Abstract: Non-convulsive status epilepticus (NCSE) is a potentially treatable condition that poses considerable diagnostic challenges. NCSE is thought to be more common in the elderly than in the general population, however additional diagnostic challenges complicate its recognition in older patients, because of the wide differential diagnosis with common underlying causes of acute confusional state in this age group. We set out to review the existing evidence on the clinical correlates of NCSE in the elderly population. A systematic literature review was conducted according to the methodological standards outlined in the PRISMA statement to assess the clinical correlates of NCSE in patients aged 60 or older. Our literature search identified 11 relevant studies, which confirmed that the incidence of NCSE increases with age, in particular with regard to focal forms with impairment of consciousness. Female gender, history of epilepsy (or a recently witnessed seizure with motor features), and abnormal ocular movements appeared to correlate with the diagnosis of NCSE in the elderly, prompting prioritization of electroencephalography tests for diagnostic confirmation. Epidemiological data in the elderly vary widely because of the heterogeneity of definitions and diagnostic criteria applied across different studies. Based on our findings, it is recommended to keep a low threshold for requesting electroencephalography tests to confirm the diagnosis of NCSE in elderly patients with acute confusional state, even in the presence of a presumed symptomatic cause.

Literature Review.
DOI: 10.1016/j.jns.2020.116674 PMID: 31931342
URL: https://www.jns-journal.com/article/S0022-510X(20)30010-1/fulltext

Editorial.
DOI:10.1136/bmj.i6930 PMID: 31888870
URL: https://www.bmj.com/content/367/bmj.i6930.full (Available via Athens account)

Ear, Nose and Throat

DOI: 10.1002/hed.26114 PMID: 32108408

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 PMCID: PMC6996416
URL: https://publishing.rcseng.ac.uk/doi/10.1308/rcsann.2019.0132 (Available via the Library Service)
Endocrine and Diabetes


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 flord 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 URL: https://casereports.bmj.com/content/12/8/e230636.long Access via Athens account PubMed: https://www.ncbi.nlm.nih.gov/pubmed/31434676

Gastroenterology


Abstract: We present a patient who was managed surgically for cholecystogastric fistula. The patient was presented with nonspecific symptoms (upper abdominal pain, belching) and, after being investigated, was proceeded for laparoscopic cholescyctectomy for gallbladder stones. Unexpectedly, intraoperative, she was found to have cholecystogastric fistula, which was operated with open single-stage approach. We highlight the incidence of these cases, the difficult preoperative clinical presentation and possible diagnostic imaging; explain further about the different surgical approaches to manage these cases and finally review the literature regarding the presentation and the management of biliocentric fistulas.: Case Report and Literature Review. DOI: 10.1093/jscr/rjz345 PMCID: PMC6893000 URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6893000/ (Freely available online) PubMed: https://www.ncbi.nlm.nih.gov/pubmed/31824641


Abstract: OBJECTIVE: Postpolypectomy colonoscopy surveillance aims to prevent colorectal cancer (CRC). The 2002 UK surveillance guidelines define low-risk, intermediate-risk and high-risk groups, recommending different strategies for each. Evidence supporting the guidelines is limited. We examined CRC incidence and effects of surveillance on incidence among each risk group. DESIGN: Retrospective study of 33 011 patients who underwent colonoscopy with adrenalectomy removal at 17 UK hospitals, mostly (87%) from 2000 to 2010. Patients were followed up through 2016. Cox regression with time-varying covariates was used to estimate effects of surveillance on CRC incidence adjusted for patient, procedural and polyp characteristics. Standardised incidence ratios (SIRs) compared incidence with that in the general population. RESULTS: After exclusions, 28 972 patients were available for analysis; 14 401 (50%) were classed as low-risk, 11 852 (41%) as intermediate-risk and 2719 (9%) as high-risk. Median follow-up was 9.3 years. In the low-risk, intermediate-risk and high-risk groups, CRC incidence per 100 000 person-years was 140 (95% CI 122 to 162), 221 (195 to 251) and 366 (295 to 453), respectively. CRC incidence was 40%-50% lower with a single surveillance visit than with none: hazard ratios (HRs) were 0.56 (95% CI 0.39 to 0.80), 0.59 (0.43 to 0.81) and 0.49 (0.29 to 0.82) in the low-risk, intermediate-risk and high-risk groups, respectively. Compared with the general population, CRC incidence without surveillance was similar among low-risk (SIR 0.86, 95% CI 0.73 to 1.02) and intermediate-risk (1.16, 0.97 to 1.37) patients, but higher among high-risk...
patients (1.91, 1.39 to 2.56). CONCLUSION: Postpolypectomy surveillance reduces CRC risk. However, even without surveillance, CRC risk in some low-risk and intermediate-risk patients is no higher than in the general population. These patients could be managed by screening rather than surveillance. Cohort Study.

DOI: 10.1136/gutjnl-2019-320036 PMID: 31953252

URL: https://gut.bmj.com/content/early/2020/01/17/gutjnl-2019-320036.full (Access with Athens account)


Abstract: PROPHYLAXIS: 1: ESGE recommends routine rectal administration of 100 mg of diclofenac or indomethacin immediately before endoscopic retrograde cholangiopancreatography (ERCP) in all patients without contraindications to nonsteroidal anti-inflammatory drug administration. Strong recommendation, moderate quality evidence. 2: ESGE recommends prophylactic pancreatic stenting in selected patients at high risk for post-ERCP pancreatitis (inadvertent guidewire insertion/opacification of the pancreatic duct, double-guidewire cannulation). Strong recommendation, moderate quality evidence. 3: ESGE suggests against routine endoscopic biliary sphincterotomy before the insertion of a single plastic stent or an uncovered/partially covered self-expandable metal stent for relief of biliary obstruction. Weak recommendation, moderate quality evidence. 4: ESGE recommends against the routine use of antibiotic prophylaxis before ERCP. Strong recommendation, moderate quality evidence. 5: ESGE suggests antibiotic prophylaxis before ERCP in the case of anticipated incomplete biliary drainage, for severely immunocompromised patients, and when performing cholangioscopy. Weak recommendation, moderate quality evidence. 6: ESGE suggests tests of coagulation are not routinely required prior to ERCP for patients who are not on anticoagulants and not jaundiced. Weak recommendation, low quality evidence. TREATMENT: 7: ESGE suggests against salvage pancreatic stenting in patients with post-ERCP pancreatitis. Weak recommendation, low quality evidence. 8: ESGE suggests temporary placement of a biliary fully covered self-expandable metal stent for post-sphincterotomy bleeding refractory to standard hemostatic modalities. Weak recommendation, low quality evidence. 9: ESGE suggests to evaluate patients with post-ERCP cholangitis by abdominal ultrasonography or computed tomography (CT) scan and, in the absence of improvement with conservative therapy, to consider repeat ERCP. A bile sample should be collected for microbiological examination during repeat ERCP. Weak recommendation, low quality evidence.: Guideline.

DOI: 10.1055/a-1075-4080 PMID: 31863440

URL: https://www.thieme-connect.com/products/ejournals/html/10.1055/a-1075-4080 (Freely available online)


Abstract: BACKGROUND: The National Health Service in England advises hospitals collect data on hospital-onset diarrhoea (HOD). Contemporaneous data on HOD are lacking. AIM: To investigate prevalence, aetiology and management of HOD on medical, surgical and elderly-care wards. METHODS: A cross-sectional study in a volunteer sample of UK hospitals, which collected data on one winter and one summer day in 2016. Patients admitted >/>=72 hours were screened for HOD (definition: >/>=2 episodes of Bristol Stool Type 5-7 the day before the study, with diarrhoea-onset >/>=48 hours after admission). Data on HOD aetiology and management were collected prospectively. FINDINGS: Data were collected on 141 wards in 32 hospitals (16 acute, 16 teaching). Point-prevalence of HOD was 4.5% (230/5142 patients; 95% CI 3.9-5.0%). Teaching hospital HOD prevalence (5.9%, 95% CI 5.1-6.9%) was twice that of acute hospitals (2.8%, 95% CI 2.1-3.5%; odds ratio 2.2, 95% CI 1.7-3.0).
At least one potential cause was identified in 222/230 patients (97%): 107 (47%) had a relevant underlying condition, 125 (54%) were taking antimicrobials, and 195 (85%) other medication known to cause diarrhoea. 9/75 tested patients were Clostridium difficile toxin positive (4%). 80 (35%) patients had a documented medical assessment of the diarrhoea. Documentation of HOD in medical notes correlated with testing for C. difficile (78% of those tested versus 38% not tested, p<0.001). 144 (63%) patients were not isolated following diarrhoea onset. CONCLUSION: HOD is a prevalent symptom affecting thousands of patients across the UK health system each day. Most patients have multiple potential causes of HOD, mainly iatrogenic, but only a third had medical assessment. Most were not tested for C. difficile and were not isolated. Observational Study.

DOI: 10.1016/j.jhin.2019.05.001 PMID: 31077777
URL: https://www.journalofhospitalinfection.com/article/S0195-6701(19)30192-6/fulltext (Available on request from the library)


Abstract: PURPOSE: Lower gastrointestinal bleeding (LGIB) is common and risk stratification scores can guide clinical decision-making. There is no robust risk stratification tool specific for LGIB, with existing tools not routinely adopted. We aimed to develop and validate a risk stratification tool for LGIB. METHODS: Retrospective review of LGIB admissions to three centres between 2010 and 2018 formed the derivation cohort. Using regressive analysis within a machine learning technique, risk factors for adverse outcomes were identified, forming a simple risk stratification score-The Birmingham Score. Retrospective review of an additional centre, not included in the derivation cohort, was performed to validate the score. RESULTS: Data from 469 patients were included in the derivation cohort and 180 in the validation cohort. Admission haemoglobin OR 1.07(95% CI 1.06-1.08) and male gender OR 2.29(95% CI 1.40-3.77) predicted adverse outcomes in the derivation cohort AUC 0.86(95% CI 0.82-0.90) which outperformed the Blatchford 0.81(95% CI 0.77-0.85), Rockall 0.60(95% CI 0.55-0.65) and AIM65 0.55(0.50-0.60) scores and in the validation cohort AUC 0.80(95% CI 0.73-0.87) which outperformed the Blatchford 0.77(95% CI 0.70-0.85), Rockall 0.67(95% CI 0.59-0.75) and AIM 65 scores 0.61(95% CI 0.53-0.69). The Birmingham Score also performs well at predicting adverse outcomes from diverticular bleeding AUC 0.87 (95% CI 0.75-0.98). A score of 7 predicts a 94% probability of adverse outcome. CONCLUSION: The Birmingham Score represents a simple risk stratification score that can be used promptly on patients admitted with LGIB.

Retrospective Study.

DOI: 10.1007/s00384-019-03459-z PMID: 31845024
URL: https://link.springer.com/article/10.1007%2Fs00384-019-03459-z (Freely available online)


Abstract: In the UK, colorectal cancer is the fourth most common cancer and the second most common cause of cancer-related death (1). Approximately 25% of the patients with colorectal cancer present with de novo metastatic disease while a significant number develop metachronous metastases (1). The aim of systemic anticancer therapy entails prolongation of life, delay progression and improved quality of life. Standard first and second line treatments in the UK involve a fluoropyrimidine in combination with either oxaliplatin or irinotecan, with an EGFR targeting agent depending on RAS and RAF status. In the UK, trifluridine-tipiracil (Lonsurf®) was approved in the 3rd line setting in 2016 (2) following the RECOURSE trial which showed benefit in overall survival and a tolerable safety profile (3,4). The authors have evaluated the efficacy and safety of trifluridine–tipiracil in a real-world setting in the UK. Retrospective Study.

DOI: 10.1093/annonc/mdz155.099 PMID: 32085105
URL: https://www.annalsofoncology.org/article/S0923-7558(19)30628-3/fulltext (Freely available online)
Head and Neck Services

DOI: 10.1002/hed.26114 PMID: 32108408


Abstract: Pilomatrixomas are benign tumours of primitive hair follicles, usually presenting as painless lumps in the head and neck region in children. As they are uncommon, they are often misdiagnosed clinically. We discuss a case of a five-year-old boy presenting with a five-month history of a pre-auricular lump. The initial clinical differential diagnosis was of a dermoid or a branchial cleft cyst. However, on ultrasonography the lesion was typical of a pilomatrixoma. The imaging literature is reviewed to illustrate the sonographic appearances of pilomatrixomas.

Infection Control and Prevention


Abstract: BACKGROUND: The National Health Service in England advises hospitals collect data on hospital-onset diarrhoea (HOD). Contemporaneous data on HOD are lacking. AIM: To investigate prevalence, aetiology and management of HOD on medical, surgical and elderly-care wards. METHODS: A cross-sectional study in a volunteer sample of UK hospitals, which collected data on one winter and one summer day in 2016. Patients admitted >/>=72 hours were screened for HOD (definition: >/=2 episodes of Bristol Stool Type 5-7 the day before the study, with diarrhoea-onset >/=48 hours after admission). Data on HOD aetiology and management were collected prospectively. FINDINGS: Data were collected on 141 wards in 32 hospitals (16 acute, 16 teaching). Point-prevalence of HOD was 4.5% (230/5142 patients; 95% CI 3.9-5.0%). Teaching hospital HOD prevalence (5.9%, 95% CI 5.1-6.9%) was twice that of acute hospitals (2.8%, 95% CI 2.1-3.5%; odds ratio 2.2, 95% CI 1.7-3.0). At least one potential cause was identified in 222/230 patients (97%): 107 (47%) had a relevant underlying condition, 125 (54%) were taking antimicrobials, and 195 (85%) other medication known to cause diarrhoea. 9/75 tested patients were Clostridium difficile toxin positive (4%). 80 (35%) patients had a documented medical assessment of the diarrhoea. Documentation of HOD in medical notes correlated with testing for C. difficile (78% of those tested versus 38% not tested, p<0.001). 144 (63%) patients were not isolated following diarrhoea onset. CONCLUSION: HOD is a prevalent symptom affecting thousands of patients across the UK health system each day. Most patients have multiple potential causes of HOD, mainly iatrogenic, but only a third had medical assessment. Most were not tested for C. difficile and were not isolated.: Observational Study.
DOI: 10.1016/j.jhin.2019.05.001 PMID: 31077777
Medical Physics and Clinical Engineering


**Abstract:** Bone metastases are a frequently occurring complication of many cancers, most commonly Prostate, Breast and Lung. Pain is a common and incapacitating symptom for which External Beam Radiotherapy (EBRT) is a recognised and widely-used intervention. Pain flare is a reported EBRT toxicity, described in 16–41% of steroid-naïve patients. Pain flare is identified as a transitory increase in pain within the irradiated site and is quantified as i) an increase of 2 points on a numerical rating scale with no increase in analgesia, or ii) a 25% increase in analgesia to maintain the previous pain levels. A study was undertaken to determine incidence and duration of pain flare amongst patients within one Oncology Centre, comparing findings with previous published studies.

Neonatal and Children’s Services


**Abstract:** Parent training was associated with improved communication and language in children with a moderate effect size; the most benefit was seen by children with developmental language disorders. Intervention characteristics (length, frequency and type) were not significantly associated with the effects seen.


**Abstract:** Pilomatrixomas are benign tumours of primitive hair follicles, usually presenting as painless lumps in the head and neck region in children. As they are uncommon, they are often misdiagnosed clinically. We discuss a case of a five-year-old boy presenting with a five-month history of a pre-auricular lump. The initial clinical differential diagnosis was of a dermoid or a branchial cleft cyst. However, on ultrasonography the lesion was typical of a pilomatrixoma. The imaging literature is reviewed to illustrate the sonographic appearances of pilomatrixomas.

Neurology and Stroke


**Abstract:** Epilepsy prevalence is significantly higher in people with Intellectual Disability (ID) compared to people with epilepsy (PWE) from the general population. Increased psychological and behavioural problems, healthcare costs, morbidity, mortality and treatment resistance to antiepileptic drugs (AEDs) is associated with epilepsy in ID populations. Prescribing AEDs for PWE and ID is challenging and influenced heavily by studies conducted with the general population. The study compares Lacosamide (LCM) response for the ID population to those from the general population; using data from an UK based epilepsy database register (EP ID/PDD AED Register).

Retrospective Study.

**DOI:** https://doi.org/10.1016/j.seizure.2020.02.013
**URL:** https://www.seizure-journal.com/article/S1059-1311(20)30054-6/fulltext (Freely available online)
**PubMed:** Not indexed on PubMed

**Abstract:** Non-convulsive status epilepticus (NCSE) is a potentially treatable condition that poses considerable diagnostic challenges. NCSE is thought to be more common in the elderly than in the general population, however additional diagnostic challenges complicate its recognition in older patients, because of the wide differential diagnosis with common underlying causes of acute confusional state in this age group. We set out to review the existing evidence on the clinical correlates of NCSE in the elderly population. A systematic literature review was conducted according to the methodological standards outlined in the PRISMA statement to assess the clinical correlates of NCSE in patients aged 60 or older. Our literature search identified 11 relevant studies, which confirmed that the incidence of NCSE increases with age, in particular with regard to focal forms with impairment of consciousness. Female gender, history of epilepsy (or a recently witnessed seizure with motor features), and abnormal ocular movements appeared to correlate with the diagnosis of NCSE in the elderly, prompting prioritization of electroencephalography tests for diagnostic confirmation. Epidemiological data in the elderly vary widely because of the heterogeneity of definitions and diagnostic criteria applied across different studies. Based on our findings, it is recommended to keep a low threshold for requesting electroencephalography tests to confirm the diagnosis of NCSE in elderly patients with acute confusional state, even in the presence of a presumed symptomatic cause.: Literature Review.

DOI: 10.1016/j.jns.2020.116674  PMID: 31931342
URL: https://www.jns-journal.com/article/S0022-510X(20)30010-1/fulltext  Copy available via the Library


**Abstract:** Referrals to specialist services for newly diagnosed people with Parkinson's (PWP) within Royal Wolverhampton Trust are dependent on highlighted issues, rather than preventative symptom management. The specialist Multi-disciplinary Team (MDT) identified that PWP were generally under-educated in how to self-manage their condition and were unsure what specialist services were available to them if a problem was self-identified. Presented at the RWT Research and Innovation day, November 2019.: Poster

Full text available from the Library

**Obstetrics and Gynaecology**


**Abstract:** A 37-yr-old patient previously diagnosed with human immunodeficiency virus initially presented with a genital lesion which upon histologic assessment was diagnosed as a pseudotumor associated with herpes simplex virus infection. The pseudotumor responded to initial treatment with Acyclovir, however, the lesion recurred 2 yr later and was diagnosed as plasma cell vulvitis. We discuss the clinical presentation, diagnostic work up and treatment options of such a rare lesion. Case Report

DOI: 10.1097/PGP.0000000000000599  PMID: 30870250
URL: https://journals.lww.com/intjgynopathology/Abstract/2020/03000/Hypertrophic_Herpes_Simplex_With_Subsequent_3.aspx


**Abstract:** The author provides a reflection on the ethical and moral complexities that surround foetal surgery. Foetal surgery is an ethically complex area within obstetric medicine, which requires clinicians to exercise their own judgement about morality and personhood in making decisions about treatment. I reflect on my experience of observing a foetal medical procedure as a student and summarise the complex ethical challenges that arise during such procedures. I provide learning points at the end of the discussion that should stimulate medical
students and junior medical team members to reflect on their own practice and how they use their experiences of morally complex cases to improve their future practice. Reflective account.
DOI: 10.20529/jime.2020.05  PMID: 32103816
URL: https://jime.in/articles/ethics-and-law-in-maternal-foetal-surgery/?galley=html (Freely available online)


Abstract: Purpose: Women with polycystic ovary syndrome (PCOS) exhibit many metabolic abnormalities that are associated with an increased cardiovascular disease risk. Exercise may promote improvements in lipid profile and insulin sensitivity in women with PCOS. There is however, a knowledge gap on the optimal dose of exercise, regarding duration, intensity, type, and frequency of exercise. The aim of this systematic review and meta-analysis was to define effective types of exercise to improve cardiometabolic profile in PCOS. Methods: We included randomised controlled trials (RCT), quasi-RCT, and controlled clinical trials focusing on reproductive-aged women diagnosed with PCOS. Eligible interventions included those with at least two weeks of supervised exercise sessions. Primary outcomes were blood lipids, blood glucose, blood pressure, measures of abdominal adiposity, and inflammation markers. Secondary outcomes were total and free testosterone, sex hormone binding globulin, and measures of insulin resistance. Nine electronic databases were searched from inception to present for English language publications. The Cochrane Risk Assessment tool was used to assess bias in the included studies. Outcomes were quantitatively synthesised and a meta- analysis was performed. Pooled effect estimates and 95% confidence intervals were presented. Results: This systematic review identified three trials, including 231 participants with PCOS, that examined the effect of structured, supervised exercise on cardiometabolic outcomes. Analysis of pooled data indicated statistical favourable effects of exercise on total cholesterol, fasting glucose, waist circumference and waist-to-hip ratio, systolic blood pressure, C-reactive protein, total testosterone, and sex hormone binding globulin using post-intervention scores. Conclusions: Moderate aerobic exercise interventions >/=3 months in duration, with a frequency of 3/week for at least 30-min, may have favourable effects on various cardiometabolic risk factors in women with PCOS. However, results should be interpreted with caution. Many of the outcomes were based on studies with serious methodological limitations, and only one “gold-standard” RCT was identified. PROSPERO ID: CRD42018086117. Systematic Review.
DOI: 10.1007/s40200-019-00425-y  PMID: 31890686  PMCID: PMC6915192
URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6915192/ (Freely available on line)

Oncology and Clinical Haematology


Abstract: OBJECTIVE: Postpolypectomy colonoscopy surveillance aims to prevent colorectal cancer (CRC). The 2002 UK surveillance guidelines define low-risk, intermediate-risk and high-risk groups, recommending different strategies for each. Evidence supporting the guidelines is limited. We examined CRC incidence and effects of surveillance on incidence among each risk group. DESIGN: Retrospective study of 33 011 patients who underwent colonoscopy with adenoma removal at 17 UK hospitals, mostly (87%) from 2000 to 2010. Patients were followed up through 2016. Cox regression with time-varying covariates was used to estimate effects of surveillance on CRC incidence adjusted for patient, procedural and polyp characteristics. Standardised incidence ratios (SIRs) compared incidence with that in the general population. RESULTS: After exclusions, 28 972 patients were available for analysis; 14 401 (50%) were classed as low-risk, 11 852 (41%) as intermediate-risk and 2719 (9%) as high-risk. Median follow-up was 9.3 years. In the low-risk, intermediate-risk and high-risk groups, CRC incidence per 100 000 person-years was 140 (95% CI 122 to 162), 221 (195 to 251) and 366 (295 to 453), respectively. CRC incidence was 40%-50% lower with a single surveillance visit than with none: hazard ratios (HRs) were 0.56 (95% CI 0.39 to 0.80), 0.59 (0.43 to 0.81) and 0.49 (0.29 to 0.82) in the low-risk, intermediate-risk and high-risk groups, respectively. Compared with the general population, CRC incidence without surveillance was similar among low-risk (SIR 0.86, 95% CI 0.73 to 1.02) and intermediate-risk (1.16, 0.97 to 1.37) patients, but higher among high-risk
patients (1.91, 1.39 to 2.56). CONCLUSION: Postpolypectomy surveillance reduces CRC risk. However, even without surveillance, CRC risk in some low-risk and intermediate-risk patients is no higher than in the general population. These patients could be managed by screening rather than surveillance.: **Cohort Study.**

**DOI:** 10.1136/gutjnl-2019-320036  **PMID:** 31953252

**URL:** [https://gut.bmj.com/content/early/2020/01/17/gutjnl-2019-320036.long](https://gut.bmj.com/content/early/2020/01/17/gutjnl-2019-320036.long)  (Access with Athens account)


**Abstract:** Pilomatrixomas are benign tumours of primitive hair follicles, usually presenting as painless lumps in the head and neck region in children. As they are uncommon, they are often misdiagnosed clinically. We discuss a case of a five-year-old boy presenting with a five-month history of a pre-auricular lump. The initial clinical differential diagnosis was of a dermoid or a branchial cleft cyst. However, on ultrasonography the lesion was typical of a pilomatrixoma. The imaging literature is reviewed to illustrate the sonographic appearances of pilomatrixomas. **Case Report.**

**DOI:** 10.1177/1742271x19867113  **PMID:** 32063995  **PMCID:** PMC6987501

**URL:** [https://www.ncbi.nlm.nih.gov/pubmed/32063995](https://www.ncbi.nlm.nih.gov/pubmed/32063995)  (Freely available online 1st Feb 2021)


**Abstract:** In the UK, colorectal cancer is the fourth most common cancer and the second most common cause of cancer-related death (1). Approximately 25% of the patients with colorectal cancer present with denovo metastatic disease while a significant number develop metachronous metastases (1). The aim of systemic anticancer therapy entails prolongation of life, delay progression and improved quality of life. Standard first and second line of treatments in the UK involve a fluoropyrimidine in combination with either oxaliplatin or irinotecan, with an EGFR targeting agent depending on RAS and RAF status. In the UK, trifluridine-tipiracil (Lonsurf®) was approved in the 3rd line setting in 2016 (2) following the RECURS trial which showed benefit in overall survival and a tolerable safety profile (3,4). The authors have evaluated the efficacy and safety of trifluridine–tipiracil in a real-world setting in the UK.: **Retrospective Study.**

**DOI:** 10.1093/annonc/mdz155.099  **PMID:** 31953252

**URL:** [https://www.annalsofoncology.org/article/S09237534(19)30628-3/fulltext](https://www.annalsofoncology.org/article/S09237534(19)30628-3/fulltext)  (Freely available online)


**Ophthalmology**


**Abstract:** The individual with amblyopia in the UK has certain career options excluded depending upon the depth of visual compromise. Exclusions apply in the merchant navy, commercial vehicle driving, emergency services and military roles amongst others. It has been estimated that there is an increased 5-year relative risk of visual loss in the non-amblyopic eye of 2.7 (95% CI 1.6–4.6) and in particular, of traumatic visual loss . The lifetime risk of bilateral visual impairment is doubled in amblyopia, to about 18%, and where it occurs, the duration is on average, 7.2 years; a not inconsiderable burden. : **Editorial.**

**DOI:** 10.1038/s41433-020-0823-2  **PMID:** 32094471


Abstract: OBJECTIVES: This report aims to provide clear recommendations and practical guidance from a panel of UK retinal experts on an aflibercept treat-and-extend (T&E) pathway that can be implemented in clinical practice. These recommendations may help service providers across the NHS intending to implement a T&E approach, with the aim of effectively addressing the capacity and resource issues putting strain on UK neovascular age-related macular degeneration (nAMD) services while promoting patients’ best interests throughout. METHODS: Two structured roundtable meetings of retinal specialists were held in London, UK on 7 December 2018 and 1 March 2019. These meetings were organised and funded by Bayer. RESULTS: The panel provided recommendations for an aflibercept T&E pathway and developed specific criteria based on visual acuity, retinal morphology and optical coherence tomography imaging to guide reduction, maintenance and extension of injection intervals. They also discussed the extension of treatment intervals by 2- or 4-week adjustments to a maximum treatment interval of 16 weeks, the management of retinal fluid and the stopping of treatment. CONCLUSIONS: The long-term benefits of implementing a T&E pathway may include superior visual outcomes compared with a pro re nata (PRN; as needed) protocol, and a lower treatment burden compared with a fixed protocol, which is likely to improve service capacity. Furthermore, the predictable nature of a T&E approach compared with a PRN service may aid capacity planning for the future nAMD treatment demand: Practice Guideline DOI: 10.1038/s41433-019-0747-x PMID: 31900438
URL: https://www.nature.com/articles/s41433-019-0747-x (Freely Available on line)

Orthotics


Abstract: OBJECTIVE: To investigate the quantity and quality of orthotic service provision within the UK. DESIGN: Cross-sectional survey obtained through freedom of information request in 2017. SETTING: National Health Service (NHS) Trusts/Health Boards (HBs) across the UK. MAIN OUTCOME MEASURES: Descriptive statistics of survey results, including information related to finance, volume of appointments, patients and orthotic products, waiting times, staffing, complaints, outcome measures and key performance indicators. RESULTS: Responses were received from 61% (119/196) of contacted Trusts/HBs; 86% response rate from Scotland (12/14) and Wales (6/7), 60% (3/5) from Northern Ireland and 58% (98/170) from England. An inhouse service was provided by 32% (35/110) of responses and 68% (74/110) were funded by a block contract. Long waiting times for appointments and lead times for footwear/orthoses, and large variations in patient entitlements for orthotic products across Trusts/HBs were evident. Variations in the length of appointment times were also evident between regions of the UK and between contracted and inhouse services, with all appointment times relatively short. There was evidence of improvements in service provision; ability for direct general practitioner referral and orthotic services included within multidisciplinary clinics. However, this was not found in all Trusts/HBs. CONCLUSIONS: The aim to provide a complete UK picture of orthotic service provision was hindered by the low response rate and limited information provided in some responses, with greater ability of Trusts/HBs to answer questions related to quantity of service than those that reflect quality. However, results highlight the large discrepancies in service provision between Trusts/HBs, the gaps in data capture and the need for the UK NHS to establish appropriate processes to record the quantity and quality of orthotic service provision. In addition to standardising appointment times across the NHS, guidelines on product entitlements for patients and their lead times should be prescribed to promote equity. Survey DOI: 10.1136/bmjopen-2018-028186 PMID: 31649054 PMCID: PMC6830620
URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6830620/pdf/bmjopen-2018-028186.pdf Freely available on line


Abstract: Children with cerebral palsy (CP) commonly expend two to three times as much energy to walk as typically developing children. Research shows that the effects of nontuned ankle-foot orthoses (AFOs) on energy expenditure are inconclusive. Tuning of an ankle-foot orthosis–footwear combination (AFO-FC) has demonstrated an improvement in the kinetics and kinematics of pathological gait, particularly knee flexion during stance phase,
which are key determinants of an energy-efficient gait. The objective of this study was to compare the submaximal energy expenditure via indirect calorimetry and speed and distance walked of tuned and nontuned AFO-FCs and barefoot gait in children with CP.


Abstract: Purpose: Approximately 1.5% of the world’s population (approximately 100 million people) need a prosthesis/orthosis. The objective of the study was to establish an overview of the literature that has examined prosthetic and orthotic interventions with a view to inform policy development. Methods: Fourteen databases were searched from 1995-2015. Studies reporting primary research on the effectiveness or cost-effectiveness of prosthetic and orthotic interventions were examined. Metadata and information on study characteristics were extracted from the included studies. Results: The searches resulted in a total of 28,958 articles, a focus on studies with the words "randomized" OR "randomized" OR "cost" OR "economic" in their citation reduced this total to 2644. Research has predominantly been conducted in Australia, Canada, Germany, Netherlands, UK and USA. A total of 346 randomized controlled trials were identified, with only four randomized controlled trials examining prosthetic interventions. The majority of research examined lower limb orthoses in the adult population and used a wide range of outcome measures. Conclusions: While various international organizations have highlighted the value of providing prosthetic and orthotic services, both to the user and society as a whole, the availability of scientific research to inform policy is limited. Future structured evaluation of prosthetic and orthotic interventions/services is warranted to inform future policy developments. Implications for rehabilitation Research into prosthetic and orthotic interventions has grown substantially in the last 20 years, with most of this research conducted in a small number of countries and focusing on the use of lower limb orthotics in adult populations. Research to date has utilized an extensive range of outcome measures, the development of agreed standardized sets of outcomes would allow comparison and combination of results in future research. This study highlights the need for further research in this area, especially studies which examine the cost-effectiveness of prosthetic and orthotic provision.

DOI: 10.1080/17483107.2018.1523953 PMID: 30652522

Palliative and End of Life Care

DOI: 10.1177/0269216318802748 PMID: 30260293
URL: https://journals.sagepub.com/doi/full/10.1177/0269216318802748 (Available on request from the library)

Renal/Urology


Abstract: BACKGROUND: Lower-level emotional and psychological difficulties (‘distress’) in patients with end stage renal disease (ESRD), can lead to reduced quality of life and poor clinical outcomes. National guidelines mandate provision of emotional and psychological support for renal patients yet little is known about the support that patients may require, or the challenges that staff experience in identifying and responding to patient distress.
METHODS: Mixed methods study in renal units at four NHS Trusts in the West Midlands, UK involving cross-sectional surveys of ESRD patients and renal unit staff and semi-structured interviews with 46 purposively-sampled patients and 31 renal unit staff. Interviews explored patients’ experience of distress and personal coping strategies, staff attitudes towards patient distress and perceptions of their role, responsibility and capacity.

RESULTS: Patient distress was widespread (346/1040; 33.3%), and emotional problems were frequently reported. Younger patients, females, those from black and minority ethnic (BME) groups and patients recently initiating dialysis reported particular support needs. Staff recognised the value of supporting distressed patients, yet support often depended on individual staff members’ skills and personal approach. Staff reported difficulties with onward referral to formal counselling and psychology services and a lack of immediate access to less formalised options. There was also a substantial training/skills gap whereby many staff reported lacking the confidence to recognise and respond to patient distress. Staff fell broadly into three groups: ‘Enthusiasts’ who considered identifying and responding to patient distress as integral to their role; ‘Equivocators’ who thought that managing distress was part of their role, but who lacked skills and confidence to do this effectively, and ‘Avoiders’ who did not see managing distress as part of their role and actively avoided the issue with patients.

CONCLUSIONS: Embedding the value of emotional support provision into renal unit culture is the key to ‘normalising’ discussions about distress. Immediately accessible, informal support options should be available, and all renal staff should be offered training to proactively identify and reactively manage patient distress. Emotional support for staff is important to ensure that a greater emphasis on managing patient distress is not associated with an increased incidence of staff burnout.: Cross-Sectional Survey.

DOI: 10.1186/s12913-019-4808-4 PMID: PMC6929506
URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6929506/ (Freely available online)


Abstract: A 37-yr-old patient previously diagnosed with human immunodeficiency virus initially presented with a genital lesion which upon histologic assessment was diagnosed as a pseudotumor associated with herpes simplex virus infection. The pseudotumor responded to initial treatment with Acyclovir, however, the lesion recurred 2 yr later and was diagnosed as plasma cell vulvitis. We discuss the clinical presentation, diagnostic work up and treatment options of such a rare lesion.: Abstract.

DOI: 10.1097/PGP.0000000000000599 PMID: 30870250
URL: https://journals.lww.com/intjgynpathology/Abstract/2020/03000/Hypertrophic_Herpes_Simplex_With_Subsequent_3.aspx


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. (PsycINFO Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract):

Survey.
DOI: 10.1080/09540121.2019.1653436  PMID: 31411046

Speech and Language Therapy


Abstract: Parent training was associated with improved communication and language in children with a moderate effect size; the most benefit was seen by children with developmental language disorders. Intervention characteristics (length, frequency and type) were not significantly associated with the effects seen. Systematic Review.
DOI: 10.1136/archdischild-2019-318349  PMID: 32033989
URL: https://ep.bmj.com/content/early/2020/02/07/archdischild-2019-318349.long  (Access via Athens account)

Therapy Services


Abstract: Intermittent claudication (IC) is pain or discomfort in the muscles of the calf, thigh or buttock that occurs during walking and is relieved by rest. It affects 4% of people over 60 years of age and is the most common symptom of peripheral arterial disease (PAD). For people with IC, the goals of treatment are twofold: (1) secondary prevention of cardiovascular disease through management of risk factors (eg, tobacco use, dyslipidaemia, diabetes, hypertension and physical inactivity); (2) improving functional status, with treatment options including exercise training, revascularisation and vasodilator therapy: Poster.
DOI: 10.1136/bjsports-2019-101930  PMID: 32051119
URL: https://bjsm.bmj.com/content/early/2020/02/17/bjsports-2019-101930.long  (Freely available online)


Abstract: Referrals to specialist services for newly diagnosed people with Parkinson’s (PWP) within Royal Wolverhampton Trust are dependent on highlighted issues, rather than preventative symptom management. The specialist Multi-disciplinary Team (MDT) identified that PWP were generally under-educated in how to self-manage their condition and were unsure what specialist services were available to them if a problem was self-identified. Presented at the RWT Research and Innovation day, November 2019. Poster
Full text available from the Library

Trauma and Orthopaedics

Abstract: Intermittent claudication (IC) is pain or discomfort in the muscles of the calf, thigh or buttock that occurs during walking and is relieved by rest. It affects 4% of people over 60 years of age and is the most common symptom of peripheral arterial disease (PAD). For people with IC, the goals of treatment are twofold: (1) secondary prevention of cardiovascular disease through management of risk factors (eg, tobacco use, dyslipidaemia, diabetes, hypertension and physical inactivity); (2) improving functional status, with treatment options including exercise training, revascularisation and vasodilator therapy: Poster.
DOI: 10.1136/bjsports-2019-101930  PMID: 32051119
URL: https://bjsm.bmj.com/content/early/2020/02/17/bjsports-2019-101930.long  (Freely available online)