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 SSOTP, NSCHT, UHN, 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.guide.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

**Prescription curbs to free up hundreds of millions of pounds for frontline care**

**NHS England**

HS England has today agreed plans to save hundreds of millions of pounds each year by recommending low value treatments, including fish oil, herbal remedies and homeopathy no longer be provided on the NHS, and launching a consultation on curbs to prescriptions for some ‘over the counter’ products such as paracetamol.

**Localised community outbreaks of influenza in the out of season period: Letters to clinical commissioning groups**

**NHS England**

Letters to Clinical Commissioning Groups to facilitate the NHS response to localised community outbreaks of influenza in the out of season period

**Implications of the General Data Protection Regulation (GDPR) on the health care sector**

**Primary Care Commissioning**

Tuesday 16 January 2018

London

The seminar will provide an overview of the GDPR and of the Data Protection Bill insofar as it relates to the processing of personal data within the health and social care context and incorporates and supplements the GDPR.

By the end of the session you will be clear on the new requirements imposed on data controllers and processors by the GDPR and what action is needed to prepare for the coming into force of the new legislation on 25 May 2018. The session will focus on the implications of the GDPR on the health and social care sector and organisations operating within that sector

**Evidence on mechanisms and tools for use of health information for decision-making**

**WHO**

The World Health Assembly in 2005 urged Member States to establish or strengthen knowledge transfer mechanisms to support evidence-informed health policies and health care delivery. The European Health Information Initiative was set up to strengthen the use of evidence, information and research for policy-making in the WHO European Region. While good-quality health information is a key component for decision-making, it needs to be packaged and communicated in an effective way to policy-makers, the end-users. This report describes tools and mechanisms that can help to increase the use of health information in policy development. Packaging tools include synthesis methods, such as policy briefs, and visualization methods. Application tools include surveillance data and modelling/simulation to explore the behaviour and performance of processes and interventions. Dissemination and communication tools include health information-sharing platforms, newsletters and person-to-person communications. Finally, linkage and exchange tools such as knowledge networks facilitate the dissemination and refining of health information, thus increasing the chance of its translation into policy.
Health app: GDM-Health for people with gestational diabetes
NICE
• GDM-Health is a health application designed for people with gestational diabetes to allow for remote monitoring of blood glucose levels and communication with healthcare professionals.

• The mobile app downloads data from the user's blood glucose meter and sends it to a secure website, which is monitored by healthcare professionals. The website allows midwives to send SMS text messages to patients and record notes on the website for other healthcare staff.

• GDM-Health is free to download and use. Its use may result in efficiency savings from reducing face-to-face clinic appointments.

Asthma: diagnosis, monitoring and chronic asthma management
NICE
This guideline covers diagnosing, monitoring and managing asthma in adults, young people and children. It aims to improve the accuracy of diagnosis, help people to control their asthma and reduce the risk of asthma attacks. It does not cover managing severe asthma or acute asthma attacks. The investment and training required to implement the guideline will take time. In the meantime, primary care services should implement what they can of the recommendations, using currently available approaches to diagnosis until the infrastructure for objective testing is in place.

School for Change Agents
The Edge

If you’ve been frustrated by having to navigate stifling hierarchies to get the changes you know are needed, or criticised for being a dissenter, disruptive or even divisive, then the School is for you. It’s more than just a school — it’s a platform for learning, and a community of people like you. Live webinars begin on the 15th February
CPD POINTS ARE AVAILABLE!
100 Years of Public Health Marketing
PHE
A collection of public health posters dating back to the First World War, showing how health communication has changed over time.

HIV Prevention Innovation Fund: A fresh approach to tackling HIV Infection
PHE
In recent years our understanding of HIV has improved greatly with real advances occurring in HIV treatment and prevention. Today, the death rate among people with HIV who are diagnosed promptly and on treatment is comparable to the rest of the population. Approaches to prevention such as encouraging condom use, self-sampling, promoting expanded HIV testing and diagnosis, and prompt treatment and the use of PrEP are all contributing towards the decline in HIV rates reported in some communities.

Evidence on mechanisms and tools for use of health information for decision-making
WHO
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Evidence use in decision-making on introducing innovations: a systematic scoping review with stakeholder feedback
WHO
Background
A range of evidence informs decision-making on innovation in health care, including formal research findings, local data and professional opinion. However, cultural and organisational factors often prevent the translation of evidence for innovations into practice. In addition to the characteristics of evidence, it is known that processes at the individual level influence its impact on decision-making. Less is known about the ways in which processes at the professional, organisational and local system level shape evidence use and its role in decisions to adopt innovations.

Methods
A systematic scoping review was used to review the health literature on innovations within acute and primary care and map processes at the professional, organisational and local system levels which influence how evidence informs decision-making on innovation. Stakeholder feedback on the themes identified was collected via focus groups to test and develop the findings.

Results
Following database and manual searches, 31 studies reporting primary qualitative data met the inclusion criteria: 24 were of sufficient methodological quality to be included in the thematic analysis. Evidence use in decision-making on innovation is influenced by multi-level processes (professional, organisational, local system) and interactions across these levels. Preferences for evidence vary by professional group and health service setting. Organisations can shape professional behaviour by requiring particular forms of evidence to inform decision-making. Pan-regional organisations shape innovation decision-making at lower levels. Political processes at all levels shape the selection and use of evidence in decision-making.

Conclusions
The synthesis of results from primary qualitative studies found that evidence use in decision-making on innovation is influenced by processes at multiple levels. Interactions between different levels shape evidence use in decision-making (e.g. professional groups and organisations can use local systems to validate evidence and legitimise innovations, while local systems can tailor or frame evidence to influence activity at lower levels). Organisational leaders need to consider whether the environment in which decisions are made values diverse evidence and stakeholder perspectives. Further qualitative research on decision-making practices that highlights how and why different types of evidence come to count during decisions, and tracks the political aspects of decisions about innovation, is needed.

**Mass media interventions for smoking cessation in adults**
**Cochrane Review**
There is evidence that comprehensive tobacco control programmes which include mass media campaigns can be effective in changing smoking behaviour in adults, but the evidence comes from a heterogeneous group of studies of variable methodological quality. One state-wide tobacco control programme (Massachusetts) showed positive results up to eight years after the campaign. Another (California) showed positive results during the period of adequate funding and implementation and in final evaluation since the beginning of the programme. Six of nine studies carried out in communities or regions showed some positive effects on smoking behaviour and at least one significant change in smoking prevalence (Sydney). The intensity and duration of mass media campaigns may influence effectiveness, but length of follow-up and concurrent secular trends and events can make this difficult to quantify. No consistent relationship was observed between campaign effectiveness and age, education, ethnicity or gender.

**Tobacco cessation interventions for young people**
**Cochrane Review**
There is limited evidence that either behavioural support or smoking cessation medication increases the proportion of young people that stop smoking in the long-term. Findings are most promising for group-based behavioural interventions, but evidence remains limited for all intervention types. There
continues to be a need for well-designed, adequately powered, randomized controlled trials of interventions for this population of smokers.

**Interventions to change the behaviour of health professionals and the organisation of care to promote weight reduction in children and adults with overweight or obesity**

**Cochrane Review**

What is the aim of this review?

To assess the effectiveness of strategies to change the behaviour of health professionals and the organisation of care to promote weight reduction in people with overweight and obesity. This is an update of a Cochrane Review.

Key messages

We found little evidence for a clinically important intervention effect on weight loss, or on body mass index (BMI) change. The results suggest that a brief educational intervention provided to healthcare professionals may lead to a slight decrease in weight for their adult patients, but the results of the studies were not consistent. Evidence for all the other interventions we looked at came mostly from single studies, which is why these interventions need further investigation.

What was studied in the review?

The number of people with overweight or obesity is increasing around the world. Excessive weight is associated with many chronic diseases. We searched the literature for studies that evaluated the effects of interventions aimed at changing the behaviour of health professionals or the way care is organised for improved weight management and weight loss.

What are the main results of this review?

We included 12 studies, eight in adults and four in children. One hundred and thirty-nine family practices were included, providing care to 89,754 people who were followed for 12 months. Seven studies evaluated the effects of various interventions directed at healthcare professionals (i.e. education, reminders, and decision support tools), and the other five evaluated different organisational interventions (i.e. changes in who delivers the health care, how and where it is delivered, etc.). The comparison intervention was standard care, or the opportunity to seek it. The main outcomes assessed were weight or weight change for adults, and how their weight compared with their peers for children.

Professional interventions

Brief education of primary care physicians in weight management may slightly decrease the weight of their patients. Tailoring the education to the healthcare professional to improve how closely they follow guidelines probably led to little or no difference in obesity management or weight loss at study end. We are uncertain whether issuing doctors with printed reminders about weight management strategies helped to reduce their patients' weight, compared to standard care.

Two studies reported that providing doctors with a clinical decision support tool within the practice may lead to little or no difference in the BMI of children with obesity or in the weight of adults with overweight or obesity, compared to patients receiving standard care.
Organisational interventions
Two studies assessed the effect of multidisciplinary teams. Weight-loss programmes led by a dietitian or by a doctor plus a dietitian may lead to greater weight loss in adult patients than standard care. Shared care (between family practice and hospital doctors and dietitians) probably leads to little or no difference in the BMI of children with obesity, compared to standard care.

Organisational restructuring of the delivery of family practice care (i.e. introducing the chronic care model: training of the whole practice team, enhanced electronic medical record system, the paediatric nurse practitioners playing a key role in delivering the intervention) led to a slightly lower increase in the BMI of children with obesity at intervention clinics, compared to standard care.

Two studies assessed changes in the setting of service delivery. The use of both mail and phone interventions to promote weight loss probably led to little or no difference in weight loss of adults with overweight or obesity, compared to standard care. Family practice weight management programmes conducted by nurses may lead to little or no difference in BMI in children with obesity, as compared to specialist obesity hospital clinics run by consultants.

Combined diet and exercise interventions for preventing gestational diabetes mellitus
Cochrane Review
Moderate-quality evidence suggests reduced risks of GDM and caesarean section with combined diet and exercise interventions during pregnancy as well as reductions in gestational weight gain, compared with standard care. There were no clear differences in hypertensive disorders of pregnancy, perinatal mortality, large-for-gestational age, perineal trauma, neonatal hypoglycaemia, and childhood adiposity (moderate- to very low-quality evidence).

Using GRADE methodology, the evidence was assessed as moderate to very low quality. Downgrading decisions were predominantly due to design limitations (risk of bias), and imprecision (uncertain effect estimates, and at times, small sample sizes and low event rates), however two outcomes (pregnancy-induced hypertension/hypertension and neonatal hypoglycaemia), were also downgraded for unexplained inconsistency (statistical heterogeneity).

Due to the variability of the diet and exercise components tested in the included studies, the evidence in this review has limited ability to inform practice. Future studies could describe the interventions used in more detail, if and how these influenced behaviour change and ideally be standardised between studies. Studies could also consider using existing core outcome sets to facilitate more standardised reporting.

General Practice

How does aripiprazole compare with placebo in children and adolescents with autism spectrum disorders?
Cochrane Clinical Answers
Moderate-quality evidence shows that, when compared with placebo, short-term (8 weeks) use of aripiprazole may improve symptoms of irritability, hyperactivity, and stereotypy (repetitive movements) in children and adolescents with autism spectrum disorders. However, participants
treated with aripiprazole were more likely to exhibit increased weight gain, tremors, and sedation compared to those randomized to placebo

**Asthma: diagnosis, monitoring and chronic asthma management**

**NICE**

This guideline covers diagnosing, monitoring and managing asthma in adults, young people and children. It aims to improve the accuracy of diagnosis, help people to control their asthma and reduce the risk of asthma attacks. It does not cover managing severe asthma or acute asthma attacks. The investment and training required to implement the guideline will take time. In the meantime, primary care services should implement what they can of the recommendations, using currently available approaches to diagnosis until the infrastructure for objective testing is in place.

**Sarilumab for moderate to severe rheumatoid arthritis**

**NICE**

Evidence-based recommendations on sarilumab (Kevzara) for treating moderate to severe rheumatoid arthritis in adults

**Familial hypercholesterolaemia: identification and management**

**NICE**

This guideline covers identifying and managing familial hypercholesterolaemia (FH), a specific type of high cholesterol that runs in the family, in children, young people and adults. It aims to help identify people at increased risk of coronary heart disease as a result of having FH.

In November 2017, we reviewed the evidence for case finding and diagnosis, identification using cascade testing, and management using statins. We amended recommendations in sections 1.1, 1.2 and 1.3

**Health app: Sleepio for adults with poor sleep**

**NICE**

- Sleepio is designed for adults with poor sleep, to help improve their sleep through a cognitive behavioural therapy approach.

- It is a self-help tool that is available on a website and as an app on iOS mobile devices. The app can link to wearable fitness devices that track sleep.

- Sleepio costs £200 per user per year for individual purchases. Discounts are offered for commissioners for multiple licences, or unlimited access within a population for a fee based on population size

**Health app: GDm-Health for people with gestational diabetes**

**NICE**

- GDm-Health is a health application designed for people with gestational diabetes to allow for remote monitoring of blood glucose levels and communication with healthcare professionals.
• The mobile app downloads data from the user's blood glucose meter and sends it to a secure website, which is monitored by healthcare professionals. The website allows midwives to send SMS text messages to patients and record notes on the website for other healthcare staff.

• GDm-Health is free to download and use. Its use may result in efficiency savings from reducing face-to-face clinic appointments.

**Routine antibiotic prophylaxis after normal vaginal birth for reducing maternal infectious morbidity**

*Cochrane Review*

Routine administration of antibiotics may reduce the risk of endometritis after uncomplicated vaginal birth. The small number and nature of the trials limit the interpretation of the evidence for application in practice, particularly in settings where women may be at higher risk of developing endometritis. The use of antibiotics did not reduce the incidence of urinary tract infections, wound infection or the length of maternal hospital stay. Antibiotics are not a substitute for infection prevention and control measures around the time of childbirth and the postpartum period. The decision to routinely administer prophylactic antibiotics after normal vaginal births needs to be balanced by patient features, childbirth setting and provider experience, including considerations of the contribution of indiscriminate use of antibiotics to raising antimicrobial resistance. Well-designed and high-powered randomised controlled trials would help to evaluate the added value of routine antibiotic administration as a measure to prevent maternal infections after normal vaginal delivery.

**Direct oral anticoagulants versus warfarin for preventing stroke and systemic embolic events among atrial fibrillation patients with chronic kidney disease**

*Cochrane Review*

Our findings indicate that DOAC are as likely as warfarin to prevent all strokes and systemic embolic events without increasing risk of major bleeding events among AF patients with kidney impairment. These findings should encourage physicians to prescribe DOAC in AF patients with CKD without fear of bleeding. The major limitation is that the results of this study chiefly reflect CKD stage G3. Application of the results to CKD stage G4 patients requires additional investigation. Furthermore, we could not assess CKD stage G5 patients. Future reviews should assess participants at more advanced CKD stages. Additionally, we could not conduct detailed analyses of subgroups and sensitivity analyses due to lack of data.

**Probiotics for vulvovaginal candidiasis in non-pregnant women**

*Cochrane Review*

Low and very low quality evidence shows that, compared with conventional treatment, the use of probiotics as an adjuvant therapy could increase the rate of short-term clinical and mycological cure and decrease the relapse rate at one month but this did not translate into a higher frequency of long-term clinical or mycological cure. Probiotics use does not seem to increase the frequency of serious or non-serious adverse events. There is a need for well-designed RCTs with standardized methodologies, longer follow-up and larger sample size.
Insulin-sensitising drugs (metformin, rosiglitazone, pioglitazone, D-chiro-inositol) for women with polycystic ovary syndrome, oligo amenorrhoea and subfertility

Cochrane Review

Our updated review suggests that metformin alone may be beneficial over placebo for live birth, although the evidence quality was low. When metformin was compared with clomiphene citrate, data for live birth were inconclusive, and our findings were limited by lack of evidence. Results differed by body mass index (BMI), emphasising the importance of stratifying results by BMI. An improvement in clinical pregnancy and ovulation suggests that clomiphene citrate remains preferable to metformin for ovulation induction in obese women with PCOS.

An improved clinical pregnancy and ovulation rate with metformin and clomiphene citrate versus clomiphene citrate alone suggests that combined therapy may be useful although we do not know whether this translates into increased live births. Women taking metformin alone or with combined therapy should be advised that there is no evidence of increased miscarriages, but gastrointestinal side effects are more likely.

Proton pump inhibitors for functional dyspepsia

Cochrane Review

There is evidence that PPIs are effective for the treatment of FD, independent of the dose and duration of treatment compared with placebo. PPIs may be slightly more effective than prokinetics for the treatment of FD; however, the evidence is scarce. The trials evaluating PPIs versus prokinetics are difficult to interpret as they are at risk of bias. Although the effect of these drugs seems to be small, the drugs are well tolerated.

Tests for detecting strabismus in children aged 1 to 6 years in the community

Cochrane Review

Background Strabismus (misalignment of the eyes) is a risk factor for impaired visual development both of visual acuity and of stereopsis. Detection of strabismus in the community by non-expert examiners may be performed using a number of different index tests that include direct measures of misalignment (corneal or fundus reflex tests), or indirect measures such as stereopsis and visual acuity. The reference test to detect strabismus by trained professionals is the cover–uncover test.

Objectives To assess and compare the accuracy of tests, alone or in combination, for detection of strabismus in children aged 1 to 6 years, in a community setting by non-expert screeners or primary care professionals to inform healthcare commissioners setting up childhood screening programmes. Secondary objectives were to investigate sources of heterogeneity of diagnostic accuracy.

Search methods. We searched the Cochrane Central Register of Controlled Trials (CENTRAL; 2016, Issue 12) (which contains the Cochrane Eyes and Vision Trials Register) in the Cochrane Library, the Health Technology Assessment Database (HTAD) in the Cochrane Library (2016, Issue 4), MEDLINE Ovid (1946 to 5 January 2017), Embase Ovid (1947 to 5 January 2017), CINAHL (January 1937 to 5 January 2017), Web of Science Conference Proceedings Citation Index-Science (CPCI-S) (January 1990 to 5 January 2017), BIOSIS Previews (January 1969 to 5 January 2017), MEDION (to 18 August 2014), the Aggressive Research Intelligence Facility database (ARIF) (to 5 January 2017), the ISRCTN registry (www.isrctn.com/editAdvancedSearch); searched 5 January 2017, ClinicalTrials.gov
(www.clinicaltrials.gov); searched 5 January 2017 and the World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP) (www.who.int/ictrp/search/en); searched 5 January 2017. We did not use any date or language restrictions in the electronic searches for trials. In addition, orthoptic journals and conference proceedings without electronic listings were searched.

Selection criteria. All prospective or retrospective population-based test accuracy studies of consecutive participants were included. Studies compared a single or combination of index tests with the reference test. Only those studies with sufficient data for analysis were included specifically to calculate sensitivity and specificity and determine diagnostic accuracy. Participants were aged 1 to 6 years. Studies reporting participants outside this range were included if subgroup data were available. Permitted settings included population-based vision screening programmes or opportunistic screening programmes, such as those performed in schools.

Data collection and analysis We used standard methodological procedures expected by Cochrane. In brief, two review authors independently assessed titles and abstracts for eligibility and extracted the data, with a third senior author resolving any disagreement. We analysed data primarily for specificity and sensitivity.

Main results One study from a total of 1236 papers, abstracts and trials was eligible for inclusion with a total number of participants of 335 of which 271 completed both the screening test and the gold standard test. The screening test using an automated photoscreener had a sensitivity of 0.46 (95% confidence interval (CI) 0.19 to 0.75) and specificity of 0.97 (CI 0.94 to 0.99). The overall number affected by strabismus was low at 13 (4.8%).

Authors' conclusions. There is very limited data in the literature to ascertain the accuracy of tests for detecting strabismus in the community as performed by non-expert screeners. A large prospective study to compare methods would be required to determine which tests have the greatest accuracy.

**Combined diet and exercise interventions for preventing gestational diabetes mellitus**

**Cochrane Review**

Moderate-quality evidence suggests reduced risks of GDM and caesarean section with combined diet and exercise interventions during pregnancy as well as reductions in gestational weight gain, compared with standard care. There were no clear differences in hypertensive disorders of pregnancy, perinatal mortality, large-for-gestational age, perineal trauma, neonatal hypoglycaemia, and childhood adiposity (moderate- to very low-quality evidence).

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Due to the variability of the diet and exercise components tested in the included studies, the evidence in this review has limited ability to inform practice. Future studies could describe the interventions used in more detail, if and how these influenced behaviour change and ideally be standardised.
between studies. Studies could also consider using existing core outcome sets to facilitate more standardised reporting.

**Insulin for the treatment of women with gestational diabetes**

**Cochrane Review**

The main comparison in this review is insulin versus oral anti-diabetic pharmacological therapies. Insulin and oral anti-diabetic pharmacological therapies have similar effects on key health outcomes. The quality of the evidence ranged from very low to moderate, with downgrading decisions due to imprecision, risk of bias and inconsistency.

For the other comparisons of this review (insulin compared with non-pharmacological interventions, different insulin analogues or different insulin regimens), there is insufficient volume of high-quality evidence to determine differences for key health outcomes.

Long-term maternal and neonatal outcomes were poorly reported for all comparisons.

The evidence suggests that there are minimal harms associated with the effects of treatment with either insulin or oral anti-diabetic pharmacological therapies. The choice to use one or the other may be down to physician or maternal preference, availability or severity of GDM. Further research is needed to explore optimal insulin regimens. Further research could aim to report data for standardised GDM outcomes.

**Rehabilitation and Occupational Health**

**Participation in physical activities for children with cerebral palsy: feasibility and effectiveness of physical activity on prescription**

**Archives of Physiotherapy**

**Background**

Children with cerebral palsy (CP) are less physically active and more sedentary than other children which implies risk factors for their physical and mental health. Physical activity on prescription (PAP) is an effective intervention to promote a lifestyle change towards increased physical activity in adults in general. Knowledge is lacking about the use of PAP in children with CP. Therefore, the aim of this study was to evaluate the feasibility of PAP for children with CP and its effectiveness on participation in physical activity and sedentary behaviour.

**Methods**

Eleven children with CP, aged 7-11 years, participated in PAP, consisting of a written agreement between each child, their parents and the physiotherapist and based on Motivational Interviewing (MI), Canadian Occupational Performance Measure (COPM) and Goal Attainment Scaling (GAS). Individual goals, gross motor function and physical activity were assessed at baseline, at 8 and/or 11 months using COPM, GAS, logbooks, Gross Motor Function Measure (GMFM-66), physical activity questionnaires, physical activity and heart rate monitors and time-use diaries. At 8 and 11 months the feasibility of the intervention and costs and time spent for the families and the physiotherapist were evaluated by questionnaires.
Results
The intervention was feasible according to the feasibility questionnaire. Each child participated in 1-3 self-selected physical activities during 3-6 months with support from the physiotherapist, and clinically meaningful increases from baseline of COPM and GAS scores were recorded. Being physically active at moderate-vigorous levels varied between less than 30 and more than 240 minutes/day, and the median for the whole group was 84 minutes/day at baseline and 106 minutes/day at 8 months.

Conclusions
The intervention PAP seems to be feasible and effective for children with CP, involving both every day and organised physical activities to promote an active lifestyle through increased participation, motivation, and engagement in physical activities. Further research of PAP is needed, preferably in a long term randomised controlled trial and including health economic analysis to show costs and benefits.

Physical exercise training for cystic fibrosis
Cochrane Reviews
Evidence about the efficacy of physical exercise training in cystic fibrosis from 15 small studies with low to moderate methodological quality is limited. Exercise training is already part of regular outpatient care offered to most people with cystic fibrosis, and since there is some evidence for beneficial effects on aerobic fitness and no negative side effects exist, there is no reason to actively discourage this. The benefits from including physical exercise training in an individual's regular care may be influenced by the type and duration of the training programme. High-quality randomised controlled trials are needed to comprehensively assess the benefits of exercise programmes in people with cystic fibrosis and the relative benefits of the addition of aerobic versus anaerobic versus a combination of both types of physical exercise training to the care of people with cystic fibrosis.

Yoga for improving health and well-being
Cochrane Reviews
Yoga originated thousands of years ago in India as an integrated physical, mental, and spiritual practice based on ancient Vedic philosophy, and is connected to Ayurveda, the system of traditional Indian medicine. During the 20th century, yoga became increasingly recognised outside India, and over the past decades it has continued to grow in popularity worldwide as a system for promoting health and well-being. While modern yoga often focuses on physical poses and is sometimes thought of as a type of exercise, the practice usually incorporates one or more of the mental or spiritual elements that are traditionally part of yoga, such as relaxation, concentration, or meditation. For this reason, yoga is considered a mind-body exercise. There are currently many different types or schools of yoga, each with a different emphasis on and approach to practice. It is widely thought that some of these yoga practices may help treat or prevent physical or mental illnesses, and improve overall quality of life. There is therefore a need for information on the potential health benefits and harms of yoga. This Cochrane Library Special Collection of systematic reviews on yoga focuses on reviews evaluating the effectiveness of yoga for improving physical or mental symptoms and quality of life in a range of health conditions. It has been developed to bring the best available evidence on the health-related
Degenerative Scoliosis

Current Reviews in Musculoskeletal Medicine

Purpose of Review

The purpose of this review is to provide an updated review of adult degenerative scoliosis (ADS). Epidemiology, classification, pathophysiology, and natural history are discussed along with a summary of commonly used outcome measures. Operative vs non-operative outcomes and new surgical techniques are discussed.

Recent Findings

The SRS-Schwab classification (2012) combines clinical and radiographic evaluation including overall global alignment. Current evidence regarding risk factors and efficacy of non-surgical modalities are discussed. Recent studies have reported surgical management to provide superior outcomes to non-operative modalities. New surgical techniques provide promising early data in regard to decreasing perioperative morbidity.

Summary

ADS is a potentially debilitating condition that occurs with asymmetric spinal degeneration. This can produce global sagittal malalignment and central and foraminal stenosis and can lead to significant impairment often necessitating surgery. The surgeon must be aware of the perioperative risks in this population and implement appropriate age-specific alignment goals to achieve the best outcome for patients.

Exercise improves symptoms and function for people with ankylosing spondylitis

NIHR

People with ankylosing spondylitis showed improvement in their symptoms and their ability to perform day-to-day tasks when they did more exercise. Symptom and function scores improved by almost one point on a 10-point scale after 3 to 12 weeks of exercise.

Ankylosing spondylitis is a type of arthritis which mainly affects the spine, causing pain, stiffness and progressive fusion of the spine. There have been recent advances in pharmacological treatment, and it was uncertain whether exercise along with modern drug treatment has useful benefits.

This review pooled the results of eight trials comparing different types of exercise with education or no exercise. People’s symptoms and ability to perform daily activities improved regardless of whether they were receiving new drug treatments.

The functional improvements shown in this research and the potential to prolong independence and working life for the most severely affected might also be another important reason to maintain activity.
**Group rehabilitation activities improve walking after stroke**

NIHR

Group-based circuit class therapy (CCT) focused on repetitive mobility, and functional tasks improved walking ability in people after stroke. People walked on average 61m further during six minutes than those receiving comparison interventions. CCT involves stroke survivors practising different activities at workstations in sight of each other.

This Cochrane review identified 17 trials of group-based CCT, given at least weekly for four weeks, compared with other physical therapies or no intervention. Those receiving CCT showed clinically meaningful improvements in walking distance and speed, as well as independence and balance.

Regular multidisciplinary team rehabilitation is a central component of post-stroke care. However, there are no specific recommendations around the format of rehabilitation. Cost-effectiveness was not assessed, but it is possible that group-based physical rehabilitation programmes could reduce staff resources and offer cost savings.

Local availability may be an issue. There is also the question of whether it would be practical and appropriate for individuals to attend group sessions, depending on their stroke severity.

**Physiotherapy**

**Participation in physical activities for children with cerebral palsy: feasibility and effectiveness of physical activity on prescription**

Archives of Physiotherapy

Background

Children with cerebral palsy (CP) are less physically active and more sedentary than other children which implies risk factors for their physical and mental health. Physical activity on prescription (PAP) is an effective intervention to promote a lifestyle change towards increased physical activity in adults in general. Knowledge is lacking about the use of PAP in children with CP. Therefore, the aim of this study was to evaluate the feasibility of PAP for children with CP and its effectiveness on participation in physical activity and sedentary behaviour.

Methods

Eleven children with CP, aged 7-11 years, participated in PAP, consisting of a written agreement between each child, their parents and the physiotherapist and based on Motivational Interviewing (MI), Canadian Occupational Performance Measure (COPM) and Goal Attainment Scaling (GAS). Individual goals, gross motor function and physical activity were assessed at baseline, at 8 and/or 11 months using COPM, GAS, logbooks, Gross Motor Function Measure (GMFM-66), physical activity questionnaires, physical activity and heart rate monitors and time-use diaries. At 8 and 11 months the feasibility of the intervention and costs and time spent for the families and the physiotherapist were evaluated by questionnaires.

Results
The intervention was feasible according to the feasibility questionnaire. Each child participated in 1-3 self-selected physical activities during 3-6 months with support from the physiotherapist, and clinically meaningful increases from baseline of COPM and GAS scores were recorded. Being physically active at moderate-vigorous levels varied between less than 30 and more than 240 minutes/day, and the median for the whole group was 84 minutes/day at baseline and 106 minutes/day at 8 months.

Conclusions
The intervention PAP seems to be feasible and effective for children with CP, involving both every day and organised physical activities to promote an active lifestyle through increased participation, motivation, and engagement in physical activities. Further research of PAP is needed, preferably in a long term randomised controlled trial and including health economic analysis to show costs and benefits.

Yoga for improving health and well-being
Cochrane Reviews
Yoga originated thousands of years ago in India as an integrated physical, mental, and spiritual practice based on ancient Vedic philosophy, and is connected to Ayurveda, the system of traditional Indian medicine. During the 20th century, yoga became increasingly recognised outside India, and over the past decades it has continued to grow in popularity worldwide as system for promoting health and well-being. While modern yoga often focuses on physical poses and is sometimes thought of as a type of exercise, the practice usually incorporates one or more of the mental or spiritual elements that are traditionally part of yoga, such as relaxation, concentration, or meditation. For this reason, yoga is considered a mind-body exercise.

There are currently many different types or schools of yoga, each with a different emphasis on and approach to practice. It is widely thought that some of these yoga practices may help treat or prevent physical or mental illnesses, and improve overall quality of life. There is therefore a need for information on the potential health benefits and harms of yoga.

This Cochrane Library Special Collection of systematic reviews on yoga focuses on reviews evaluating the effectiveness of yoga for improving physical or mental symptoms and quality of life in a range of health conditions. It has been developed to bring the best available evidence on the health-related effects of yoga to the attention of the general public, patients, health professionals, and other decision makers, and to inform choices on the use of yoga to improve health and well-being. This Special Collection has been collated by L Susan Wieland of the Cochrane Complementary Medicine Field, with reviews prepared by the authors and editors of several Cochrane groups (see Acknowledgements).

Asthma: diagnosis, monitoring and chronic asthma management
NICE
This guideline covers diagnosing, monitoring and managing asthma in adults, young people and children. It aims to improve the accuracy of diagnosis, help people to control their asthma and reduce the risk of asthma attacks. It does not cover managing severe asthma or acute asthma attacks. The investment and training required to implement the guideline will take time. In the meantime, primary care services should implement what they can of the recommendations, using currently available approaches to diagnosis until the infrastructure for objective testing is in place.
Sarilumab for moderate to severe rheumatoid arthritis

NICE
Evidence-based recommendations on sarilumab (Kevzara) for treating moderate to severe rheumatoid arthritis in adults

The Epidemiology and Natural History of Anterior Shoulder Instability

Current Reviews in Musculoskeletal Medicine

Purpose of Review
The purpose of this review is to outline the natural history and best clinical practices for nonoperative management of anterior shoulder instability.

Recent Findings
Recent studies continue to demonstrate a role for nonoperative treatment in the successful long-term management of anterior glenohumeral instability. The success of different positions of shoulder immobilization is reviewed as well.

Summary
There are specific patients who may be best treated with nonoperative means after anterior glenohumeral instability. There are also patients who are not good nonoperative candidates based on a number of factors that are outlined in this review. There continues to be no definitive literature regarding the return to play of in-season athletes. Successful management requires a thorough understanding of the epidemiology, pathoanatomy, history, physical examination, diagnostic imaging modalities, and natural history of operative and nonoperative treatment.

Radiographic Evaluation of Patients with Anterior Shoulder Instability

Current Reviews in Musculoskeletal Medicine

Purpose of Review
Injuries to the labrum, joint capsule (in particular the inferior glenohumeral ligament), cartilage, and glenoid periosteum are associated with anterior shoulder instability. The goal of this review is to provide common radiographic images and findings in patients with anterior shoulder instability. Furthermore, we will demonstrate the best methods for measuring anterior glenoid bone loss.

Recent Findings
Magnetic resonance (MR) imaging is highly relied upon for evaluating anterior shoulder instability and can diagnose soft tissue injuries with high sensitivity. While 3D computed tomography (CT) scan has been considered the optimal tool for evaluating osseous defects, certain MR imaging sequences have been shown to have similar diagnostic accuracy. Repair of Bankart lesions is critical to stabilizing the shoulder, and in the recent years, there has been an increasing focus on imaging to accurately characterize and measure glenoid bone loss to properly indicate patients for either arthroscopic repair or anterior bony reconstruction. Furthermore, Hill-Sachs lesions are commonly seen with shoulder instability, and importance must be placed on measuring the size and depth of these lesions along with possible engagement, as these factors will dictate management.

Summary
The labral-ligamentous complex and rotator cuff are primary stabilizers of the shoulder. With anterior shoulder instability, the labrum is frequently injured. MRI with an arthrogram or provocative maneuvers is the gold standard for diagnosis. Various imaging modalities and methods can be performed to identify and measure Bankart and Hill-Sachs lesions, which can then be used for surgical planning and treating shoulder instability.

Clinical Evaluation and Physical Exam Findings in Patients with Anterior Shoulder Instability

Current Reviews in Musculoskeletal Medicine

Purpose of review
The goal of this paper is to provide an overview in evaluating the patient with suspected or known anteroinferior glenohumeral instability.

Recent findings
There is a high rate of recurrent subluxations or dislocations in young patients with history of anterior shoulder dislocation, and recurrent instability will increase likelihood of further damage to the glenohumeral joint. Proper identification and treatment of anterior shoulder instability can dramatically reduce the rate of recurrent dislocation and prevent subsequent complications. Overall, the anterior release or surprise test demonstrates the best sensitivity and specificity for clinically diagnosing anterior shoulder instability, although other tests also have favorable sensitivities, specificities, positive likelihood ratios, negative likelihood ratios, and inter-rater reliabilities.

Summary
Anterior shoulder instability is a relatively common injury in the young and athletic population. The combination of history and performing apprehension, relocation, release or surprise, anterior load, and anterior drawer exam maneuvers will optimize sensitivity and specificity for accurately diagnosing anterior shoulder instability in clinical practice.

Current Concepts in Rehabilitation for Traumatic Anterior Shoulder Instability

Current Reviews in Musculoskeletal Medicine

Purpose of review
The objectives of this review are to evaluate the current evidence-based literature and concepts surrounding rehabilitation in patients with anterior shoulder instability injuries and surgical repair.

Recent findings
The current literature evidence for shoulder rehabilitation for anterior shoulder instability and labral repair is limited. As a result, there are variations among surgeons and physical therapists in rehabilitation protocols after anterior shoulder instability injuries and repair. While general consensus on certain rehabilitation parameters exists, the evidence for the importance of rehabilitation and functional performance test for return to sport in future injury prevention is still lacking in literature.

Summary
Rehabilitation after anterior shoulder instability injury and anterior labral repair is paramount in the injured or post-operative shoulder. Restoration of soft tissue mobility, dynamic glenohumeral joint...
stability, and balance and strength around the shoulder not only protect healing of injured or repaired soft tissues but also potentially minimizes future re-injury or recurrence risk.

Degenerative Scoliosis
Current Reviews in Musculoskeletal Medicine
Purpose of Review
The purpose of this review is to provide an updated review of adult degenerative scoliosis (ADS). Epidemiology, classification, pathophysiology, and natural history are discussed along with a summary of commonly used outcome measures. Operative vs non-operative outcomes and new surgical techniques are discussed.

Recent Findings
The SRS-Schwab classification (2012) combines clinical and radiographic evaluation including overall global alignment. Current evidence regarding risk factors and efficacy of non-surgical modalities are discussed. Recent studies have reported surgical management to provide superior outcomes to non-operative modalities. New surgical techniques provide promising early data in regard to decreasing perioperative morbidity.

Summary
ADS is a potentially debilitating condition that occurs with asymmetric spinal degeneration. This can produce global sagittal malalignment and central and foraminal stenosis and can lead to significant impairment often necessitating surgery. The surgeon must be aware of the perioperative risks in this population and implement appropriate age-specific alignment goals to achieve the best outcome for patients.

A commonly used treatment does not improve chronic low back pain
NIHR
This trial found that destroying nerves that take pain signals to the brain using heat (radiofrequency denervation) did not improve pain, function or a sense of “recovery”. The treatment was used alongside exercise and was a variation of the technique commonly used in the UK. In this large study, it was compared to exercise alone.

Low back pain is usually short-lived, but some people develop long-term back pain which can negatively impact their lives. NICE recommends exercise, pain relief and self-management to cope with pain. If these treatments are not effective and pain is severe, then more intensive options, such as radiofrequency denervation can be considered.

These findings suggest that this technique of radiofrequency denervation does not provide a significant advantage in addition to exercise. This trial used different denervation techniques that are used in the UK, and the participants were still improving with exercise therapy. Radiofrequency denervation is only used in the UK when exercise is no longer effective. Therefore, the findings may not be directly applicable to practice in this country, but certainly, raise doubt regarding its use.
**Exercise improves symptoms and function for people with ankylosing spondylitis**

NIHR

People with ankylosing spondylitis showed improvement in their symptoms and their ability to perform day-to-day tasks when they did more exercise. Symptom and function scores improved by almost one point on a 10-point scale after 3 to 12 weeks of exercise.

Ankylosing spondylitis is a type of arthritis which mainly affects the spine, causing pain, stiffness and progressive fusion of the spine. There have been recent advances in pharmacological treatment, and it was uncertain whether exercise along with modern drug treatment has useful benefits.

This review pooled the results of eight trials comparing different types of exercise with education or no exercise. People’s symptoms and ability to perform daily activities improved regardless of whether they were receiving new drug treatments.

The functional improvements shown in this research and the potential to prolong independence and working life for the most severely affected might also be another important reason to maintain activity.

**Group rehabilitation activities improve walking after stroke**

NIHR

Group-based circuit class therapy (CCT) focused on repetitive mobility, and functional tasks improved walking ability in people after stroke. People walked on average 61m further during six minutes than those receiving comparison interventions. CCT involves stroke survivors practising different activities at workstations in sight of each other.

This Cochrane review identified 17 trials of group-based CCT, given at least weekly for four weeks, compared with other physical therapies or no intervention. Those receiving CCT showed clinically meaningful improvements in walking distance and speed, as well as independence and balance.

Regular multidisciplinary team rehabilitation is a central component of post-stroke care. However, there are no specific recommendations around the format of rehabilitation. Cost effectiveness was not assessed, but it is possible that group-based physical rehabilitation programmes could reduce staff resources and offer cost savings.

Local availability may be an issue. There is also the question of whether it would be practical and appropriate for individuals to attend group sessions, depending on their stroke severity.

**Health Visiting and Nursing**

**Royal Marsden Manual Online – now available to SSoTP staff**

RM

Don’t forget that nursing staff at SSoTP can now access the Royal Marsden Manual online via their NHS Athens username. Click the link above for details.
Routine antibiotic prophylaxis after normal vaginal birth for reducing maternal infectious morbidity
Cochrane Review
Routine administration of antibiotics may reduce the risk of endometritis after uncomplicated vaginal birth. The small number and nature of the trials limit the interpretation of the evidence for application in practice, particularly in settings where women may be at higher risk of developing endometritis. The use of antibiotics did not reduce the incidence of urinary tract infections, wound infection or the length of maternal hospital stay. Antibiotics are not a substitute for infection prevention and control measures around the time of childbirth and the postpartum period. The decision to routinely administer prophylactic antibiotics after normal vaginal births needs to be balanced by patient features, childbirth setting and provider experience, including considerations of the contribution of indiscriminate use of antibiotics to raising antimicrobial resistance. Well-designed and high-powered randomised controlled trials would help to evaluate the added value of routine antibiotic administration as a measure to prevent maternal infections after normal vaginal delivery.

Combined diet and exercise interventions for preventing gestational diabetes mellitus
Cochrane Review
Moderate-quality evidence suggests reduced risks of GDM and caesarean section with combined diet and exercise interventions during pregnancy as well as reductions in gestational weight gain, compared with standard care. There were no clear differences in hypertensive disorders of pregnancy, perinatal mortality, large-for-gestational age, perineal trauma, neonatal hypoglycaemia, and childhood adiposity (moderate- to very low-quality evidence).

Using GRADE methodology, the evidence was assessed as moderate to very low quality. Downgrading decisions were predominantly due to design limitations (risk of bias), and imprecision (uncertain effect estimates, and at times, small sample sizes and low event rates), however two outcomes (pregnancy-induced hypertension/hypertension and neonatal hypoglycaemia), were also downgraded for unexplained inconsistency (statistical heterogeneity).

Due to the variability of the diet and exercise components tested in the included studies, the evidence in this review has limited ability to inform practice. Future studies could describe the interventions used in more detail, if and how these influenced behaviour change and ideally be standardised between studies. Studies could also consider using existing core outcome sets to facilitate more standardised reporting.

Insulin for the treatment of women with gestational diabetes
Cochrane Review
The main comparison in this review is insulin versus oral anti-diabetic pharmacological therapies. Insulin and oral anti-diabetic pharmacological therapies have similar effects on key health outcomes. The quality of the evidence ranged from very low to moderate, with downgrading decisions due to imprecision, risk of bias and inconsistency.

For the other comparisons of this review (insulin compared with non-pharmacological interventions, different insulin analogies or different insulin regimens), there is insufficient volume of high-quality evidence to determine differences for key health outcomes.
Long-term maternal and neonatal outcomes were poorly reported for all comparisons.

The evidence suggests that there are minimal harms associated with the effects of treatment with either insulin or oral anti-diabetic pharmacological therapies. The choice to use one or the other may be down to physician or maternal preference, availability or severity of GDM. Further research is needed to explore optimal insulin regimens. Further research could aim to report data for standardised GDM outcomes.

Health app: ChatHealth communication platform in school nursing services

NICE

• ChatHealth is a 2-way communication platform that allows direct contact between patients and healthcare professionals.

• Currently, its main use is enabling young people (aged 11 to 19) to ask a nurse questions through anonymous SMS text messages. A web-based message management application allows teams of school nurses to reply to the messages confidentially.

• Costs depend on the size of the nursing team. For example, making ChatHealth available in a school nursing service involving up to 10 nurses would cost £6,000 per year. Ongoing licensing costs are £55.60 per staff user per month, for up to 4 nurses.

Asthma: diagnosis, monitoring and chronic asthma management

NICE

This guideline covers diagnosing, monitoring and managing asthma in adults, young people and children. It aims to improve the accuracy of diagnosis, help people to control their asthma and reduce the risk of asthma attacks. It does not cover managing severe asthma or acute asthma attacks. The investment and training required to implement the guideline will take time. In the meantime, primary care services should implement what they can of the recommendations, using currently available approaches to diagnosis until the infrastructure for objective testing is in place.

Menopause

RCN guidance for nurses and midwives

To provide support and advice to women it is important that health care professionals understand the changes that women face at the time of their menopause and the issues related to improving health after menopause. This publication aims to help health care professionals gain awareness of the menopause and the safety and efficacy of modern therapy options available. This publication is endorsed by the British Menopause Society and supported by grants from Besins Healthcare (UK) Ltd and Sylk UK Ltd.

Competences: an education and training competence framework for administering medicines intravenously to children and young people

RCN

This education and training competence framework for administering medicines intravenously to children and young people was first published in 2005. It has been revised in 2017 to reflect a number of current political and professional issues and initiatives. The framework describes the theoretical
and practical competences and overall indicative content for education and training programmes for administering medicines intravenously to children and young people.

**Creating a Strategic Focus to Support the Prevention of Infection**

RCN

This statement outlines the RCN’s position on priorities for action to support improvements in the preventing infection within health and care settings to accompany revision of the UK strategy on antimicrobial resistance

**IPC. Information and learning resources for health care staff**

RCN

Infection prevention and control (IPC) practice is an essential component of health and social care, and policy and guidance is constantly evolving. Research helps to inform the evidence base for this important area of nursing practice. This resource gives you guidance on how to search and find the relevant evidence-based information and guidance you may require to help keep your infection prevention knowledge and practice up-to-date.

**Clinical Nurse Specialist in Early Pregnancy Care**

RCN

The role of the clinical nurse specialist in early pregnancy care is intended to enhance the care for women who may be concerned about a complication in early pregnancy. This document outlines the key skills and knowledge required to develop the role of this specialist nurse/midwife and should provide clear direction for commissioners and managers when creating roles to support best practice in local service provision for women and their families.

**Mental Health**

**Happiful**

This month we have an inspiring mix of features including: - Louise Thompson, the Chelsea girl who turned her life around and found a brighter future- Twenty of the greatest mental health songs- Musician and YouTuber Dodie Clark on her lesser-known mental illness- Our guide to a stress free Christmas- The Flying Seagull Project, the charity putting a smile on the faces of refugee children - Insight into what really happens in couples therapy.

**Music therapy for depression**

Cochrane Review

Findings of the present meta-analysis indicate that music therapy provides short-term beneficial effects for people with depression. Music therapy added to treatment as usual (TAU) seems to improve depressive symptoms compared with TAU alone. Additionally, music therapy plus TAU is not associated with more or fewer adverse events than TAU alone. Music therapy also shows efficacy in decreasing anxiety levels and improving functioning of depressed individuals.

Future trials based on adequate design and larger samples of children and adolescents are needed to consolidate our findings. Researchers should consider investigating mechanisms of music therapy for
depression. It is important to clearly describe music therapy, TAU, the comparator condition, and the profession of the person who delivers the intervention, for reproducibility and comparison purposes.

**Older Adults**

**18F PET with florbetapir for the early diagnosis of Alzheimer’s disease dementia and other dementias in people with mild cognitive impairment (MCI)**

**Cochrane Review**
Althought sensitivity was good in one included study, considering the poor specificity and the limited data available in the literature, we cannot recommend routine use of 18F-florbetapir PET in clinical practice to predict the progression from MCI to ADD. Because of the poor sensitivity and specificity, limited number of included participants, and the limited data available in the literature, we cannot recommend its routine use in clinical practice to predict the progression from MCI to any form of dementia. Because of the high financial costs of 18F-florbetapir, clearly demonstrating the DTA and standardising the process of this modality are important prior to its wider use.

**18F PET with flutemetamol for the early diagnosis of Alzheimer’s disease dementia and other dementias in people with mild cognitive impairment (MCI)**

**Cochrane Review**
Due to the varying sensitivity and specificity for predicting the progression from MCI to ADD and the limited data available, we cannot recommend routine use of 18F-flutemetamol in clinical practice. 18F-flutemetamol has high financial costs; therefore, clearly demonstrating its DTA and standardising the process of the 18F-flutemetamol modality is important prior to its wider use.

**Pharmacy**

**HIV Prevention Innovation Fund: A fresh approach to tackling HIV Infection**

**PHE**
In recent years our understanding of HIV has improved greatly with real advances occurring in HIV treatment and prevention. Today, the death rate among people with HIV who are diagnosed promptly and on treatment is comparable to the rest of the population. Approaches to prevention such as encouraging condom use, self-sampling, promoting expanded HIV testing and diagnosis, and prompt treatment and the use of PrEP are all contributing towards the decline in HIV rates reported in some communities.

**Sarilumab for moderate to severe rheumatoid arthritis**

**NICE**
Evidence-based recommendations on sarilumab (Kevzara) for treating moderate to severe rheumatoid arthritis in adults.
How does aripiprazole compare with placebo in children and adolescents with autism spectrum disorders?

Cochrane Clinical Answers

Moderate-quality evidence shows that, when compared with placebo, short-term (8 weeks) use of aripiprazole may improve symptoms of irritability, hyperactivity, and stereotypy (repetitive movements) in children and adolescents with autism spectrum disorders. However, participants treated with aripiprazole were more likely to exhibit increased weight gain, tremors, and sedation compared to those randomized to placebo.