Clinical Effectiveness Bulletin for NHS Primary Care in North Staffordshire

Issue No: 118 April 2017

About this Bulletin:

It is produced for NHS staff and partners of the Health Library and aims to draw attention to some of the key documents and reviews on clinical effectiveness that have been published in the previous month.

Where possible, links to the full text documents are included. Staff from SSOTP, North Staffs Combined Healthcare, UHN, Stoke on Trent Public Health and CCG and practice staff in North Staffordshire can have help in finding full text from our Outreach Service.

Just get in touch via the contact details below.

Bulletin produced by NHS Outreach Librarians
Tel: 01782 679564 or 0300 123 1535 ext/FeatureNet 8429
E-mail: Sally.Thomas2@ssotp.nhs.uk
or clareh.powell@northstaffs.nhs.uk

North Staffs Health Library
Tel: 01782 679500
Fax: 01782 679582
E-mail: health.library@keele.ac.uk
Sources for Clinical Effectiveness Bulletin

Please suggest further sites that should be monitored in the production of this bulletin

Websites

Cochrane Library  http://www.thecochranelibrary.com/
Health Technology Assessment (HTA) Database  http://www.journalslibrary.nihr.ac.uk/hta
https://discover.dc.nihr.ac.uk/portal/home
Department of Health  http://www.gov.uk/dh
King’s Fund  http://www.kingsfund.org.uk/
Nice Guidance  http://www.nice.org.uk
Social Care Institute for Excellence  http://www.scie.org.uk/
NICE  http://www.nice.org.uk/
SIGN  http://www.sign.ac.uk/new.html
Primary Care Commissioning  www.pcc-cic.org.uk
Chartered Society of Physiotherapy  www.csp.org.uk
Health Social Care Information Centre  www.hscic.gov.uk
Queen’s Nursing Institute:  http://www.qni.org.uk/
NMC  www.nmc.org.uk
RCN  https://www.rcn.org.uk/
Campbell Collaboration  http://www.campbellcollaboration.org/
NHS Library and Information Service North Staffordshire

Contents in this issue:

Public Health and Lifestyle Services ................................................................. 4
General Practice .................................................................................................. 5
Rehabilitation and Occupational Health ............................................................ 8
Physiotherapy ..................................................................................................... 8
Health Visiting and Nursing ............................................................................. 11
Social Care ......................................................................................................... 12
Mental Health .................................................................................................... 13
Sexual Health ..................................................................................................... 13
Older Adults ....................................................................................................... 13
Pharmacy ............................................................................................................ 14
Patient experience ............................................................................................. 14
Patient Information ............................................................................................ 15
Obesity Prevention Source
Harvard School of Public Health
This is an in-depth resource for all who seek to understand the causes of obesity and to reverse the epidemic of obesity in children and adults. It includes concise research summaries on obesity causes, roadmaps to promising obesity prevention strategies, obesity statistics and trends and healthy diet and lifestyle tips for obesity prevention.

Health and housing: building the evidence base
Housing LIN
Housing and related services can promote integrated care, save the NHS money and improve the patient experience, an evidence review has concluded. Commissioned by Kent Surrey Sussex Academic Health Science Network (KSS AHSN) and undertaken by the Housing LIN, it suggests that closer working between the NHS and the housing sector can help reduce hospital admissions and emergency department visits, speed up the discharge of older patients and maintain the independence of older people.

Return on investment of public health interventions: a systematic review
BMJ
Abstract: Background Public sector austerity measures in many high-income countries mean that public health budgets are reducing year on year. To help inform the potential impact of these proposed disinvestments in public health, we set out to determine the return on investment (ROI) from a range of existing public health interventions. Methods: We conducted systematic searches on all relevant databases (including MEDLINE; EMBASE; CINAHL; AMED; PubMed, Cochrane and Scopus) to identify studies that calculated a ROI or cost-benefit ratio (CBR) for public health interventions in high-income countries. Results: We identified 2957 titles, and included 52 studies. The median ROI for public health interventions was 14.3 to 1, and median CBR was 8.3. The median ROI for all 29 local public health interventions was 4.1 to 1, and median CBR was 10.3. Even larger benefits were reported in 28 studies analysing nationwide public health interventions; the median ROI was 27.2, and median CBR was 17.5. Conclusions: This systematic review suggests that local and national public health interventions are highly cost-saving. Cuts to public health budgets in high income countries therefore represent a false economy, and are likely to generate billions of pounds of additional costs to health services and the wider economy.

Tobacco packaging design for reducing tobacco use
Cochrane Collaboration
The available evidence suggests that standardised packaging may reduce smoking prevalence. Only one country had implemented standardised packaging at the time of this review, so evidence comes from one large observational study that provides evidence for this effect. A reduction in smoking behaviour is supported by routinely collected data by the Australian government. Data on the effects of standardised packaging on non-behavioural
outcomes (e.g. appeal) are clearer and provide plausible mechanisms of effect consistent with the observed decline in prevalence. As standardised packaging is implemented in different countries, research programmes should be initiated to capture long term effects on tobacco use prevalence, behaviour, and uptake. We did not find any evidence suggesting standardised packaging may increase tobacco use.

General Practice

Interventions to improve adherence to inhaled steroids for asthma
Cochrane Collaboration
Pooled results suggest that a variety of interventions can improve adherence. The clinical relevance of this improvement, highlighted by uncertain and inconsistent impact on clinical outcomes such as quality of life and asthma control, is less clear. We have low to moderate confidence in these findings owing to concerns about risk of bias and inconsistency. Future studies would benefit from predefining an evidence-based 'cut-off' for acceptable adherence and using objective adherence measures and validated tools and questionnaires. When possible, covert monitoring and some form of blinding or active control may help disentangle effects of the intervention from effects of inclusion in an adherence trial.

Irritable bowel syndrome in adults: diagnosis and management
NICE Clinical guideline [CG61] Last updated: April 2017
This guideline covers diagnosing and managing irritable bowel syndrome (IBS) in people aged 18 and over. It details how to accurately diagnose IBS, and aims to improve the quality of life for adults with IBS by promoting effective management using dietary and lifestyle advice, pharmacological therapy and referral for psychological interventions.

Effect of cocoa on blood pressure
Cochrane Collaboration
This review provides moderate-quality evidence that flavanol-rich chocolate and cocoa products cause a small (2 mmHg) blood pressure-lowering effect in mainly healthy adults in the short term. These findings are limited by the heterogeneity between trials, which could not be explained by prespecified subgroup analyses, including blinding, flavanol content of the control groups, age of participants, or study duration. However, baseline blood pressure may play a role in the effect of cocoa on blood pressure; subgroup analysis of trials with (pre)hypertensive participants revealed a greater blood pressure-reducing effect of cocoa compared to normotensive participants with borderline significance. Long-term trials investigating the effect of cocoa on clinical outcomes are also needed to assess whether cocoa has an effect on cardiovascular events and to assess potential adverse effects associated with chronic ingestion of cocoa products.
Effects of low sodium diet versus high sodium diet on blood pressure, renin, aldosterone, catecholamines, cholesterol, and triglyceride

Cochrane Collaboration

Sodium reduction from an average high usual sodium intake level (201 mmol/day) to an average level of 66 mmol/day, which is below the recommended upper level of 100 mmol/day (5.8 g salt), resulted in a decrease in SBP/DBP of 1/0 mmHg in white participants with normotension and a decrease in SBP/DBP of 5.5/2.9 mmHg in white participants with hypertension. A few studies showed that these effects in black and Asian populations were greater. The effects on hormones and lipids were similar in people with normotension and hypertension. Renin increased 1.60 ng/mL/hour (55%); aldosterone increased 97.81 pg/mL (127%); adrenalin increased 7.55 pg/mL (14%); noradrenalin increased 63.56 pg/mL (27%); cholesterol increased 5.59 mg/dL (2.9%); triglyceride increased 7.04 mg/dL (6.3%).

Prediction of complications in early-onset pre-eclampsia (PREP): development and external multinational validation of prognostic models

BMC Medicine

Background: Unexpected clinical deterioration before 34 weeks gestation is an undesired course in early-onset pre-eclampsia. To safely prolong preterm gestation, accurate and timely prediction of complications is required. Method: Women with confirmed early onset pre-eclampsia were recruited from 53 maternity units in the UK to a large prospective cohort study (PREP-946) for development of prognostic models for the overall risk of experiencing a complication using logistic regression (PREP-L), and for predicting the time to adverse maternal outcome using a survival model (PREP-S). External validation of the models were carried out in a multinational cohort (PIERS-634) and another cohort from the Netherlands (PETRA-216). Main outcome measures were C-statistics to summarise discrimination of the models and calibration plots and calibration slopes. Results: A total of 169 mothers (18%) in the PREP dataset had adverse outcomes by 48 hours, and 633 (67%) by discharge. The C-statistics of the models for predicting complications by 48 hours and by discharge were 0.84 (95% CI, 0.81–0.87; PREP-S) and 0.82 (0.80–0.84; PREP-L), respectively. The PREP-S model included maternal age, gestation, medical history, systolic blood pressure, deep tendon reflexes, urine protein creatinine ratio, platelets, serum alanine amino transaminase, urea, creatinine, oxygen saturation and treatment with antihypertensives or magnesium sulfate. The PREP-L model included the above except deep tendon reflexes, serum alanine amino transaminase and creatinine. On validation in the external PIERS dataset, the reduced PREP-S model showed reasonable calibration (slope 0.80) and discrimination (C-statistic 0.75) for predicting adverse outcome by 48 hours. Reduced PREP-L model showed excellent calibration (slope: 0.93 PIERS, 0.90 PETRA) and discrimination (0.81 PIERS, 0.75 PETRA) for predicting risk by discharge in the two external datasets. Conclusions: PREP models can be used to obtain predictions of adverse maternal outcome risk, including early preterm delivery, by 48 hours (PREP-S) and by discharge (PREP-L), in women with early onset pre-eclampsia in the context of current care. They have a potential role in triaging high-risk mothers who may need transfer to tertiary units for intensive maternal and neonatal care.
Relative effectiveness of insulin pump treatment over multiple daily injections and structured education during flexible intensive insulin treatment for type 1 diabetes: cluster randomised trial (REPOSE)

BMJ

Objective To compare the effectiveness of insulin pumps with multiple daily injections for adults with type 1 diabetes, with both groups receiving equivalent training in flexible insulin treatment. Design: Pragmatic, multicentre, open label, parallel group, cluster randomised controlled trial (Relative Effectiveness of Pumps Over MDI and Structured Education (REPOSE) trial). Setting: Eight secondary care centres in England and Scotland. Participants: Adults with type 1 diabetes who were willing to undertake intensive insulin treatment, with no preference for pumps or multiple daily injections. Participants were allocated a place on established group training courses that taught flexible intensive insulin treatment (“dose adjustment for normal eating,” DAFNE). The course groups (the clusters) were then randomly allocated in pairs to either pump or multiple daily injections. Interventions: Participants attended training in flexible insulin treatment (using insulin analogues) structured around the use of pump or injections, followed for two years. Main outcome measures: The primary outcomes were a change in glycated haemoglobin (HbA1c) values (%) at two years in participants with baseline HbA1c value of ≥7.5% (58 mmol/mol), and the proportion of participants achieving an HbA1c value of <7.5%. Secondary outcomes included body weight, insulin dose, and episodes of moderate and severe hypoglycaemia. Ancillary outcomes included quality of life and treatment satisfaction. Results: 317 participants (46 courses) were randomised (156 pump and 161 injections). 267 attended courses and 260 were included in the intention to treat analysis, of which 235 (119 pump and 116 injection) had baseline HbA1c values of ≥7.5%. Glycaemic control and rates of severe hypoglycaemia improved in both groups. The mean change in HbA1c at two years was −0.85% with pump treatment and −0.42% with multiple daily injections. Adjusting for course, centre, age, sex, and accounting for missing values, the difference was −0.24% (−2.7 mmol/mol) in favour of pump users (95% confidence interval −0.53 to 0.05, P=0.10). Most psychosocial measures showed no difference, but pump users showed greater improvement in treatment satisfaction and some quality of life domains (dietary freedom and daily hassle) at 12 and 24 months. Conclusions: Both groups showed clinically relevant and long lasting decreases in HbA1c, rates of severe hypoglycaemia, and improved psychological measures, although few participants achieved glucose levels currently recommended by national and international guidelines. Adding pump treatment to structured training in flexible intensive insulin treatment did not substantially enhance educational benefits on glycaemic control, hypoglycaemia, or psychosocial outcomes in adults with type 1 diabetes. These results do not support a policy of providing insulin pumps to adults with poor glycaemic control until the effects of training on participants’ level of engagement in intensive self management have been determined.

Ixekizumab for treating moderate to severe plaque psoriasis

Technology appraisal guidance [TA442] Published date: 26 April 2017

NICE

Evidence-based recommendations on ixekizumab (Taltz) for moderate to severe plaque psoriasis in adults
Rehabilitation and Occupational Health

Osteoporosis
NICE Quality standard [QS149] Published date: April 2017
This quality standard covers managing osteoporosis in adults (aged 18 and over), including assessing risk and preventing fragility fractures. It describes high-quality care in priority areas for improvement.

Daclizumab for treating relapsing–remitting multiple sclerosis
NICE Technology appraisal guidance [TA441] Published date: 26 April 2017
Evidence-based recommendations on daclizumab (Zinbryta) for relapsing–remitting multiple sclerosis in adults

Physiotherapy

Inspiratory muscle training improves respiratory muscle strength, functional capacity and quality of life in patients with chronic kidney disease: a systematic review.
Journal of Physiotherapy
Question Does inspiratory muscle training improve respiratory muscle strength, functional capacity, lung function and quality of life of patients with chronic kidney disease? Does inspiratory muscle training improve these outcomes more than breathing exercises? Design Systematic review and meta-analysis of randomised trials. Participants People with chronic kidney disease undergoing dialysis treatment. Outcome measures The primary outcomes were: maximal inspiratory pressure, maximal expiratory pressure, and distance covered on the 6-minute walk test. The secondary outcomes were: forced vital capacity, forced expiratory volume in the first second (FEV1), and quality of life. Results The search identified four eligible studies. The sample consisted of 110 participants. The inspiratory muscle training used a Threshold® or PowerBreathe® device, with a load ranging from 30 to 60% of the maximal inspiratory pressure and lasting from 6 weeks to 6 months. The studies showed moderate to high risk of bias, and the quality of the evidence was rated low or very low, due to the studies’ methodological limitations. The meta-analysis showed that inspiratory muscle training significantly improved maximal inspiratory pressure (MD 23 cmH2O, 95% CI 16 to 29) and the 6-minute walk test distance (MD 80 m, 95% CI 41 to 119) when compared with controls. Significant benefits in lung function and quality of life were also identified. When compared to breathing exercises, significant benefits were identified in maximal expiratory pressure (MD 6 cmH2O, 95% CI 2 to 10) and FEV1 (MD 0.24 litres 95% CI 0.14 to 0.34), but not maximal inspiratory pressure or forced vital capacity. Conclusion In patients with chronic renal failure on dialysis, inspiratory muscle training with a fixed load significantly improves respiratory muscle strength, functional capacity, lung function and quality of life. The evidence for these benefits may be influenced by some sources of bias. Registration PROSPERO (CRD 42015029986). [de Medeiros AIC, Fuzari HKB, Rattesa C, Brandão DC, de Melo Marinho PÉ (2017) Inspiratory muscle training improves respiratory muscle strength, functional capacity and quality of life in patients with chronic kidney disease: a systematic review.
A home program of strength training, movement strategy training and education did not prevent falls in people with Parkinson’s disease: a randomised trial
Journal of Physiotherapy

Questions: For people with idiopathic Parkinson’s disease, does a 6-week, comprehensive, home exercise program reduce falls and disability and improve health-related quality of life? Is the program cost-effective? Design: Randomised, controlled trial with concealed allocation and assessor blinding. Participants: One hundred and thirty-three community-dwelling adults with Parkinson’s disease. Intervention: The experimental group completed a 6-week home program comprising progressive resistance strength training, movement strategy training and falls education. The control group completed 6 weeks of non-specific life skills training. Participants in both groups received weekly therapist-guided sessions for 6 consecutive weeks and a weekly self-directed home program. Outcome measures: The primary outcome was the rate of falls, documented for the 12-month period immediately after therapy. Secondary outcomes were disability and health-related quality of life, assessed before and after intervention and at a 12-month follow-up. Results: A total of 2255 falls were reported by the 12-month follow-up. The proportion of fallers in the experimental and control groups was 61 and 72%, respectively, which was not statistically significantly different (RR = 0.85, 95% CI 0.66 to 1.09). There was no significant between-group difference in the rate of falls (incidence rate ratio = 1.58, 95% CI 0.73 to 3.43). A survival analysis of participant time to first fall did not show a significant between-group difference (log-rank test χ² = 0.79, p = 0.37). No significant between-group differences occurred for mobility, disability or quality of life. The mean cost of delivering the experimental intervention was AUD1596. Conclusion: A home program of strength and movement strategy training and falls education does not prevent falls when applied at the dose used in this study. Arguably, the dosage of therapy was insufficient. Future trials need to explore further therapy content, repetitions and duration, in order to optimise outcomes and cost-effectiveness.

Comparative Effectiveness of Tai Chi Versus Physical Therapy for Knee Osteoarthritis A Randomized Trial
Annals of Internal Medicine

Background: Few remedies effectively treat long-term pain and disability from knee osteoarthritis. Studies suggest that Tai Chi alleviates symptoms, but no trials have directly compared Tai Chi with standard therapies for osteoarthritis. Objective: To compare Tai Chi with standard physical therapy for patients with knee osteoarthritis. Design: Randomized, 52-week, single-blind comparative effectiveness trial. (ClinicalTrials.gov: NCT01258985) Setting: An urban tertiary care academic hospital. Patients: 204 participants with symptomatic knee osteoarthritis (mean age, 60 years; 70% women; 53% white). Intervention: Tai Chi (2 times per week for 12 weeks) or standard physical therapy (2 times per week for 6 weeks, followed by 6 weeks of monitored home exercise). Measurements: The primary outcome was Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) score at 12 weeks. Secondary outcomes included physical function, depression, medication use, and quality of life. Results: At 12 weeks, the WOMAC score was substantially reduced in both groups (Tai Chi, 167 points [95% CI, 145 to 190 points]; physical therapy, 143 points [CI, 119 to 167 points]). The between-group difference was not significant (24 points [CI, −10 to 58 points]). Both groups also showed similar clinically significant improvement in most secondary outcomes, and the benefits were maintained up to 52 weeks. Of note, the Tai Chi group had significantly greater improvements in depression and the physical component of quality of life.
The benefit of Tai Chi was consistent across instructors. No serious adverse events occurred. Limitation: Patients were aware of their treatment group assignment, and the generalizability of the findings to other settings remains undetermined. Conclusion: Tai Chi produced beneficial effects similar to those of a standard course of physical therapy in the treatment of knee osteoarthritis.

**Physiotherapy and behavior therapy for the treatment of overactive bladder syndrome: a prospective cohort study**

*Archives of Gynecology and Obstetrics*

**PURPOSE:** To determine the efficacy of physiotherapy and behavior therapy and to find specific subgroups of women with overactive bladder syndrome that might gain increased benefit from this therapy.

**METHODS:** Women with ≥10 micturitions per 24-h period were included. Six to nine therapy sessions were held within a 14-day interval. Efficacy end point was a reduction in micturitions and in episodes of nocturia. Secondary outcomes included ICIQ-OAB, ICIQ-OABqol and visual analog scales. Follow-up was 6 months. Levene test, Student’s t test, Pearson’s and Spearman’s correlations were utilized as well as the Friedman test and a multivariable-multilevel model.

**RESULTS:** 32 women were included. Mean age was 51 ± 15.9 (years ± standard deviation, sd). Mean body mass index (BMI) was 24.4 ± 4.8 (kg/m² ± sd). There was a 22.9% reduction in the number of micturitions per 24 h (11.7 ± 1.6 vs. 9.0 ± 1.3 p < 0.001), a 21.3% reduction during the day (10.3 ± 1.4 vs. 8.1 ± 1.1 p < 0.001) and a 34.7% reduction in episodes of nocturia (1.5 ± 1.0 vs. 1.0 ± 0.8 p = 0.026). Both ICIQ-OAB (8.7 ± 2.3 vs. 5.8 ± 2.7 vs. 6.3 ± 3.3 p < 0.001) and ICIQ-OABqol (73.4 ± 25.9 vs. 47.5 ± 14.5 vs. 47.7 ± 18.6 p < 0.001) questionnaires as well as VAS (7.5 ± 1.4 vs. 4.1 ± 2.4 vs. 4.2 ± 2.7 p < 0.001) showed significant improvement persisting in the 6-month follow-up. In addition, in a multivariable model controlling for age, women who were overactive bladder syndrome therapy naïve responded significantly better than those who had already been under therapy (p < 0.001).

**CONCLUSIONS:** This study shows the efficacy of physiotherapy and behavior therapy in women with overactive bladder syndrome with a post-therapy effect especially for women with no prior treatment.

**Systematic review on strength training in Parkinson’s disease: an unsolved question**

*Clinical Interventions in Aging*

The purpose of this study was to investigate the effectiveness of strength training, performed against a different resistance from body weight, in improving motor and nonmotor symptoms in patients with Parkinson's disease (PD). The following electronic databases were searched: PubMed, Physiotherapy Evidence Database, Cochrane Central Register of Controlled Trials, Scopus, and Web of Science. The review was conducted and reported in accordance with the PRISMA statement. Thirteen high-quality randomized controlled trials were included. Strength training performed against external resistance is well tolerated and appears to be a suitable physical activity to improve both physical parameters and quality of life parameters of PD subjects. However, although the study intervention included strength training, only a few selected studies assessed the improvement of muscle strength. Despite the encouraging results, it is difficult to establish a correlation between strength training and the improvements made. Our review highlights the lack of common intent in terms of study design and the
presence of different primary and secondary outcomes. Accordingly, further studies are needed to support the beneficial effects of different types of strength training in PD subjects and to underline the superiority of strength training in PD patients with respect to other training. Copyright © 2017 Ramazzina et al.

Health Visiting and Nursing

Paying your fee
NMC
This short video explains the options available for paying nursing registration fees, including how to pay by direct debit. Keeping up to date with fees is also the topic of a recent feature in The Word (SSOTP). To find out more from SSOTP about revalidation in general see the intranet page here or the NMC’s revalidation website.

New Homeless Health Programme Announced
QNI
Thanks to a funding partnership between the Queen’s Nursing Institute (QNI) and Oak Foundation, the QNI will start a programme to support nurse education, leadership and innovation in the field of homeless health from May 2017. Anyone interested is welcome to join the free QNI Homeless Health Network for all news, events and updates at https://www.qni.org.uk/explore-qni/homeless-health-programme/

Enhancing the ADMIT Me Tool for Care Transitions for Individuals With Alzheimer’s Disease
Journal of Gerontological Nursing
One of the goals of the National Plan to Address Alzheimer’s Disease is to ensure safe care transitions. To facilitate safe and effective transitions from home to hospital, the ADMIT (Alzheimer’s, Dementia, Memory Impaired Transitions) Me tool was developed and three focus groups were conducted with caregivers (n = 6), emergency department nurses (n = 6), and first responders (n = 14) to determine its usefulness and applicability to practice. Feedback was used to enhance the tool to reflect their needs. Each group expressed that the tool would help promote safety in care transitions. Using ADMIT Me, nurses can practice with clear communication and collaboration in care transitions, and provide patient-centered care based on the behaviors and unique needs of the individual with dementia. Put in your Athens password when asked.

‘Clinical Chatter’: every nurse informed
Journal of Clinical Nursing
AIMS AND OBJECTIVES: To assess the acceptability and usability of a standardised communication tool for nurses.
BACKGROUND AND SIGNIFICANCE: Communication is key in health care. On a daily, if not hourly, basis, nursing staff is inundated with new information regarding tools and resources, practice changes and the work environment. However, there is currently no standardised
Messaging or delivery method to effectively communicate new information. Even with a plethora of communication tools such as flyers, posters, emails, unit huddles and unit meetings, there is no means to guarantee attendance to crucial information.

**DESIGN:** Descriptive, cross-sectional online survey, implemented at a nonacademic, suburban hospital with 280 nurses.

**METHODS:** The Clinical Chatter, an online tool developed by nursing leadership to standardise messages regarding the organisation, new tools and resources, professional development, recognition and unit updates, was delivered to each nurse on a weekly basis followed by administration of Acceptability and Usability scales.

**RESULTS:** The Clinical Chatter tool has adequate acceptability and usability as a method of communication among nurses in a hospital organisation. Sociodemographic variables of age and years of experience had no statistically significant association with perceived acceptance and usefulness of the tool.

**CONCLUSION:** The findings indicate that the Clinical Chatter tool can be used as a standardised communication tool to deliver key information among nurses working in a hospital organisation. Nursing leadership must establish and support a clear communication system to enhance patient care and outcomes and improve nursing job satisfaction.

**RELEVANCE TO CLINICAL PRACTICE:** Communication is vital to advancing health care. Lack of communication among nursing has been linked to unsafe patient care: medication errors, unhealthy work environments and decreased nurse retention rates. Clinical Chatter is an effective communication tool for presentation of institutional information to nursing personnel.

---

**Social Care**

**Enhancing the ADMIT Me Tool for Care Transitions for Individuals With Alzheimer’s Disease**

*Journal of Gerontological Nursing*

One of the goals of the National Plan to Address Alzheimer’s Disease is to ensure safe care transitions. To facilitate safe and effective transitions from home to hospital, the ADMIT (Alzheimer’s, Dementia, Memory Impaired Transitions) Me tool was developed and three focus groups were conducted with caregivers (n = 6), emergency department nurses (n = 6), and first responders (n = 14) to determine its usefulness and applicability to practice. Feedback was used to enhance the tool to reflect their needs. Each group expressed that the tool would help promote safety in care transitions. Using ADMIT Me, nurses can practice with clear communication and collaboration in care transitions, and provide patient-centered care based on the behaviors and unique needs of the individual with dementia. Put in your Athens password when asked.
Mental Health

**Exercise therapy for chronic fatigue syndrome**

Cochrane Collaboration

Patients with CFS may generally benefit and feel less fatigued following exercise therapy, and no evidence suggests that exercise therapy may worsen outcomes. A positive effect with respect to sleep, physical function and self-perceived general health has been observed, but no conclusions for the outcomes of pain, quality of life, anxiety, depression, drop-out rate and health service resources were possible. The effectiveness of exercise therapy seems greater than that of pacing but similar to that of CBT. Randomised trials with low risk of bias are needed to investigate the type, duration and intensity of the most beneficial exercise intervention.

Sexual Health

**Sexually transmitted infections: condom distribution schemes**

NICE guideline [NG68] Published date: April 2017

This guideline covers condom distribution schemes. The aim is to reduce the risk of sexually transmitted infections (STIs). In addition, these schemes can provide a good introduction to broader sexual and reproductive health services, especially for younger people, and help prevent unplanned pregnancies.

Older Adults

**Enhancing the ADMIT Me Tool for Care Transitions for Individuals With Alzheimer's Disease**

Journal of Gerontological Nursing

One of the goals of the National Plan to Address Alzheimer’s Disease is to ensure safe care transitions. To facilitate safe and effective transitions from home to hospital, the ADMIT (Alzheimer’s, Dementia, Memory Impaired Transitions) Me tool was developed and three focus groups were conducted with caregivers (n = 6), emergency department nurses (n = 6), and first responders (n = 14) to determine its usefulness and applicability to practice. Feedback was used to enhance the tool to reflect their needs. Each group expressed that the tool would help promote safety in care transitions. Using ADMIT Me, nurses can practice with clear communication and collaboration in care transitions, and provide patient-centered care based on the behaviors and unique needs of the individual with dementia. **Put in your Athens password when asked.**
Uptake of a guideline for the administration of a rescue course of antenatal corticosteroids

Obstetrics and Gynecology

OBJECTIVE: To evaluate use (both appropriate and inappropriate) of rescue corticosteroids before and after the implementation of a guideline for their use. METHODS: We conducted a retrospective cohort study using a pharmacy log to identify women who received an initial course of antenatal corticosteroids in the year before (2008) and in the 4 years (2009-2012) after implementation of the guideline. The charts were then reviewed to determine eligibility and assess receipt of rescue corticosteroids according to the guideline. Our primary study outcome was a temporal change in the percentage of appropriate rescue corticosteroid administration. RESULTS: Of 2,528 women who received a first course of corticosteroids, 142 (5.6%) were eligible for a rescue course, of whom 103 (73%) received it. The rate of appropriate administration increased from 18.2% (95% confidence interval [CI] 5-40%) in 2008 to 65.4% (95% CI 44-83%) in 2009, 93.5% (95% CI 79-99%) in 2010, 96.1% (95% CI 80-99%) in 2011, and 75.7% (95% CI 59-88%) in 2012 (P for test of trend <.001). Only 25 of these 103 eligible women (24.3%) delivered within 2-7 days of receipt of the rescue course. The rate of inappropriate administration among women who were not eligible for a rescue course (n=2,381) also rose from 0.4% (95% CI 0.04-1.4%) in 2008 to 1.9% (95% CI 0.9-3.5%) in 2009, 1.8% (95% CI 0.8-3.6%) in 2010, 2.4% (95% CI 1.2-4.3%) in 2011, and 2.2% (95% CI 1.1-4.0%) in 2012 (P for test of trend=.03). Among all recipients of rescue corticosteroids, 28% (41/144) were ineligible according to the guideline. CONCLUSION: Implementation of an institutional guideline for rescue corticosteroids was associated with a high rate of use among eligible women. Put in your Athens password when required.

Daclizumab for treating relapsing–remitting multiple sclerosis

NICE Technology appraisal guidance [TA441] Published date: 26 April 2017
Evidence-based recommendations on daclizumab (Zinbryta) for relapsing–remitting multiple sclerosis in adults

Ixekizumab for treating moderate to severe plaque psoriasis

Technology appraisal guidance [TA442] Published date: 26 April 2017
NICE
Evidence-based recommendations on ixekizumab (Taltz) for moderate to severe plaque psoriasis in adults

Patient experience

Decision aids for people facing health treatment or screening decisions

Cochrane Collaboration
Compared to usual care across a wide variety of decision contexts, people exposed to decision aids feel more knowledgeable, better informed, and clearer about their values, and they probably have a more active role in decision making and more accurate risk perceptions.
There is growing evidence that decision aids may improve values-congruent choices. There are no adverse effects on health outcomes or satisfaction. New for this updated is evidence indicating improved knowledge and accurate risk perceptions when decision aids are used either within or in preparation for the consultation. Further research is needed on the effects on adherence with the chosen option, cost-effectiveness, and use with lower literacy populations.

**Patient Information**

**Reading Well**

**The Reading Agency**

Our Reading Well work with libraries consists of two strands: Reading Well Books on Prescription and Reading Well Mood-boosting Books.

Reading Well Books on Prescription helps you to understand and manage your health and wellbeing through helpful reading. The scheme is run by The Reading Agency in partnership with the Society of Chief Librarians with funding from Arts Council England and the Wellcome Trust. It is endorsed by health organisations, including NHS England and Public Health England, and delivered through public libraries. There are three Reading Well lists currently available, for adult common mental health conditions, for people with dementia and their carers, and for young people's mental health. A fourth list, for people with long-term conditions and their carers, will launch in 2017. Get in touch with your local library to find out more.