The Clinical Effectiveness Bulletin aims to highlight some key pieces of evidence, published in the previous month.

Where possible, links to the full text documents are included. If you are employed by UHN, NSCHT, Stoke on Trent Public Health, or you are CCG or practice staff in North Staffordshire, get in touch to find out more about your NHS library service.
Current Sources:

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.guidance.nice.org.uk/Date
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
NHS Digital (formerly HSCIC)  http://content.digital.nhs.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/
Local patient and public information groups
https://bmcmusculoskeletaldisord.biomedcentral.com/
https://archivesphysiotherapy.biomedcentral.com/

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Commissioning

**Early discharge ‘hospital-at-home’ gives similar outcomes to in-patient care**

NIHR

Supported early discharge, where patients receive on-going hospital-level treatment in their own home, had no effect on mortality compared with standard in-patient care. Patients had shorter hospital stays, were more likely to be satisfied and less likely to end up in residential care.

This updated Cochrane review identified 32 international trials comparing early discharge hospital-at-home with hospital in-patient care. Most evidence related to people recovering from a stroke, where NICE already recommends supported discharge if this is appropriate. Other patient groups included those recovering from orthopaedic surgery and older people with various conditions. Trials were relatively small and the overall evidence quality was moderate to low.

The review aimed to see whether early discharge has an effect on NHS costs, but found insufficient evidence. Training, staffing and equipment costs need to be measured against patient outcomes in different therapy areas. Early supported discharge needs to be driven in areas where it can make the most difference and give the greatest benefit.

**Antenatal and postnatal mental health: clinical management and service guidance**

NICE Clinical guideline

This guideline covers recognising, assessing and treating mental health problems in women who are planning to have a baby, are pregnant, or have had a baby or been pregnant in the past year. It covers depression, anxiety disorders, eating disorders, drug- and alcohol-use disorders and severe mental illness (such as psychosis, bipolar disorder and schizophrenia). It promotes early detection and good management of mental health problems to improve women’s quality of life during pregnancy and in the year after giving birth.

**MHRA advice on valproate:** In April 2018, we added warnings that valproate must not be used in pregnancy, and only used in girls and women when there is no alternative and a pregnancy prevention plan is in place. This is because of the risk of malformations and developmental abnormalities in the baby. See update information for details.

**Recommendations**

This guideline includes recommendations on:

- principles of care
- treatment decisions, advice and monitoring
- recognising mental health problems
- assessment and care planning
- providing interventions
- treating specific mental health problems

**The rising cost of medicines to the NHS: what’s the story?**

King’s Fund

Medicines are a vital part of modern health care. The question of how to give patients access to them in a way that the NHS can afford has exercised policy-makers and politicians for many years.
In this briefing, we look at how much the health service spends in total on medicines, both generics and branded medicines, based on publicly available data. In recent years, spending on branded medicines has been constrained by the Pharmaceutical Price Regulation Scheme a new instalment of which is currently under negotiation. We also explore policies used to try to control growth in costs and the choices policy-makers are likely to face in the future.

**The Montefiore Health System in New York: integrated care and the fight for social justice**

King’s Fund

Every day in New York, the number 4 train running from Brooklyn to the Bronx achieves an astonishing process of social segregation. Picking up the train in midtown Manhattan, you join a representative mix of the New York population: suited professionals, manual workers, children going to school. As the train crosses 85th Street, running parallel to Central Park, the residents of the Upper East Side above you have an average household income of $180,000; smoking, obesity and chronic diseases are well below the national average; life expectancy stands at 85, better even than Japan.

By the time you cross 150th Street, the heart of the Bronx, almost all the white people and all the suited professionals have exited the train. Average household income has shrivelled from $180,000 to just $45,000; unemployment has doubled; in the South Bronx, 65 per cent of children are born into poverty. From 85th Street to 150th Street, life expectancy drops by a decade: 6 months for every minute on the subway; 3.2 years for every mile travelled. The residents of projects in Fordham Heights might glimpse Trump Tower in the distance but, like the view from Oldham to Manchester, or Tower Hamlets to the City of London, the wealth there may as well be on another planet (County Health Rankings 2018; Virginia Commonwealth University 2016).

Few health care organisations have been a match for such inequality. The social and environmental forces propelling poor people into sickness are too great; the tools of traditional health care – the pills and the operations – inadequate to the challenge. Yet the Montefiore Health System, a ‘safety net’ health system in the heart of the Bronx, has found ways of helping even the most deprived, while contributing to the recovery of a struggling community. It has done so, in large part, by stepping beyond the bounds of conventional health services.

**Public Health and Lifestyle Services**

**Sugar Choice**

This is an app designed by learning disability nurse Adam Bennett. It is aimed at people with learning disabilities who want to know more about their sugar intake.

**Shingles: What is it and why do we need to vaccinate against it?**

PHE

PHE blog about their new campaign to raise awareness of vaccinations that are recommended for later in life. This focuses on shingles vaccination for people over 70.
First-line drugs for hypertension

Cochrane Review

First-line low-dose thiazides reduced all morbidity and mortality outcomes in adult patients with moderate to severe primary hypertension. First-line ACE inhibitors and calcium channel blockers may be similarly effective, but the evidence was of lower quality. First-line high-dose thiazides and first-line beta-blockers were inferior to first-line low-dose thiazides.

ColonFlag for identifying people at risk of colorectal cancer

NICE Medtech innovation briefing

- The technology described in this briefing is ColonFlag. It uses routinely available datasets to help identify people who are at high risk of developing colorectal cancer.

- The innovative aspects are that ColonFlag uses so-called big data and machine learning methods.

- The intended place in therapy would be as an addition to current investigations, such as faecal immunochemical tests, to help identify people who may need referral for suspected colorectal cancer.

- The main points from the evidence summarised in this briefing are from 4 observational studies including nearly 3.5 million patient records. They show that ColonFlag may provide an additional means for identifying people at risk of colorectal cancer, alongside standard screening and diagnostic tests.

- Key uncertainties around the evidence or technology are that there is no published evidence detailing the resource consequences of, or patient outcomes from, using ColonFlag.

- The cost of ColonFlag (excluding VAT) varies depending on the size of the population served per installation. For example, the annual estimated per capita cost in year 1 of an installation covering a population of 300,000 is £130. The resource impact would be an initial increased cost to the NHS including the time spent managing the system.

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Recommendations

This guideline includes recommendations on:
- principles of care
- treatment decisions, advice and monitoring
- recognising mental health problems
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**General Practice**

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**Antifibrinolytics for heavy menstrual bleeding**

Cochrane Review

Antifibrinolytic treatment (such as TXA) appears effective for treating HMB compared to placebo, NSAIDs, oral luteal progestogens, ethamsylate, or herbal remedies, but may be less effective than LIUS. There were too few data for most comparisons to determine whether antifibrinolytics were associated with increased risk of adverse events, and most studies did not specifically include thromboembolism as an outcome.

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• The cost of ColonFlag (excluding VAT) varies depending on the size of the population served per installation. For example, the annual estimated per capita cost in year 1 of an installation covering a population of 300,000 is £1.30. The resource impact would be an initial increased cost to the NHS including the time spent managing the system.

**Lyme disease**

**NICE Guideline**

This guideline covers diagnosing and managing Lyme disease. It aims to raise awareness of when Lyme disease should be suspected and ensure that people have prompt and consistent diagnosis and treatment. It does not cover preventing Lyme disease.

**Recommendations**

This guideline includes recommendations on:

- being aware of Lyme disease
- symptoms and history taking
- which tests to use and when
- treatment with antibiotics
- treatment and support for ongoing symptoms
- managing Lyme disease in pregnant women and their babies
- information for people with Lyme disease

**Care and support of people growing older with learning disabilities**

**NICE Guideline**

This guideline covers care and support for adults with learning disabilities as they grow older. It covers identifying changing needs, planning for the future, and delivering services including health, social care and housing. It aims to support people to access the services they need as they get older.

We have produced an EasyRead version and video to explain this guideline, which are available from information for the public.

**Recommendations**

This guideline includes recommendations on:

- overarching principles
- organising and delivering services
- identifying and assessing care and support needs
- planning and reviewing care and support
- identifying and managing health needs
- end of life care
- staff skills and expertise
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Recommendations
This guideline includes recommendations on:
- principles of care
- treatment decisions, advice and monitoring
- recognising mental health problems
- assessment and care planning
- providing interventions
- treating specific mental health problems

Neuropathic pain in adults: pharmacological management in non-specialist settings

NICE Clinical guideline
This guideline covers managing neuropathic pain (nerve pain) with pharmacological treatments (drugs) in adults in non-specialist settings. It aims to improve quality of life for people with conditions such as neuralgia, shingles and diabetic neuropathy by reducing pain and promoting increased participation in all aspects of daily living. The guideline sets out how drug treatments for neuropathic pain differ from traditional pain management.

MHRA advice on valproate: In April 2018, we added warnings that valproate must not be used in pregnancy, and only used in girls and women when there is no alternative and a pregnancy prevention plan is in place. This is because of the risk of malformations and developmental abnormalities in the baby. See update information for details.

Recommendations
This guideline includes recommendations on:
- key principles of care
- treatments for all types of neuropathic pain except trigeminal neuralgia
- treatments for trigeminal neuralgia
- treatments that should not be started in non-specialist settings

Epilepsies: diagnosis and management

NICE Clinical guideline
The guideline covers diagnosing, treating and managing epilepsy and seizures in children, young people and adults in primary and secondary care. It offers best practice advice on managing epilepsy to improve health outcomes so that people with epilepsy can fully participate in daily life.
MHRA advice on valproate: In April 2018, we added warnings that valproate must not be used in pregnancy, and only used in girls and women when there is no alternative and a pregnancy prevention plan is in place. This is because of the risk of malformations and developmental abnormalities in the baby. See update information for details.

Recommendations
This guideline includes recommendations on:
- diagnosis of epilepsy and investigations to support a diagnosis
- pharmacological treatment with anti-epileptic drugs, including advice for different types of seizures
- referral to tertiary services for people with complex epilepsy or epilepsy that is not controlled by pharmacological treatment
- psychological interventions and other adjunctive therapies
- treatment of prolonged or repeated seizures and convulsive status epilepticus
- advice for specific groups of people with epilepsy, such as women and girls
- regular structured medical review of people with epilepsy

Depression in adults: recognition and management
NICE Clinical guideline
This guideline covers identifying and managing depression in adults aged 18 years and older, in primary and secondary care. It aims to improve care for people with depression by promoting improved recognition and treatment.

MHRA advice on valproate: In April 2018, we added warnings that valproate must not be used in pregnancy, and only used in girls and women when there is no alternative and a pregnancy prevention plan is in place. This is because of the risk of malformations and developmental abnormalities in the baby. See update information for details.

NICE has also produced a guideline on depression in adults with a chronic physical health problem (NICE guideline CG91).

Recommendations
This guideline includes recommendations on:
- care of all people with depression
- stepped care
- treatment choice based on depression subtypes and personal characteristics
- enhanced care for depression
- sequencing treatments after initial inadequate response
- continuation and relapse prevention
- complex and severe depression

Management of stable angina
SIGN
Despite a steep decline in mortality from coronary artery disease (CAD) in Scotland over the last 20 years, CAD remains one of the leading causes of death in Scotland, responsible for 7,154 deaths in 2015. It is estimated that 18% of men aged 65–74 and 32% of men aged 75 and over are living with ischaemic heart disease (heart attack or angina); prevalence in women in these age groups is substantially lower at 9% and 20%, respectively.
Remit and target users

This guideline provides evidence-based recommendations and best practice guidance on the management of patients with stable angina. It covers the investigations necessary to confirm the presence of stable angina, the optimum medical treatment to relieve symptoms and the relative benefits of different interventions. The optimum management of those patients with stable angina requiring non-cardiac surgery is also covered. The provision of patient education is examined as well as whether psychological interventions can help improve symptoms and quality of life.

Effective diagnosis and management of stable angina requires co-ordination of a range of services and healthcare professionals. This guideline will be of interest to healthcare professionals and other multiagency colleagues who work with people with stable angina, including cardiologists, acute and emergency medicine specialists, general practitioners and other healthcare professionals in primary care, as well as patients, carers, voluntary organisations and policy makers.

Rehabilitation and Occupational Health

Exercise interventions and patient beliefs for people with hip, knee or hip and knee osteoarthritis: a mixed methods review

Cochrane Review

Chronic hip and knee pain affects all domains of people's lives. People's beliefs about chronic pain shape their attitudes and behaviours about how to manage their pain. People are confused about the cause of their pain, and bewildered by its variability and randomness. Without adequate information and advice from healthcare professionals, people do not know what they should and should not do, and, as a consequence, avoid activity for fear of causing harm. Participation in exercise programmes may slightly improve physical function, depression and pain. It may slightly improve self-efficacy and social function, although there is probably little or no difference in anxiety. Providing reassurance and clear advice about the value of exercise in controlling symptoms, and opportunities to participate in exercise programmes that people regard as enjoyable and relevant, may encourage greater exercise participation, which brings a range of health benefits to a large population of people.

Supervised exercise therapy versus home-based exercise therapy versus walking advice for intermittent claudication

Cochrane Review

Evidence of moderate and high quality shows that SET provides an important benefit for treadmill-measured walking distance (MWD and PFWD) compared with HBET and WA, respectively. Although its clinical relevance has not been definitively demonstrated, this benefit translates to increased MWD of 120 and 210 meters after three months in SET groups. These increased walking distances are likely to have a positive impact on the lives of patients with IC. Data provide no clear evidence of a difference between HBET and WA. Trials show no clear differences in quality of life parameters nor in self-reported functional impairment between SET and HBET. However, evidence is of low and very low quality, respectively. Investigators detected some improvements in quality of life favoring SET over WA, but analyses were limited by small numbers of studies and participants. Future studies
should focus on disease-specific quality of life and other functional outcomes, such as walking behavior and physical activity, as well as on long-term follow-up.

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**Recommendations**

This guideline includes recommendations on:

- key principles of care
- treatments for all types of neuropathic pain except trigeminal neuralgia
- treatments for trigeminal neuralgia
- treatments that should not be started in non-specialist settings

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**Recommendations**

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- advice for specific groups of people with epilepsy, such as women and girls
- regular structured medical review of people with epilepsy
Prognostic factors of a favorable outcome following a supervised exercise program for soldiers with sub-acute and chronic low back pain
BMC Musculoskeletal Disorders

Background
Low back pain (LBP) encompasses heterogeneous patients unlikely to respond to a unique treatment. Identifying sub-groups of LBP may help to improve treatment outcomes. This is a hypothesis-setting study designed to create a clinical prediction rule (CPR) that will predict favorable outcomes in soldiers with sub-acute and chronic LBP participating in a multi-station exercise program.

Methods
Military members with LBP participated in a supervised program comprising 7 stations each consisting of exercises of increasing difficulty. Demographic, impairment and disability data were collected at baseline. The modified Oswestry Disability Index (ODI) was administered at baseline and following the 6-week program. An improvement of 50% in the initial ODI score was considered the reference standard to determine a favorable outcome. Univariate associations with favorable outcome were tested using chi-square or paired t-tests. Variables that showed between-group (favorable/unfavorable) differences were entered into a logistic regression after determining the sampling adequacy. Finally, continuous variables were dichotomized and the sensitivity, specificity and positive and negative likelihood ratios were determined for the model and for each variable.

Results
A sample of 85 participants was included in analyses. Five variables contributed to prediction of a favorable outcome: no pain in lying down (p = 0.017), no use of antidepressants (p = 0.061), FABQ work score < 22.5 (p = 0.061), fewer than 5 physiotherapy sessions before entering the program (p = 0.144) and less than 6 months’ work restriction (p = 0.161). This model yielded a sensitivity of 0.78, specificity of 0.80, LR+ of 3.88, and LR- of 0.28. A 77.5% probability of favorable outcome can be predicted by the presence of more than three of the five variables, while an 80% probability of unfavorable outcome can be expected if only three or fewer variables are present.

Conclusion
The use of prognostic factors may guide clinicians in identifying soldiers with LBP most likely to have a favorable outcome. Further validation studies are needed to determine if the variables identified in our study are treatment effect modifiers that can predict success following participation in the multi-station exercise program.

Physiotherapy

Exercise interventions and patient beliefs for people with hip, knee or hip and knee osteoarthritis: a mixed methods review
Cochrane Review
Chronic hip and knee pain affects all domains of people's lives. People's beliefs about chronic pain shape their attitudes and behaviours about how to manage their pain. People are confused about the cause of their pain, and bewildered by its variability and randomness. Without adequate information and advice from healthcare professionals, people do not know what they should and should not do, and, as a consequence, avoid activity for fear of causing harm. Participation in exercise programmes
may slightly improve physical function, depression and pain. It may slightly improve self-efficacy and social function, although there is probably little or no difference in anxiety. Providing reassurance and clear advice about the value of exercise in controlling symptoms, and opportunities to participate in exercise programmes that people regard as enjoyable and relevant, may encourage greater exercise participation, which brings a range of health benefits to a large population of people.

Controlled, cross-sectional, multi-center study of physical capacity and associated factors in women with fibromyalgia

BMC Musculoskeletal Disorders

Background
Health and physical capacity are commonly associated with disease, age, and socioeconomic factors. The primary objective of this study was to investigate the degree to which physical capacity, defined as muscle strength and walking ability, is decreased in women with fibromyalgia (FM), as compared to healthy women, who are matched for age and level of education. The secondary aim was to investigate whether muscle strength and walking ability are associated with age, symptom duration, activity limitations and, Body Mass Index (BMI) in women with FM and control subjects.

Methods
This controlled, cross-sectional, multi-center study comprised 118 women with FM and 93 age- and education-level-matched healthy women. The outcome measures were isometric knee-extension force, isometric elbow-flexion force, isometric hand-grip force, and walking ability. Differences between the groups were calculated, and for the women with FM analyses of correlations between the measures of physical capacity and variables were performed.

Results
The women with FM showed 20% (p < 0.001) lower isometric knee-extension force, 36% (p < 0.001) lower isometric elbow-flexion force, 34% (p < 0.001) lower isometric hand-grip force, and 16% lower walking ability (p < 0.001), as compared to the healthy controls. All measures of muscle strength in women with FM showed significant weak to moderate relationship to symptom duration (rs = −0.23–0.32) and walking ability (rs = 0.25–0.36). Isometric knee-extension force correlated with activity limitations, as measured using the SF-36 Physical function subscale (rs=0.23, p = 0.011).

Conclusions
Physical capacity was considerably decreased in the women with FM, as compared to the age- and education-level-matched control group. All measures of physical capacity showed a significant association with symptom duration. Knee-extension force and walking ability were significantly associated with activity limitations, age, and BMI. It seems important to address this problem and to target interventions to prevent decline in muscle strength. Assessments of muscle strength and walking ability are easy to administer and should be routinely carried out in the clinical setting for women with FM.
Quality of internet-based decision aids for shoulder arthritis: what are patients reading?
BMC Musculoskeletal Disorders

Background
The objective of this study was to assess the source, quality, accuracy, and completeness of Internet-based information for shoulder arthritis.

Methods
A web search was performed using three common Internet search engines and the top 50 sites from each search were analyzed. Information sources were categorized into academic, commercial, non-profit, and physician sites. Information quality was measured using the Health On the Net (HON) Foundation principles, content accuracy by counting factual errors and completeness using a custom template.

Results
After removal of duplicates and sites that did not provide an overview of shoulder arthritis, 49 websites remained for analysis. The majority of sites were from commercial (n = 16, 33%) and physician (n = 16, 33%) sources. An additional 12 sites (24%) were from an academic institution and five sites (10%) were from a non-profit organization. Commercial sites had the highest number of errors, with a five-fold likelihood of containing an error compared to an academic site. Non-profit sites had the highest HON scores, with an average of 9.6 points on a 16-point scale. The completeness score was highest for academic sites, with an average score of 19.2 ± 6.7 (maximum score of 49 points); other information sources had lower scores (commercial, 15.2 ± 2.9; non-profit, 18.7 ± 6.8; physician, 16.6 ± 6.3).

Conclusions
Patient information on the Internet regarding shoulder arthritis is of mixed accuracy, quality, and completeness. Surgeons should actively direct patients to higher-quality Internet sources.

Postural awareness and its relation to pain: validation of an innovative instrument measuring awareness of body posture in patients with chronic pain
BMC Musculoskeletal Disorders

Background
Habitual postural patterns are associated with musculoskeletal pain, and improving a maladaptive posture requires postural awareness in order to lead to clinical improvements. This study aimed to develop and evaluate the psychometric properties of an innovative postural awareness scale.

Methods
A 12-item Postural Awareness Scale (PAS) was developed and administered to 512 chronic pain patients (50.3 ± 11.4 years, 91.6% female, 37.1% spinal/shoulder pain) to assess its factor structure and reliability. To determine convergent validity, measures of body awareness, body responsiveness, body image, and mindfulness were correlated with the PAS, as were clinical measures of pain intensity, disability, and mental health. Sensitivity to change was assessed in 202 outpatients participating in a 10-week multimodal mind-body program.
Results
Factor analysis revealed two factors (Ease/Familiarity with Postural Awareness and Need for Attention Regulation with Postural Awareness) that explained 50.8% of the variance. Cronbach’s alpha for the complete scale was 0.80; Spearman-Brown coefficient of split-half reliability was 0.67; and intra-class correlation was ICC2,1 = 0.75 (95% confidence interval = 0.71, 0.78). Significant positive correlations were found for body awareness ($r = 0.23$), body responsiveness ($r = 0.41$), body image ($r = 0.22–0.32$), and mindfulness ($r = 0.38$); negative correlations for pain intensity ($r = −0.14$), disability ($r = −0.12$), depression ($r = −0.23$), and stress ($r = −0.29$). Postural awareness scores increased with a mind-body program ($p < 0.001$); changes in the PAS were negatively correlated with changes in pain intensity ($r = −0.35$) in patients with spinal/shoulder pain.

Conclusion
Self-reported postural awareness is associated with clinical symptoms in chronic pain patients; improvements in postural awareness are longitudinally associated with reduced pain in patients with spinal/shoulder pain.

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Results
A sample of 85 participants was included in analyses. Five variables contributed to prediction of a favorable outcome: no pain in lying down ($p = 0.017$), no use of antidepressants ($p = 0.061$), FABQ work score < 22.5 ($p = 0.061$), fewer than 5 physiotherapy sessions before entering the program ($p = 0.144$) and less than 6 months’ work restriction ($p = 0.161$). This model yielded a sensitivity of 0.78, specificity of 0.80, LR+ of 3.88, and LR- of 0.28. A 77.5% probability of favorable outcome can be predicted by the presence of more than three of the five variables, while an 80% probability of unfavorable outcome can be expected if only three or fewer variables are present.
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- staff skills and expertise

Antenatal and postnatal mental health: clinical management and service guidance
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MHRA advice on valproate: In April 2018, we added warnings that valproate must not be used in pregnancy, and only used in girls and women when there is no alternative and a pregnancy prevention plan is in place. This is because of the risk of malformations and developmental abnormalities in the baby. See update information for details.
Recommendations
This guideline includes recommendations on:
- principles of care
- treatment decisions, advice and monitoring
- recognising mental health problems
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- providing interventions
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**Depression in adults: recognition and management**

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NICE has also produced a guideline on [depression in adults with a chronic physical health problem](#) (NICE guideline CG91).

**Recommendations**

This guideline includes recommendations on:

- care of all people with depression
- stepped care
- treatment choice based on depression subtypes and personal characteristics
- enhanced care for depression
- sequencing treatments after initial inadequate response
- continuation and relapse prevention
- complex and severe depression

**Queen’s Nursing Institute Launches New Report: ‘Nursing in the Digital Age’**

The Queen’s Nursing Institute is launching a major new report on the use of digital and information technology at its conference for Queen’s Nurses on 23 April.

The new report, ‘Nursing in the Digital Age – Using Technology to Support Patients at Home’ is based on a survey of over 500 nurses working in the community, the document revisits a subject first analysed by the QNI in its 2012 publication, ‘Smart New World’.

The new report seeks to determine how far new healthcare information technology has changed in the previous six years and how skills and attitudes within community services have adapted.

Some key figures from new report include:
- There are at least 67 differently named IT systems currently being used in community healthcare;
- 74% of community nurses find IT systems a more reliable way of working, compared to paper;
- 29% of community nurses are still working largely with paper based systems;
- 41% of NHS trusts do not use telehealth systems;
- 28% of services utilise a text messaging facility to remind patients of their appointments.
Consultation on proposed standards for new nursing associate role

NMC

This is a new role created to bridge the gap between healthcare assistants and registered nurses in England. As part of our proposals we have outlined our approach to education including ambitious standards of proficiency for the role that will enable nursing associates to deliver first class care.

We have also set out how we expect the existing Code - with a new introduction - to apply to nursing associates as well as nurses and midwives, ensuring that the same high standards of professional behaviour and conduct will apply to everyone on our register.

Jackie Smith Chief Executive and Registrar of the NMC said:

“This is a hugely exciting step on the road to regulation for this new profession and we want to hear the views of all those with an interest in the role.

“We think that our proposals will ensure that nursing associates are equipped with the skills they need to deliver excellent patient care and to support registered nurses and other health and care professionals throughout their careers.”

Under the plans nursing associates would also be subject to the same revalidation requirements as nurses and midwives when renewing their registration with the NMC as well as the same fitness to practise processes should something go wrong.

Over the coming weeks the NMC will be holding workshops across the country for trainees, registered nurses, employers, patients and the public. There will also be regular twitter chats and webinars with lots of opportunities for people to learn more about what regulation means for the new role and share their views.

Nursing staff urged to take care of their hands

RCN

RCN hosts Glove Awareness Week to remind members about the importance of hand hygiene and appropriate glove use. Nursing staff should take care of their hands to help prevent contact dermatitis and the spread of infection, the RCN has said, as the risks associated with overuse of gloves are highlighted during Glove Awareness Week.

Gloves are an essential tool for health care workers but if used inappropriately can place nursing staff and patients at risk of infection and missed opportunities for hand hygiene. Wearing gloves when they are not needed, in particular, puts nursing staff at risk of work-related dermatitis.

The RCN has launched guidance to highlight the importance of skin health and appropriate glove use. It contains advice for nursing staff and outlines the responsibilities of employers on the prevention, identification and management of contact dermatitis.

Rose Gallagher, RCN Professional Lead for Infection Prevention and Control, said: “I urge all nursing staff to use this in-depth guidance and the materials available during RCN Glove Awareness Week to improve their hand health, share best practice, and to ensure that gloves are only worn when they are needed.”
**Nursing 100 years of infection**

RCN
The RCN’s latest exhibition marks 100 years since the Spanish flu pandemic, the deadliest in modern history. On display at the RCN’s Library and Heritage Centre in London, the Pandemic! Nursing 100 Years of Infection exhibition explores how nurses have responded to deadly outbreaks, from the so-called Spanish flu epidemic to more recent contagions, such as HIV/AIDS and Ebola.

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**Social Care**

**Care and support of people growing older with learning disabilities**

**NICE Guideline**
This guideline covers care and support for adults with learning disabilities as they grow older. It covers identifying changing needs, planning for the future, and delivering services including health, social care and housing. It aims to support people to access the services they need as they get older.

We have produced an EasyRead version and video to explain this guideline, which are available from information for the public.

**Recommendations**
This guideline includes recommendations on:
- overarching principles
- organising and delivering services
- identifying and assessing care and support needs
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**We need to do better on social care**

DH
Jeremy Hunt outlines the 7 key principles that will guide the Government’s thinking ahead of the social care green paper, to be published later in 2018.

**Learning Disability**

**Sugar Choice**
This is an app designed by learning disability nurse Adam Bennett. It is aimed at people with learning disabilities who want to know more about their sugar intake.

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**A BSL video based on the SIGN Patient Booklet: Autism for Parents and carers**

**SIGN & BSL**
Autism A video for parents, carers and families of children and young people with autism.
**Antidepressants versus placebo for panic disorder in adults**  
*Cochrane Review*

The identified studies comprehensively address the objectives of the present review.

Based on these results, antidepressants may be more effective than placebo in treating panic disorder. Efficacy can be quantified as a NNTB of 7, implying that seven people need to be treated with antidepressants in order for one to benefit. Antidepressants may also have benefit in comparison with placebo in terms of number of dropouts, but a less favourable profile in terms of dropout due to adverse effects. However, the tolerability profile varied between different classes of antidepressants.

The choice of whether antidepressants should be prescribed in clinical practice cannot be made on the basis of this review.

Limitations in results include funding of some studies by pharmaceutical companies, and only assessing short-term outcomes.

Data from the present review will be included in a network meta-analysis of psychopharmacological treatment in panic disorder, which will hopefully provide further useful information on this issue.

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Integrating mental health personal budgets: Daniel's story

SCIE

Daniel talks about how an integrated personal budget has helped him in his recovery.

A new resource is launched today, supporting staff who are doing pioneering work with mental health personal budgets. In many parts of the country, health and social care organisations are putting people in control of their wellbeing through integrated personal budgets. The new guide from the Social Care Institute for Excellence (SCIE), developed with our colleagues in the Think Local Act Personal (TLAP) partnership, says that creating a joined-up, integrated experience of health and social care services is vital to achieve good outcomes for people with mental health conditions. The guide has been written for professionals, charged with integrating personal budgets for adults of working age with mental health problems.

Children and Young People

Epilepsies: diagnosis and management

NICE Clinical guideline

The guideline covers diagnosing, treating and managing epilepsy and seizures in children, young people and adults in primary and secondary care. It offers best practice advice on managing epilepsy to improve health outcomes so that people with epilepsy can fully participate in daily life.

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Recommendations
This guideline includes recommendations on:

- diagnosis of epilepsy and investigations to support a diagnosis
- pharmacological treatment with anti-epileptic drugs, including advice for different types of seizures
- referral to tertiary services for people with complex epilepsy or epilepsy that is not controlled by pharmacological treatment
- psychological interventions and other adjunctive therapies
- treatment of prolonged or repeated seizures and convulsive status epilepticus
- advice for specific groups of people with epilepsy, such as women and girls
- regular structured medical review of people with epilepsy

**Older Adults**

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**Pharmacy**

**The rising cost of medicines to the NHS: what’s the story?**

**King’s Fund**

Medicines are a vital part of modern health care. The question of how to give patients access to them in a way that the NHS can afford has exercised policy-makers and politicians for many years.

In this briefing, we look at how much the health service spends in total on medicines, both generics and branded medicines, based on publicly available data. In recent years, spending on branded medicines has been constrained by the Pharmaceutical Price Regulation Scheme a new instalment of which is currently under negotiation. We also explore policies used to try to control growth in costs and the choices policy-makers are likely to face in the future.
**Pharmacological management of migraine**

**SIGN**

Migraine is the most common severe form of primary headache with a global prevalence of around one in seven people. It is the most common underlying headache disorder in patients with medication overuse headache.

Remit and target users

This guideline provides recommendations on the pharmacological management of adults with acute migraine, and prophylaxis for patients with episodic or chronic migraine or medication overuse headache. This guideline will be of interest to healthcare professionals in primary and secondary care, including general practitioners, headache nurses, neurologists, pharmacists, and patients with migraine.

**Equality and Discrimination**

**LGBT in Britain - Work Report**

**Stonewall**

More than a third of LGBT staff (35 per cent) have hidden that they are LGBT at work for fear of discrimination. One in ten black, Asian and minority ethnic LGBT employees (10 per cent) have been physically attacked by customers or colleagues in the last year. Nearly two in five bi people (38 per cent) aren’t out to anyone at work. Click the link to download the full report, based on YouGov research with 3,213 LGBT employees.