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 UHNMM, 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  https://www.nice.org.uk/guidance/published
SIGN  http://www.sign.ac.uk/our-guidelines.html
Primary Care Commissioning  www.pcc-cic.org.uk
Chartered Society of Physiotherapy  www.csp.org.uk
Queen’s Nursing Institute:  http://www.qni.org.uk/
NMC  https://www.nmc.org.uk/news/
RCN  https://www.rcn.org.uk/professional-development/publications
Campbell Collaboration  http://www.campbellcollaboration.org/
Local patient and public information groups
https://bmcmusculoskeletdisord.biomedcentral.com/
https://archivesphysiotherapy.biomedcentral.com/
Meridian  https://meridian.wmahsn.org/subdomain/meridian/end/home

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**Commissioning**

**What are the best societal investments for improving people’s health?**

*BMJ*

Healthcare alone cannot improve population health. Laura Webber and colleagues advocate a “health in all policies” approach, with protected funding for preventive interventions.

**Position statement on primary care for older people**

*British Geriatrics Society*

This paper sets out how primary care for older people might be improved, and covers; identification and stratification, embedding planning, support and services in the community, widening access to Comprehensive Geriatric Assessment (CGA) in primary care settings, as well as looking at measuring success and providing an overview of the BGS approach to caring for those with mild to severe frailty.

**Risk scores to guide referral decisions for people with suspected ovarian cancer in secondary care: a systematic review and cost-effectiveness analysis**

*NIHR*

**Background**

Ovarian cancer is the sixth most common cancer in UK women and can be difficult to diagnose, particularly in the early stages. Risk-scoring can help to guide referral to specialist centres.

**Objectives**

To assess the clinical and cost-effectiveness of risk scores to guide referral decisions for women with suspected ovarian cancer in secondary care.

**Methods**

Twenty-one databases, including MEDLINE and EMBASE, were searched from inception to November 2016. Review methods followed published guidelines. The meta-analysis using weighted averages and random-effects modelling was used to estimate summary sensitivity and specificity with 95% confidence intervals (CIs). The cost-effectiveness analysis considered the long-term costs and quality-adjusted life-years (QALYs) associated with different risk-scoring methods, and subsequent care pathways. Modelling comprised a decision tree and a Markov model. The decision tree was used to model short-term outcomes and the Markov model was used to estimate the long-term costs and QALYs associated with treatment and progression.

**Results**

Fifty-one diagnostic cohort studies were included in the systematic review. The Risk of Ovarian Malignancy Algorithm (ROMA) score did not offer any advantage over the Risk of Malignancy Index 1 (RMI 1). Patients with borderline tumours or non-ovarian primaries appeared to account for disproportionately high numbers of false-negative, low-risk ROMA scores. (Confidential information has been removed.) To achieve similar levels of sensitivity to the Assessment of Different NEoplasias in the adneXa (ADNEX) model and the International Ovarian Tumour Analysis (IOTA) group’s simple ultrasound rules, a very low RMI 1 decision threshold (25) would be needed; the summary sensitivity and specificity estimates for the RMI 1 at this threshold were 94.9% (95% CI 91.5% to 97.2%) and 51.1% (95% CI 47.0% to 55.2%), respectively. In the base-case analysis, RMI 1 (threshold of 250) was the least effective [16.926 life-years (LYs), 13.820 QALYs] and the second cheapest (£5669). The IOTA
group’s simple ultrasound rules (inconclusive, assumed to be malignant) were the cheapest (£5667) and the second most effective [16.954 LYs, 13.841 QALYs], dominating RMI 1. The ADNEX model (threshold of 10%), costing £5699, was the most effective (16.957 LYs, 13.843 QALYs), and compared with the IOTA group’s simple ultrasound rules, resulted in an incremental cost-effectiveness ratio of £15,304 per QALY gained. At thresholds of up to £15,304 per QALY gained, the IOTA group’s simple ultrasound rules are cost-effective; the ADNEX model (threshold of 10%) is cost-effective for higher thresholds.

Limitations
Information on the downstream clinical consequences of risk-scoring was limited.

Conclusions
Both the ADNEX model and the IOTA group’s simple ultrasound rules may offer increased sensitivity relative to current practice (RMI 1); that is, more women with malignant tumours would be referred to a specialist multidisciplinary team, although more women with benign tumours would also be referred. The cost-effectiveness model supports prioritisation of sensitivity over specificity. Further research is needed on the clinical consequences of risk-scoring.

The New Approach to Organ and Tissue Donation in England Government Response to public consultation
DHSC
Details of the outcome of the DHSC’s recent consultation on organ donation.

Joined-up listening: integrated care and patient insight
King’s Fund
In this article, we articulate the opportunity that integrated care presents for using insight from people and populations to design services that meet their needs and reflect their priorities. This includes breaking down siloes within and between organisations to listen to what patients are saying across their entire pathway of care.

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.

Government confirms plans to approve the home-use of early abortion pills
DHSC
Women in England will be allowed to take the second of 2 early medical abortion pills in their own home.
Impact of medication reconciliation for improving transitions of care
Cochrane Review
The impact of medication reconciliation interventions, in particular pharmacist-mediated interventions, on medication discrepancies is uncertain due to the certainty of the evidence being very low. There was also no certainty of the effect of the interventions on the secondary clinical outcomes of ADEs, PADEs and healthcare utilisation.

Community pharmacies: promoting health and wellbeing
NICE Guidance
This guideline covers how community pharmacies can help maintain and improve people’s physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways and ensuring they offer standard services and a consistent approach. It requires a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners.

Flu vaccination: increasing uptake
NICE Guidance
This guideline covers how to increase uptake of the free flu vaccination among people who are eligible. It describes ways to increase awareness and how to use all opportunities in primary and secondary care to identify people who should be encouraged to have the vaccination.

Intermediate care including reablement
NICE Quality Standard
This quality standard covers referral and assessment for intermediate care and how to deliver the service. It covers bed-based intermediate care, crisis response, home-based intermediate care and reablement. It describes high-quality care in priority areas for improvement. It does not cover rehabilitation for specific conditions.

Public Health and Lifestyle Services

What are the best societal investments for improving people’s health?
BMJ
Healthcare alone cannot improve population health. Laura Webber and colleagues advocate a “health in all policies” approach, with protected funding for preventive interventions.

The things you need to know about calorie reduction
PHE
The next phase of our work to tackle obesity is focusing on calorie reduction. In this blog you’ll find information about why we are working on calories, the evidence that underpins our obesity work and some useful downloadable and shareable content.
Nicotine preloading for smoking cessation: the Preloading RCT
NIHR

Background
Nicotine preloading means using nicotine replacement therapy prior to a quit date while smoking normally. The aim is to reduce the drive to smoke, thereby reducing cravings for smoking after quit day, which are the main cause of early relapse. A prior systematic review showed inconclusive and heterogeneous evidence that preloading was effective and little evidence of the mechanism of action, with no cost-effectiveness data.

Objectives
To assess (1) the effectiveness, safety and tolerability of nicotine preloading in a routine NHS setting relative to usual care, (2) the mechanisms of the action of preloading and (3) the cost-effectiveness of preloading.

Design
Open-label randomised controlled trial with examination of mediation and a cost-effectiveness analysis.

Setting
NHS smoking cessation clinics.

Participants
People seeking help to stop smoking.

Interventions
Nicotine preloading comprised wearing a 21 mg/24 hour nicotine patch for 4 weeks prior to quit date. In addition, minimal behavioural support was provided to explain the intervention rationale and to support adherence. In the comparator group, participants received equivalent behavioural support. Randomisation was stratified by centre and concealed from investigators. Main outcome measures
The primary outcome was 6-month prolonged abstinence assessed using the Russell Standard. The secondary outcomes were 4-week and 12-month abstinence. Adverse events (AEs) were assessed from baseline to 1 week after quit day. In a planned analysis, we adjusted for the use of varenicline (Champix®; Pfizer Inc., New York, NY, USA) as post-cessation medication. Cost-effectiveness analysis took a health-service perspective. The within-trial analysis assessed health-service costs during the 13 months of trial enrolment relative to the previous 6 months comparing trial arms. The base case was based on multiple imputation for missing cost data. We modelled long-term health outcomes of smoking-related diseases using the European-study on Quantifying Utility of Investment in Protection from Tobacco (EQUIPT) model.

Results
In total, 1792 people were eligible and were enrolled in the study, with 893 randomised to the control group and 899 randomised to the intervention group. In the intervention group, 49 (5.5%) people discontinued preloading prematurely and most others used it daily. The primary outcome, biochemically validated 6-month abstinence, was achieved by 157 (17.5%) people in the intervention group and 129 (14.4%) people in the control group, a difference of 3.02 percentage points [95% confidence interval (CI) −0.37 to 6.41 percentage points; odds ratio (OR) 1.25, 95% CI 0.97 to 1.62; \( p = 0.081 \)]. Adjusted for use of post-quit day varenicline, the OR was 1.34 (95% CI 1.03 to 1.73; \( p = 0.028 \)). Secondary abstinence outcomes were similar. The OR for the occurrence of serious AEs
was 1.12 (95% CI 0.42 to 3.03). Moderate-severity nausea occurred in an additional 4% of the preloading group compared with the control group. There was evidence that reduced urges to smoke and reduced smoke inhalation mediated the effect of preloading on abstinence. The incremental cost-effectiveness ratio at the 6-month follow-up for preloading relative to control was £710 (95% CI – £13,674 to £23,205), but preloading was dominant at 12 months and in the long term, with an 80% probability that it is cost saving.

Limitations
The open-label design could partially account for the mediation results. Outcome assessment could not be blinded but was biochemically verified.

Conclusions
Use of nicotine-patch preloading for 4 weeks prior to attempting to stop smoking can increase the proportion of people who stop successfully, but its benefit is undermined because it reduces the use of varenicline after preloading. If this latter effect could be overcome, then nicotine preloading appears to improve health and reduce health-service costs in the long term. Future work should determine how to ensure that people using nicotine preloading opt to use varenicline as cessation medication.

Sale of energy drinks to children
DH&SC
The Department of Health and Social Care is consulting on whether or not to prohibit the sale of energy drinks to children. Although some retailers have voluntarily stopped selling high caffeine drinks to children under 16, there is currently no requirement for them to do so, and a limited evidence base on which to draw. The deadline for responding to this consultation is 21 November 2018.

Social prescribing schemes to be funded by the Health and Wellbeing Fund: 2018
DHSC
The funding will help these 23 sites receive more GP referrals for social activities and other types of support.

What is happening to life expectancy in the UK?
King’s Fund
2010 marked a turning point in long-term mortality trends in the UK, with improvements tailing off after decades of steady decline. In this piece Veena Raleigh looks at how overall life expectancy has changed over time, along with considerations such as the difference in life expectancy between males and females, geographical inequalities, how the UK compares with other countries, and possible factors in the more recent slowdown in mortality improvements in the UK.

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**Bowel screening to start at 50**

DHSC

Ministers agree to national screening committee’s recommendation for bowel cancer screening in England in future to start earlier at 50.

**Love activity, Hate exercise?**

CSP

The Chartered Society of Physiotherapy has launched a new campaign to get people moving more, and is focused on small changes to improve activity levels, away from traditional exercise classes or gyms.

**Enhancing partner support to improve smoking cessation**

Cochrane review

Interventions that aim to enhance partner support appear to have no impact on increasing long-term abstinence from smoking. However, most interventions that assessed partner support showed no evidence that the interventions actually achieved their aim and increased support from partners for smoking cessation. Future research should therefore focus on developing behavioural interventions that actually increase partner support, and test this in small-scale studies, before large trials assessing the impact on smoking cessation can be justified.

**Sexual Health Week 2018**

FPA

24th-30th September is Sexual Health week, and this year’s theme is consent. See the FPA website for information and resources.

**Prevention of Illness**

Meridian

How do we work towards the primary prevention of illnesses and challenging the set of conditions caused by poor life-styles and high risk factors? You are welcome to submit new innovations, and comment or vote on existing ones.

**General Practice**

**Position statement on primary care for older people**

British Geriatrics Society

This paper sets out how primary care for older people might be improved, and covers; identification and stratification, embedding planning, support and services in the community, widening access to Comprehensive Geriatric Assessment (CGA) in primary care settings, as well as looking at measuring success and providing an overview of the BGS approach to caring for those with mild to severe frailty.
Risk scores to guide referral decisions for people with suspected ovarian cancer in secondary care: a systematic review and cost-effectiveness analysis

NIHR

Background

Ovarian cancer is the sixth most common cancer in UK women and can be difficult to diagnose, particularly in the early stages. Risk-scoring can help to guide referral to specialist centres.

Objectives

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Methods

Twenty-one databases, including MEDLINE and EMBASE, were searched from inception to November 2016. Review methods followed published guidelines. The meta-analysis using weighted averages and random-effects modelling was used to estimate summary sensitivity and specificity with 95% confidence intervals (CIs). The cost-effectiveness analysis considered the long-term costs and quality-adjusted life-years (QALYs) associated with different risk-scoring methods, and subsequent care pathways. Modelling comprised a decision tree and a Markov model. The decision tree was used to model short-term outcomes and the Markov model was used to estimate the long-term costs and QALYs associated with treatment and progression.

Results

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**Valproate use by women and girls**
**DHSC**
Information about the risks of taking valproate medicines during pregnancy.

**Bowel screening to start at 50**
**DHSC**
Ministers agree to national screening committee’s recommendation for bowel cancer screening in England in future to start earlier at 50.

**Antidepressants for treating depression in dementia**
**Cochrane Review**
The available evidence is of variable quality and does not provide strong support for the efficacy of antidepressants for treating depression in dementia, especially beyond 12 weeks. On the only measure of efficacy for which we had high-quality evidence (depression rating scale scores), antidepressants showed little or no effect. The evidence on remission rates favoured antidepressants but was of moderate quality, so future research may find a different result. There was insufficient evidence to draw conclusions about individual antidepressant drugs or about subtypes of dementia or depression. There is some evidence that antidepressant treatment may cause adverse events.

**Mirtazapine for fibromyalgia in adults**
**Cochrane Review**
Studies demonstrated no benefit of mirtazapine over placebo for pain relief of 50% or greater, PGIC, improvement of HRQoL of 20% or greater, or reduction of fatigue or negative mood. Clinically-relevant benefits were shown for pain relief of 30% or greater, reduction of mean pain intensity, and sleep problems. Somnolence, weight gain, and elevated alanine aminotransferase were more frequent with mirtazapine than placebo. The quality of evidence was low or very low, with two of three studies of questionable quality and issues over indirectness and risk of publication bias. On balance, any potential benefits of mirtazapine in fibromyalgia were outweighed by its potential harms, though, a small minority of people with fibromyalgia might experience substantial symptom relief without clinically-relevant adverse events.
Glucocorticoids for croup in children
Cochrane Review
Glucocorticoids reduced symptoms of croup at two hours, shortened hospital stays, and reduced the rate of return visits to care. Our conclusions have changed, as the previous version of this review reported that glucocorticoids reduced symptoms of croup within six hours.

Flu vaccination: increasing uptake
NICE Guidance
This guideline covers how to increase uptake of the free flu vaccination among people who are eligible. It describes ways to increase awareness and how to use all opportunities in primary and secondary care to identify people who should be encouraged to have the vaccination.

Intermediate care including reablement
NICE Quality Standard
This quality standard covers referral and assessment for intermediate care and how to deliver the service. It covers bed-based intermediate care, crisis response, home-based intermediate care and reablement. It describes high-quality care in priority areas for improvement. It does not cover rehabilitation for specific conditions.

Rehabilitation and Occupational Health

Association Between Physical Therapy in the Emergency Department and Emergency Department Revisits for Older Adult Fallers: A Nationally Representative Analysis
The Journal of the American Geriatrics Society
OBJECTIVES: To determine whether providing physical therapy (PT) services in the emergency department (ED) improves outcomes for older adults who fall.
DESIGN: We used Medicare claims data to examine differences in recurrent fall-related ED revisit rates of older adults who presented to the ED for a ground-level fall and whether they received PT services in the ED. Our logistic regression model controlled for age, sex, Medicaid eligibility, acute injury, and certain known chronic comorbidities associated with risk of falling.
SETTING: We analyzed national 2012–13 Medicare claims data for individuals aged 65 and older.
PARTICIPANTS: This was a claims-based analysis. We defined an index visit as any ED claim that included an International Classification of Diseases, Ninth Revision, Clinical Modification E-Code indicating a ground-level fall. Visits resulting in admission were excluded, as were claims associated with an individual who died during follow-up; 17,975 of the 560,277 claims for eligible outpatient index visits included revenue center codes for PT services.
MEASUREMENTS: We calculated the proportion of index visits associated with a fall-related ED revisit within 30 and 60 days and assessed differences in these proportions between individuals who did and did not receive PT services in the ED.
RESULTS: Receiving PT services in the ED during an index visit for a ground-level fall was associated with a significantly lower likelihood of a fall-related ED revisit within 30 days (odds ratio (OR) 0.655, p < .001) and 60 days (OR 0.684, p < .001).
CONCLUSION: Expanding PT services in the ED may reduce future fall-related ED use of older adults.
Obstructive sleep apnoea linked with higher risk of gout
Arthritis Research UK Primary Care Centre, Keele University

New research led by Keele University has revealed that people with obstructive sleep apnoea (OSA) have a higher risk of developing gout, even beyond the first years after being diagnosed with the sleep disorder.

OSA is associated with a range of serious comorbidities, and it has previously been shown that people with OSA have a higher risk of developing gout in the first year after diagnosis. Symptoms of OSA include loud snoring, noisy and laboured breathing, and repeated short periods where breathing is interrupted by gasping or snorting.

New research led by Dr Ed Roddy and Dr Milica Blagojevic-Bucknall from Keele’s Research Institute for Primary Care and Health Sciences, investigated whether people with OSA may also be more likely to develop gout over a longer term. The findings, published in *Arthritis & Rheumatology*, examined information on 15,879 patients with OSA and 63,296 without, with a median follow-up of 5.8 years.

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Lower extremity joint contracture according to ambulatory status in children with Duchenne muscular dystrophy
BMC Musculoskeletal Disorders

Background
Lower extremity joint contractures have negative effects on gait in children with Duchenne muscular dystrophy (DMD). Thus, contracture prevention is essential for maintaining a patient’s functional ability and an acceptable quality of life. This study investigated hip flexion (HF), knee flexion (KF), and ankle joint plantar flexion (APF) contractures among male patients with DMD, based on the patients’ ambulatory status. Differences in major joint contractures, based on passive stretching exercise participation, were also investigated.

Methods
A total of 128 boys with DMD, followed at the DMD clinic of a tertiary care hospital, were included in this cross-sectional study. The passive ranges-of-motion of the hip, knee, and ankle joints were measured, in the sagittal plane, using a goniometer. The Vignos Scale was used to grade ambulatory function. Boys with DMD who performed stretching exercises for more than 5 min/session, > 3 sessions/week, were classified into the stretching group.

Results
The HF (23.5°), KF (43.5°), and APF (34.5°) contracture angles in the non-ambulatory group were more severe than those in the ambulatory group. APF contractures (41 patients, 52.6%) were more frequently observed early, even within the ambulatory period, than were hip (8 patients, 10.3%), and knee joint (17 patients, 21.8%) contractures. Passive stretching exercises > 3 sessions/week were not
associated with the degree of lower extremity joint contractures in the ambulatory or non-ambulatory group.

Conclusion
HF, KF, and APF contractures are more common and severe when there is deterioration of ambulatory function. Stretching exercises alone are unlikely to prevent lower extremity joint contractures.

**Physiotherapy**

**Association Between Physical Therapy in the Emergency Department and Emergency Department Revisits for Older Adult Fallers: A Nationally Representative Analysis**

*The Journal of the American Geriatrics Society*

**OBJECTIVES:** To determine whether providing physical therapy (PT) services in the emergency department (ED) improves outcomes for older adults who fall.

**DESIGN:** We used Medicare claims data to examine differences in recurrent fall-related ED revisit rates of older adults who presented to the ED for a ground-level fall and whether they received PT services in the ED. Our logistic regression model controlled for age, sex, Medicaid eligibility, acute injury, and certain known chronic comorbidities associated with risk of falling.

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**RESULTS:** Receiving PT services in the ED during an index visit for a ground-level fall was associated with a significantly lower likelihood of a fall-related ED revisit within 30 days (odds ratio (OR) 5 0.655, p < .001) and 60 days (OR 5 0.684, p < .001).

**CONCLUSION:** Expanding PT services in the ED may reduce future fall-related ED use of older adults.

**2018 EULAR recommendations for physical activity in people with inflammatory arthritis and osteoarthritis**

*Annals of the Rheumatic Diseases*

Regular physical activity (PA) is increasingly promoted for people with rheumatic and musculoskeletal diseases as well as the general population. We evaluated if the public health recommendations for PA are applicable for people with inflammatory arthritis (IA; Rheumatoid Arthritis and Spondyloarthritis) and osteoarthritis (hip/knee OA) in order to develop evidence-based recommendations for advice and guidance on PA in clinical practice. The EULAR standardised operating procedures for the development of recommendations were followed. A task force (TF) (including rheumatologists, other medical specialists and physicians, health professionals, patient-representatives, methodologists) from 16 countries met twice. In the first TF meeting, 13 research questions to support a systematic literature review (SLR) were identified and defined. In the second meeting, the SLR evidence was presented and discussed before the recommendations, research agenda and education agenda were
formulated. The TF developed and agreed on four overarching principles and 10 recommendations for PA in people with iA and OA. The mean level of agreement between the TF members ranged between 9.8 and 8.8. Given the evidence for its effectiveness, feasibility and safety, PA is advocated as integral part of standard care throughout the course of these diseases. Finally, the TF agreed on related research and education agendas. Evidence and expert opinion inform these recommendations to provide guidance in the development, conduct and evaluation of PA-interventions and promotion in people with iA and OA. It is advised that these recommendations should be implemented considering individual needs and national health systems.

New Musculoskeletal Core Capabilities Framework

Skills for Health
Skills for Health, with Health Education England, NHS England, Public Health England and the Arthritis and Musculoskeletal Alliance (ARMA) today launch a new framework aimed at practitioners who will be the first point of contact for people with musculoskeletal conditions.

Love activity, Hate exercise?

CSP
The Chartered Society of Physiotherapy has launched a new campaign to get people moving more, and is focused on small changes to improve activity levels, away from traditional exercise classes or gyms.

Association of osteoarthritis risk factors with knee and hip pain in a population-based sample of 29–59 year olds in Denmark: a cross-sectional analysis

BMC Musculoskeletal Disorders

Background
This study aimed to a) describe the prevalence of knee and hip osteoarthritis risk factors in a population of 29–59 year old individuals, b) estimate the association between persistent knee/hip pain and osteoarthritis risk factors, and c) describe the prevalence of osteoarthritis risk factors, including specific biomechanical risk factors, in individuals with prolonged persistent knee or hip pain.

Methods
Participants completed the “Early Detection and Prevention” pilot study questionnaire, including items on presence of knee/hip pain within the last month and osteoarthritis risk factors. Individuals reporting knee/hip problems completed a second questionnaire, including items about most problematic joint and specific biomechanical osteoarthritis risk factors. After describing the prevalence of persistent knee/hip pain and osteoarthritis risk factors among respondents stratified for sex and age, logistic regression was used to estimate the strength of associations between osteoarthritis risk factors and presence of knee/hip pain. The prevalence of prolonged persistent pain (i.e. knee/hip pain reported at both questionnaires) and osteoarthritis risk factors among respondents with prolonged persistent knee and hip pain, were described.

Results
Two thousand six hundred sixty-one respondents completed the first survey. The one-month prevalence of persistent knee/hip pain was 27%. Previous knee/hip injury was associated with persistent knee/hip pain for both sexes in all age groups, while a family history of osteoarthritis was
associated with persistent knee/hip pain in all age groups except for 29–39 year old men. A higher BMI was associated with persistent knee/hip pain in 40–59 year old women, and 50–59 year old men. Eight hundred sixty seven respondents completed the second questionnaire. Knee/hip injuries and surgeries were more common in individuals with prolonged persistent knee than hip pain.

Conclusions
Knee/hip pain within the last month was frequent among individuals aged 29–59 years. Multiple known osteoarthritis risk factors were associated with presence of knee/hip pain. Joint injury and previous surgery were more common in individuals with knee than hip pain. The results support the notion that joint injury and overweight during early adulthood are signs of a trajectory towards symptomatic osteoarthritis later in life and may help earlier identification of groups at high risk of future symptomatic osteoarthritis.

**Uptake of the NICE osteoarthritis guidelines in primary care: a survey of older adults with joint pain**

*BMC Musculoskeletal Disorders*

**Background**
Osteoarthritis (OA) is a leading cause of pain and disability. NICE OA guidelines (2008) recommend that patients with OA should be offered core treatments in primary care. Assessments of OA management have identified a need to improve primary care of people with OA, as recorded use of interventions concordant with the NICE guidelines is suboptimal in primary care. The aim of this study was to i) describe the patient-reported uptake of non-pharmacological and pharmacological treatments recommended in the NICE OA guidelines in older adults with a self-reported consultation for joint pain and ii) determine whether patient characteristics or OA diagnosis impact uptake.

**Methods**
A cross-sectional survey mailed to adults aged ≥45 years (n = 28,443) from eight general practices in the UK as part of the MOSAICS study. Respondents who reported the presence of joint pain, a consultation in the previous 12 months for joint pain, and gave consent to medical record review formed the sample for this study.

**Results**
Four thousand fifty-nine respondents were included in the analysis (mean age 65.6 years (SD 11.2), 2300 (56.7%) females). 502 (12.4%) received an OA diagnosis in the previous 12 months. More participants reported using pharmacological treatments (e.g. paracetamol (31.3%), opioids (40.4%)) than non-pharmacological treatments (e.g. exercise (3.8%)). Those with an OA diagnosis were more likely to use written information (OR 1.57; 95% CI 1.26,1.96), paracetamol (OR 1.30; 95% CI 1.05,1.62) and topical NSAIDs (OR 1.30; 95% CI 1.04,1.62) than those with a joint pain code. People aged ≥75 years were less likely to use written information (OR 0.56; 95% CI 0.40,0.79) and exercise (OR 0.37; 95% CI 0.25,0.55) and more likely to use paracetamol (OR 1.91; 95% CI 1.38,2.65) than those aged < 75 years.

**Conclusion**
The cross-sectional population survey was conducted to examine the uptake of the treatments that are recommended in the NICE OA guidelines in older adults with a self-reported consultation for joint pain and to determine whether patient characteristics or OA diagnosis impact uptake. Non-pharmacological treatment was suboptimal compared to pharmacological treatment. Implementation
of NICE guidelines needs to examine why non-pharmacological treatments, such as exercise, remain under-used especially among older people.

**Health Visiting and Nursing**

**Adult Safeguarding: Roles and Competencies for Health Care Staff**
RCN
One of the most important principles of safeguarding is that it is everyone’s responsibility. Health care staff frequently work with people in their moments of greatest need and can witness health and social inequalities which have a direct impact on the lives of people they care for. This intercollegiate document has been designed to guide professionals and the teams they work with to identify the competencies they need in order to support individuals to receive personalised and culturally sensitive safeguarding. It sets out minimum training requirements along with education and training principles.

**Flu vaccination: increasing uptake**
NICE Guidance
This guideline covers how to increase uptake of the free flu vaccination among people who are eligible. It describes ways to increase awareness and how to use all opportunities in primary and secondary care to identify people who should be encouraged to have the vaccination.

**Social Care**

**Position statement on primary care for older people**
British Geriatrics Society
This paper sets out how primary care for older people might be improved, and covers; identification and stratification, embedding planning, support and services in the community, widening access to Comprehensive Geriatric Assessment (CGA) in primary care settings, as well as looking at measuring success and providing an overview of the BGS approach to caring for those with mild to severe frailty.

**Free MCA webinar 14 September**
SCIE
SCIE is hosting a webinar to discuss the forthcoming changes to the Mental Health Act and the Mental Capacity Act. The webinar will reflect on the important changes in how people’s rights are protected. This is an online only event. Click the link above to book a place.

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competencies they need in order to support individuals to receive personalised and culturally sensitive safeguarding. It sets out minimum training requirements along with education and training principles.

**Intermediate care including reablement**

**NICE Quality Standard**

This quality standard covers referral and assessment for intermediate care and how to deliver the service. It covers bed-based intermediate care, crisis response, home-based intermediate care and reablement. It describes high-quality care in priority areas for improvement. It does not cover rehabilitation for specific conditions.

**Mental Health**

**Antidepressants for treating depression in dementia**

**Cochrane Review**

The available evidence is of variable quality and does not provide strong support for the efficacy of antidepressants for treating depression in dementia, especially beyond 12 weeks. On the only measure of efficacy for which we had high-quality evidence (depression rating scale scores), antidepressants showed little or no effect. The evidence on remission rates favoured antidepressants but was of moderate quality, so future research may find a different result. There was insufficient evidence to draw conclusions about individual antidepressant drugs or about subtypes of dementia or depression. There is some evidence that antidepressant treatment may cause adverse events.

**Mindfulness-based stress reduction for family carers of people with dementia**

**Cochrane review**

After accounting for non-specific effects of the intervention (i.e. comparing it with an active control), low-quality evidence suggests that MBSR may reduce carers' depressive symptoms and anxiety, at least in the short term.

There are significant limitations to the evidence base on MBSR in this population. Our GRADE assessment of the evidence was low to very low quality. We downgraded the quality of the evidence primarily because of high risk of detection or performance bias, and imprecision.

In conclusion, MBSR has the potential to meet some important needs of the carer, but more high-quality studies in this field are needed to confirm its efficacy.

**E-Health interventions for anxiety and depression in children and adolescents with long-term physical conditions**

**Cochrane Review**

At present, the field of e-health interventions for the treatment of anxiety or depression in children and adolescents with long-term physical conditions is limited to five low quality trials. The very low-quality of the evidence means the effects of e-health interventions are uncertain at this time, especially in children aged under 10 years.
Although it is too early to recommend e-health interventions for this clinical population, given their growing number, and the global improvement in access to technology, there appears to be room for the development and evaluation of acceptable and effective technologically-based treatments to suit children and adolescents with long-term physical conditions.

**RAIDPlus Integrated Mental Health Urgent Care Project**

**Meridian**

RAIDPlus is an innovative project that aims to achieve predictive, preventative, integrated and efficient mental health urgent care service for patients and their relatives with the use of combinatorial innovation. You are welcome to submit new innovations, and comment or vote on existing ones.

**Children and Young People**

**E-Health interventions for anxiety and depression in children and adolescents with long-term physical conditions**

**Cochrane Review**

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**Glucocorticoids for croup in children**

**Cochrane Review**

Glucocorticoids reduced symptoms of croup at two hours, shortened hospital stays, and reduced the rate of return visits to care. Our conclusions have changed, as the previous version of this review reported that glucocorticoids reduced symptoms of croup within six hours.

**Flu vaccination: increasing uptake**

**NICE Guidance**

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**Association Between Physical Therapy in the Emergency Department and Emergency Department Revisits for Older Adult Fallers: A Nationally Representative Analysis**

The Journal of the American Geriatrics Society

**OBJECTIVES:** To determine whether providing physical therapy (PT) services in the emergency department (ED) improves outcomes for older adults who fall.

**DESIGN:** We used Medicare claims data to examine differences in recurrent fall-related ED revisit rates of older adults who presented to the ED for a ground-level fall and whether they received PT services in the ED. Our logistic regression model controlled for age, sex, Medicaid eligibility, acute injury, and certain known chronic comorbidities associated with risk of falling.

**SETTING:** We analyzed national 2012–13 Medicare claims data for individuals aged 65 and older.

**PARTICIPANTS:** This was a claims-based analysis. We defined an index visit as any ED claim that included an International Classification of Diseases, Ninth Revision, Clinical Modification E-Code indicating a ground-level fall. Visits resulting in admission were excluded, as were claims associated with an individual who died during follow-up; 17,975 of the 560,277 claims for eligible outpatient index visits included revenue center codes for PT services.

**MEASUREMENTS:** We calculated the proportion of index visits associated with a fall-related ED revisit within 30 and 60 days and assessed differences in these proportions between individuals who did and did not receive PT services in the ED.

**RESULTS:** Receiving PT services in the ED during an index visit for a ground-level fall was associated with a significantly lower likelihood of a fall-related ED revisit within 30 days (odds ratio (OR) 0.655, p < .001) and 60 days (OR 0.684, p < .001).

**CONCLUSION:** Expanding PT services in the ED may reduce future fall-related ED use of older adults.

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**Position statement on primary care for older people**

*British Geriatrics Society*

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**Antidepressants for treating depression in dementia**

*Cochrane Review*

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**Mindfulness-based stress reduction for family carers of people with dementia**

*Cochrane review*

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There are significant limitations to the evidence base on MBSR in this population. Our GRADE assessment of the evidence was low to very low quality. We downgraded the quality of the evidence primarily because of high risk of detection or performance bias, and imprecision.

In conclusion, MBSR has the potential to meet some important needs of the carer, but more high-quality studies in this field are needed to confirm its efficacy.

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**Pharmacy**

**Antidepressants for treating depression in dementia**

**Cochrane Review**
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**Impact of medication reconciliation for improving transitions of care**

**Cochrane Review**
The impact of medication reconciliation interventions, in particular pharmacist-mediated interventions, on medication discrepancies is uncertain due to the certainty of the evidence being very low. There was also no certainty of the effect of the interventions on the secondary clinical outcomes of ADEs, PADEs and healthcare utilisation.

**Community pharmacies: promoting health and wellbeing**

**NICE guidance**
This guideline covers how community pharmacies can help maintain and improve people’s physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage
more people to use community pharmacies by integrating them within existing health and care pathways and ensuring they offer standard services and a consistent approach. It requires a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners.

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