

RUH Staff Publications Database 2025

1. Associations between disease severity, depression, health-related quality of life, and physical activity in adults with sickle cell disease

Item Type: Journal Article

Authors: Ademoyegun, Adekola B.;Adeyemo, Mutiu A.;Adewuyi, Babatunde Y.;Ibitoye, Adebukola G.;Akerere, Olalekan I.;Awotidebe, Taofeek O. and Mbada, Chidozie E.

Publication Date: 2025

Journal: Bulletin of Faculty of Physical Therapy 30(1), pp. 1–11

DOI: 10.1186/s43161-025-00261-7

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=182410041&profid=ehost>

2. Current understanding of PEAK family members in regulation of cellular signaling pathways and cancer therapy

Item Type: Journal Article

Authors: Alavi, Mana;Roudi, Raheleh;D'Angelo, Alberto;Sobhani, Navid and Safari, Fatemeh

Publication Date: 2025

Journal: Molecular and Cellular Biochemistry

Abstract: Cancer evades therapy by multiple mechanisms, leading to uncontrolled cell growth and metastasis. Targeted therapies have shown promise in treating cancer by focusing on pathways within cancer cells. The PEAK family, comprising PEAK1 (SgK269), PEAK2 (SgK223/Pragmin), and the latest addition, PEAK3 (C19orf35), plays a crucial role in modulating cellular processes. Dysregulation and hyperactivity of these proteins, through overexpression or mutations, are associated with a wide range of cancers. This review delves into the different roles of the PEAK family members in regulating cell signaling pathways and highlights their potential in cancer therapy.; Competing Interests: Declarations. Conflict of interest: The authors declare no competing interests. (© 2025. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.)

DOI: 10.1007/s11010-025-05219-w

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39922936&profid=ehost>

3. Determinants of physical function, as measured using PROMIS PF-10a, in patients with rheumatoid arthritis: results from the international COVID-19 Vaccination in Autoimmune Diseases (COVAD) study.

Item Type: Journal Article

Authors: Ali S.S.;Demetriou C.;Parodis I.;Tan A.L.;GraciaRamos A.E.;Joshi M.;CaballeroUribe C.V.;Saha S.;Lilleker J.B.;Nune A.;Pauling J.D.;Wincup C.;Jagtap K.;Dey D.;Milchert M.;Distler O.;Chinoy H.;Agarwal V.;Gupta L. and Nikiphorou, E.

Publication Date: 2025

Journal: Rheumatology Advances in Practice 9(1) (pagination), pp. Article Number: rkae154.
Date of Publication: 2025

Abstract: Objectives: Physical function in RA is largely influenced by multiple clinical factors, however, there is a growing body of evidence that psychological state and other comorbidities also play an essential role. Using data obtained in the COVID-19 Vaccination in Autoimmune Diseases study, an international self-reported e-survey, we aimed to explore the predictive ability of sociodemographic and clinical variables on Patient-Reported Outcomes Measurement Information System Physical Function Short Form 10a (PROMIS PF-10a) in RA and to investigate variation in disease activity and functional outcomes based on country-level socio-economic parameters.

4. A patient with a resistant case of centrofacial erythema

Item Type: Journal Article

Authors: Banner, Alexandra;Dixon, Richard and Woodrow, Sarah

Publication Date: 2025

Journal: Clinical and Experimental Dermatology 50(3), pp. 690–692

Abstract: Competing Interests: Conflicts of interest: The authors declare no conflicts of interest.

DOI: 10.1093/ced/llae440

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39410882&profid=ehost>

5. Knee pain and function in retired male intercounty GAA players: an exploratory study

Item Type: Journal Article

Authors: Carmody, Sean;Kearney, Ronan;Doran, Chantelle;Brar, Gurneet and Goutteborge, Vincent

Publication Date: 2025

Journal: Irish Journal of Medical Science 194(1), pp. 147–155

Abstract: Background: Knee injuries are common among elite intercounty Gaelic games players (collectively GAA players).; Aims: The primary aim was to examine knee pain, function, and quality of life in retired elite male GAA players. Secondary objectives were to (i) report the incidence of previous knee surgery and total knee replacement, (ii) assess medication usage, and (iii) investigate any associations between a history of knee injury and/or knee surgery and knee pain, function, and quality of life among retired elite male GAA players.; Methods: One hundred retired male senior intercounty GAA players were surveyed on their history of severe knee injury and previous knee surgery (68 completed survey; 47 Gaelic football, 20 hurling, 1 dual player). The Knee Injury and Osteoarthritis Outcome Score Physical Function Short Form (KOOS-PS) and the Patient-Reported Outcomes Measurement Information System Global Health (PROMIS-GH) were used to assess level of function and pain.; Results: Forty-seven (69%) of the retired players described experiencing at least one severe knee injury during their intercounty career. Fourteen (21%) participants retired due to a significant knee injury. Mean KOOS-SP score was 75.5 (SD 17). The Global Physical Health and Global Mental Health mean scores were 44 and 51. There was a low negative correlation between KOOS-SP scores and a history of severe knee injury ($r = -0.35$, $p = 0.001$). Moderate negative correlation between Global Mental Health scores and a history of severe knee injuries ($r = -0.36$, $p = 0.386$) and a very weak negative correlation between the number of surgeries during a participant's intercounty career and Global Mental Health score ($r = -0.089$, $p = 0.234$).; Discussion: Severe knee injuries and knee surgery are common among male intercounty GAA players. These injuries lead to self-reported reduced performance and retirement and are potentially associated with worse health-related outcomes post-intercounty career. Further well-designed studies, including among retired women GAA players, are required to assess the relationship between knee injuries and long-term athlete outcomes. Improved injury prevention efforts, enhanced rehabilitation of knee injuries, and post-retirement care may mitigate the adverse effects associated with severe knee injuries among male GAA players.; Competing Interests: Declarations. Conflict of interest: The authors declare no competing interests. (© 2024. The Author(s), under exclusive licence to Royal Academy of Medicine in Ireland.)

DOI: 10.1007/s11845-024-03853-9

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39729129&profid=ehost>

6. Efficacy outcomes 12 months after initiation of darolutamide in non-metastatic castrate resistant prostate cancer (nmCRPC) from the real world UK multi-centre RECORD study

Item Type: Journal Article

Authors: Challapalli, Amarnath;Bahl, Amit;Randhawa, Manreet;Parikh, Omi;Sundar, Santhanam;Birtle, Alison Jane;Malik, Jahangeer;Prentice, Mark;Muthukumar, Dakshinmoorthy;Bhana, Rajanee;Jayaprakash, Kamalram Thippu;Syndikus, Isabel;Mitra,

Anita;Elumalai, Thiraviyam;Gray, Emma;Glen, Hilary;Beresford, Mark;Khoo, Vincent;Foulstone, Emily and White, Paul

Publication Date: 2025

Journal: Journal of Clinical Oncology 43, pp. 83

DOI: 10.1200/JCO.2025.43.5_suppl.83

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=183113348&profid=ehost>

7. Management of behavioural and psychological symptoms of dementia: a pragmatic scoping review of European guidelines and literature

Item Type: Journal Article

Authors: Coin, Alessandra;Brew-Girard, Elsa;Tracey, Ellen;Frisardi, Vincenza;Piccione, Federica;Muraro, Costanza;Mizzon, Eleonora;Shenkin, Susan D.;Soysal, Pinar;Welsh, Tomas and Roitto, Hanna-Maria

Publication Date: 2025

Journal: European Geriatric Medicine

Abstract: Purpose: Dementia prevalence within the European Union (EU) is expected to double by 2050. Behavioural and Psychological Symptoms of Dementia (BPSD) are common, causing burden to patients and caregivers. This pragmatic scoping review aims to synthesize recommendations of European BPSD management guidelines and literature, highlighting areas of consensus and disagreement.; Methods: An electronic literature search, including Medline, PsychINFO, and CINAHL, and Internet search for grey literature were undertaken to identify published BPSD guidelines from the EU, European Economic Area (EEA) and UK, supplemented by contacting EU member countries of European Geriatric Medicine Society (EuGMS).; Results: The literature search found 11 papers describing BPSD management. Of the 32 countries of interest, 22 guidelines were sourced (five confirmed no guidelines, five did not respond). There was a general consensus between the guidelines, as all recommended comprehensive assessment and individualised approaches, with non-pharmacological therapies as first line, but there was disagreement around specific therapies. Psycho-education was most commonly recommended (15 countries). There was general agreement that pharmacological treatment should be used as an adjunct to non-pharmacological interventions, but recommendations differed between medication groups. Short-term atypical antipsychotics were most commonly recommended, especially risperidone (18 countries). 15 countries recommended acetylcholinesterase inhibitors and 12 memantine. 16 countries recommended the use of SSRIs. Recommendations for the use of sedative medications and antiepileptics varied.; Conclusions: This study provides a broad, inclusive overview of current European guidelines for the management of BPSD, demonstrating significant variability. Clinical practice in dementia care throughout Europe needs to be optimised and standardised.; Competing Interests: Declarations. Conflict of interest: The authors have no conflicts of interest to declare. Ethical

approval: This article does not contain any studies with human participants or animals performed by any of the authors. Informed consent: For this type of study, formal consent is not required. (© 2025. The Author(s), under exclusive licence to European Geriatric Medicine Society.)

DOI: 10.1007/s41999-025-01155-6

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39969801&profid=ehost>

8. NAP7: high mortality risk in neonates and very low risk in children

Item Type: Journal Article

Authors: Cook, Tim M.;Armstrong, Richard A.;Oglesby, Fiona;Kane, Andrew D.;Kursumovic, Emira and Soar, Jasmeet

Publication Date: 2025

Journal: BJA: The British Journal of Anaesthesia 134(2), pp. 574–575

DOI: 10.1016/j.bja.2024.10.034

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=182481914&profid=ehost>

9. 'Flexextension': a new term to describe optimal head and neck positioning for airway management

Item Type: Journal Article

Authors: Cook, Tim M. and Chrimes, Nicholas

Publication Date: 2025

Journal: Anaesthesia 80(2), pp. 220–221

DOI: 10.1111/anae.16484

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39577879&profid=ehost>

10. Time to replace 'No trace, wrong place' with 'Sustained exhaled carbon dioxide. Comment on Br J Anaesth 2025; 134: 248-9

Item Type: Journal Article

Authors: Cook, Tim M.;Higgs, Andy and Chrimes, Nicholas

Publication Date: 2025

Journal: British Journal of Anaesthesia

Abstract: Competing Interests: Declaration of interest The authors declare that they have no conflicts of interest.

DOI: 10.1016/j.bja.2024.12.027

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39863467&profid=ehost>

11. Opioid use in the bleeding obstetric patient: a clarification regarding NAP7

Item Type: Journal Article

Authors: Cook, Tim M.;Lucas, D. N. and Soar, Jasmeet

Publication Date: 2025

Journal: Anaesthesia 80(3), pp. 333–334

DOI: 10.1111/anae.16459

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39436001&profid=ehost>

12. A Randomized Trial of Drug Route in Out-of-Hospital Cardiac Arrest

Item Type: Journal Article

Authors: Couper, K.;Ji, C.;Deakin, C. D.;Fothergill, R. T.;Nolan, J. P.;Long, J. B.;Mason, J. M.;Michelet, F.;Norman, C.;Nwankwo, H.;Quinn, T.;Slowther, A. -M.;Smyth, M. A.;Starr, K. R.;Walker, A.;Wood, S.;Bell, S.;Bradley, G.;Brown, M. and Brown, S.

Publication Date: 2025

Journal: New England Journal of Medicine 392(4), pp. 336–348

DOI: 10.1056/NEJMoa2407780

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=182801656&profid=ehost>

13. How do patient-reported outcome measures affect treatment intensification and patient satisfaction in the management of psoriatic arthritis? A cross sectional study of 503 patients

Item Type: Journal Article

Authors: Coyle, Conor;Watson, Lily;Whately-Smith, Caroline;Brooke, Mel;Kiltz, Uta;Lubrano, Ennio;Queiro, Ruben;Trigos, David;Brandt-Juergens, Jan;Choy, Ernest;D'Angelo, Salvatore;Delle Sedie, Andrea;Dernis, Emmanuelle;Wirth, Théo;Guis, Sandrine;Helliwell, Philip;Ho, Pauline;Hueber, Axel;Joven, Beatriz;Koehm, Michaela, et al

Publication Date: 2025

Journal: Rheumatology (Oxford, England) 64(1), pp. 242–251

Abstract: Objectives: The AsseSSing Impact in pSoriatic Treatment (ASSIST) study investigated prescribing in routine PsA care and whether the patient-reported outcome-PsA Impact of Disease questionnaire (PsAID-12)-impacted treatment. This study also assessed a range of patient and clinician factors and their relationship to PsAID-12 scoring and treatment modification.; Methods: Patients with PsA were selected across the UK and Europe between July 2021 and March 2022. Patients completed the PsAID questionnaire and the results were shared with their physician. Patient characteristics, disease activity, current treatment methods, treatment strategies, medication changes and patient satisfaction scores were recorded.; Results: A total of 503 patients were recruited. Some 36.2% had changes made to treatment, and 88.8% of these had treatment escalation. Overall, the mean PsAID-12 score was higher for patients with treatment escalation; increase in PSAID-12 score is associated with increased odds of treatment escalation (odds ratio 1.58; $P < 0.0001$). However, most clinicians reported that PsAID-12 did not impact their decision to escalate treatment, instead supporting treatment reduction decisions. Physician's assessment of disease activity had the most statistically significant effect on likelihood of treatment escalation (odds ratio 2.68, per 1-point score increase). Escalation was more likely in patients not treated with biologic therapies. Additional factors associated with treatment escalation included: patient characteristics, physician characteristics, disease activity and disease impact.; Conclusion: This study highlights multiple factors impacting treatment decision-making for individuals with PsA. PsAID-12 scoring correlates with multiple measures of disease severity and odds of treatment escalation. However, most clinicians reported that the PsAID-12 did not influence treatment escalation decisions. Psoriatic Arthritis Impact of Disease (PsAID) scoring could be used to increase confidence in treatment de-escalation. (© The Author(s) 2024. Published by Oxford University Press on behalf of the British Society for Rheumatology.)

DOI: 10.1093/rheumatology/kead679

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38191998&profid=ehost>

14. Non-operative management of proximal phalanx spiral fractures: the use of elastic strapping to treat malrotation

Item Type: Journal Article

Authors: Davies, Angharad;Haines, Samuel and Giddins, Grey

Publication Date: 2025

Journal: The Journal of Hand Surgery, European Volume 50(3), pp. 421–423

Abstract: This study assessed rotation control elastic strapping as a treatment for proximal phalanx spiral fractures in adults, with good clinical outcomes. This is a cheap, simple and reliable management technique that avoids potential operative complications.; **Competing Interests:** Declaration of conflicting interestsThe authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

DOI: 10.1177/17531934241265678

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39169765&profid=ehost>

15. Awareness of national dementia guidelines and management of oldest-old and frail people living with dementia: a European survey of geriatricians

Item Type: Journal Article

Authors: De Bondt, Elke;Locquet, Phaedra;López, María González;Soysal, Pinar;Welsh, Tomas;Shenkin, Susan D. and Tournoy, Jos

Publication Date: 2025

Journal: European Geriatric Medicine

Abstract: Background: Management of dementia, particularly the use of pharmacological treatments, in the oldest old and those with frailty is complex because of the multiple types of dementia, comorbidities, polypharmacy, and side effects. Current national dementia guidelines lack recommendations for this group. This study assessed guideline awareness, usage, and pharmacological management practices for dementia in the oldest old and frail across Europe.; **Methods:** An online anonymous survey was distributed in 2023 to the European Geriatric Medicine Society Dementia Special Interest Group and their contacts to investigate guideline awareness and pharmacological practices for the oldest old and frail. The CHERRIES checklist was followed for reporting. Responses were summarized using descriptive statistics and quotations of free text responses.; **Results:** Forty-nine responses from fourteen countries were received. A total of 76.6% were aware of a national dementia guideline and 86.9% applied it frequently. Acetylcholinesterase inhibitors (AChEIs) were generally used as a first-line treatment in mild-to-moderate Alzheimer's disease (AD) (91.6% and 93.4%). Memantine was added or replaced AChEIs as dementia severity progresses. Gingko biloba was considered in mild and moderate AD (23.6% and 22.7%, respectively). Off-label drug use was common in other types of dementia. 88.5% of respondents reported no difference in treatment compared with a younger

population.; Conclusion: There was awareness of various dementia guidelines, but none addressed the management of the oldest old and frail. Most respondents did not adapt their practices for this group, but many reported off-label treatments which resulted in non-evidence-based prescribing, overprescribing, and a lack of deprescribing. European consensus to guide the management of dementia in this complex population is needed.; Competing Interests: Declarations. Conflict of interest: On behalf of all authors, the corresponding author states that there is no conflict of interest. Ethical approval: The study was approved by the ethical research commission/KU Leuven: MP021976. Informed consent: The study was anonymous so no informed consent was required. (© 2025. The Author(s), under exclusive licence to European Geriatric Medicine Society.)

DOI: 10.1007/s41999-025-01165-4

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39979530&provid=ehost>

16. Standardised Methods for Developing Conceptual Frameworks for Placental Disorders of Pregnancy: Pre-Eclampsia and Stillbirth

Item Type: Journal Article

Authors: Elawad, Terteel;Woo Kinshella, Mai-Lei;Stokes, Ellie;Pickerill, Kelly;Piagge, Elisa Dalle;Vidler, Marianne;Stanley, Ella;Volvert, Marie-Laure;Bone, Jeffrey N.;Elwell, Helen;Mistry, Hiten D.;Mateljan, Violet;Tsigas, Eleni;Filippi, Veronique;von Dadelszen, Peter;Blencowe, Hannah and Magee, Laura A.

Publication Date: 2025

Journal: BJOG : An International Journal of Obstetrics and Gynaecology

Abstract: Background: Risk factors for the placental disorders of pregnancy (pre-eclampsia, fetal growth restriction, preterm birth, and stillbirth) are complex, frequently involving the interplay between clinical factors and wider social and environmental determinants of health. Biomarkers modulate the maternal and fetal responses to biological processes that underlie the development of placental disorders.; Objectives: To develop a standardised methodology to assess the importance of, and inter-relationships between, candidate risk factors for the various placental disorders.; Search Strategy: Systematic searches were conducted using Medline, Embase, Health Technology Assessments, Database of Abstracts of Reviews of Effects, Cochrane Library databases, Google Scholar, and reference lists of retrieved papers.; Selection Criteria: We deployed a hierarchy of reviews, systematic reviews, and cohort studies with at least 1000 participants (100 for biomarker studies), published in the prior decade.; Data Collection and Analysis: We assessed the strengths of association and quality of evidence linking risk factors with individual placental outcomes.; Conclusions: We have developed a standardised approach to assess the importance and inter-relatedness of putative risk factors for the placental disorders of pregnancy. (© 2025 The Author(s). BJOG: An International Journal of Obstetrics and Gynaecology published by John Wiley & Sons Ltd.)

DOI: 10.1111/1471-0528.18083

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39973018&profid=ehost>

17. Cardiac arrest after hanging: A scoping review

Item Type: Journal Article

Authors: Fisher, Thomas;Beattie, Clodagh;Otto, Quentin;Hooper, Joanna;Nolan, Jerry P. and Soar, Jasmeet

Publication Date: 2025

Journal: Resuscitation 207, pp. 110510

Abstract: Background: Hanging is a common cause of suicide and asphyxial cardiac arrest. There are few data to inform the treatment of cardiac arrest after hanging. We designed a scoping review to describe evidence relating to interventions and outcomes in patients with and without cardiac arrest after hanging.; Methods: Medline, Embase and Cochrane were searched from inception to 05/12/2024. Titles and abstracts were screened, and duplicates were removed. Articles were eligible for inclusion if they studied non-judicial hanging in adults or children, included cardiac arrest patients and provided functional or survival outcomes.; Results: The search retrieved 855 articles. One hundred and nineteen references underwent full-text review. Forty-five studies were included in the review. Studies were mainly from high-income countries and were all observational. There was variation in the terminology for hanging and in the outcomes reported. Survival with favourable functional outcome was rare in patients with cardiac arrest after hanging but was very common in patients without cardiac arrest. Cervical spine, airway and vascular injuries were rare. No studies identified interventions that were associated with improved survival following return of spontaneous circulation.; Conclusion: There are few data to inform treatment of patients with cardiac arrest after hanging. The available data suggest that cardiac arrest is a critical determinant of poor outcome following hanging. Further research should uniformly report outcomes of patients with cardiac arrest after hanging based on the Utstein template.; Competing Interests: Declaration of competing interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: 'JPN is Editor in Chief and JS is an Editor of Resuscitation and both receive payment from the publisher Elsevier. JS and JPN have both received payment for providing expert opinion regarding hanging to the UK Courts.'. (Copyright © 2025 Elsevier B.V. All rights reserved.)

DOI: 10.1016/j.resuscitation.2025.110510

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39848428&profid=ehost>

18. Current practices for the management of advanced high-grade epithelial ovarian cancer in the UK: OC-NOW survey (2023)

Item Type: Journal Article

Authors: Fotopoulou, Christina;Bowen, Rebecca;Manchanda, Ranjit;Michael, Agnieszka;McCormack, Stephen;Ullmann, Allan;Wesselbaum, Anthony;Levick, Bethany and Miller, Rowan

Publication Date: 2025

Journal: Future Oncology (London, England) 21(1), pp. 95–103

Abstract: Aim: To investigate current management of advanced epithelial ovarian cancer (OC) in the UK. Materials & methods: A cross-sectional survey with 55 healthcare professionals involved in the care of OC patients was conducted via telephone/videoconference in March/May 2023. Results: Respondents reported that homologous recombination deficiency (HRD) status and brca mutations were routinely tested before planning maintenance treatment. All respondents agreed that cytoreductive surgery should be considered at first recurrence, and 65% recommended using the Descriptive Evaluation of Preoperative Selection Criteria for Operability in Recurrent Ovarian Cancer (DESKTOP) III criteria to guide secondary cytoreduction. Platinum responders typically receive poly (ADP-ribose) polymerase inhibitor maintenance therapy, regardless of HRD status. Conclusion: Respondents reinforce that most primary OC patients in the UK have known HRD and BRCA mutation status, and the role of secondary cytoreduction is increasingly recognized.

DOI: 10.1080/14796694.2024.2424153

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39582319&profid=ehost>

19. Holistic Integrated Care in Ovarian Cancer (HICO)-reducing inequalities due to age, frailty, poor physical and mental health

Item Type: Journal Article

Authors: Frost, Jonathan;Newton, Claire and Dumas, Lucy

Publication Date: 2025

Journal: BMJ Open Quality 14

Abstract: Older patients have disproportionately poorer survival outcomes for ovarian cancer in the UK. Half of new diagnoses occur in those aged >65 years. Older patients are more likely to have other medical comorbidities reducing their fitness to receive chemotherapy or undergo cytoreductive surgery resulting in fewer patients receiving treatment. The Holistic Integrated Care in Ovarian Cancer (HICO) programme introduced a structured holistic patient assessment with both universal and targeted interventions to improve physical function and psychological well-being to reduce inequalities due to age, frailty, physical and psychosocial problems. The aim of the project was to evaluate the feasibility and impact of the intervention in patients being considered for the treatment of ovarian cancer. During the implementation of the project, all

recruited patients underwent a holistic assessment followed by prehabilitation and rehabilitation support from physiotherapists, occupational therapists, dietitians, geriatricians, nurse specialists and psychologists according to need. The HICO intervention was successfully integrated into the patient pathway in both trusts. Patients who participated in the HICO project provided positive feedback. Overall global health scores improved in 59.6% of the 57 patients who undertook at least two assessments ($p=0.006$). The proportion of patients who underwent platinum doublet chemotherapy in the HICO cohort was higher (76.2%) compared with a retrospective cohort (57.6%) ($p=0.0189$). However, no significant difference in the rate of cytoreductive surgery was shown. The proportion of patients alive at 1 year from diagnosis was higher in the HICO intervention group (88.9%) compared with the historical cohort (80.0%) despite higher stage in the HICO group. Although not statistically significant ($p=0.289$), these data are not yet mature and further study is ongoing. Initial data on costs of ovarian cancer care demonstrated no increase, although the data are not yet mature. This pilot project was funded through the Ovarian Cancer Action IMPROVE UK Pilot Award scheme.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

DOI: 10.1136/bmj-2023-002714

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=4000104&profid=ehost>

20. More work to do: ICD-11 pain diagnoses in children

Item Type: Journal Article

Authors: Gauntlett-Gilbert, Jeremy and Greco, Christine

Publication Date: 2025

Journal: Pain 166(2), pp. 229–230

DOI: 10.1097/j.pain.0000000000003387

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39258736&profid=ehost>

21. The reliability of clinical assessment of distal radioulnar joint instability among non-United Kingdom European surgeons

Item Type: Journal Article

Authors: Giddins, Grey;Knapper, Thomas;Fine, Nicola and Pickering, Greg

Publication Date: 2025

Journal: The Journal of Hand Surgery, European Volume 50(3), pp. 389–392

Abstract: Clinical assessment of distal radioulnar joint (DRUJ) instability has been shown to be unreliable among experienced hand surgeons in the United Kingdom (UK). The aim of this study was to test the reliability of assessing DRUJ stability in European surgeons outside the UK. Four participants (eight wrists) with four unstable and four stable DRUJs as measured with a proven jig were assessed by 34 surgeons (22 men and 12 women) with a mean age of 43 years (range 29-61). Clinical assessment of DRUJ instability had a sensitivity of 32%, specificity of 88%, a positive predictive value of 72% and a negative predictive value of 56%. Surgeons who had attended a 1-hour workshop on clinical assessment of DRUJ stability the day before the testing were no more reliable at assessing DRUJ instability when compared with those who did not. This further highlights the need for better training with feedback when assessing the DRUJ and the need for objective assessment of DRUJ instability when reported in scientific studies. Level of evidence: V.; Competing Interests: Declaration of conflicting interestsThe authors declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: We thank the organizers of the FESSH conference in 2023 and the FESSH executive for allowing us undertake this study at the FESSH conference in Rimini.

DOI: 10.1177/17531934241275456

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39275977&profid=ehost>

22. AI-powered prostate cancer detection: a multi-centre, multi-scanner validation study

Item Type: Journal Article

Authors: Giganti, Francesco;Moreira da Silva, Nadia;Yeung, Michael;Davies, Lucy;Frary, Amy;Ferrer Rodriguez, Mirjana;Sushentsev, Nikita;Ashley, Nicholas;Andreou, Adrian;Bradley, Alison;Wilson, Chris;Maskell, Giles;Brembilla, Giorgio;Caglic, Iztok;Suchánek, Jakub;Budd, Jobie;Arya, Zobair;Aning, Jonathan;Hayes, John;De Bono, Mark, et al

Publication Date: 2025

Journal: European Radiology

Abstract: Objectives: Multi-centre, multi-vendor validation of artificial intelligence (AI) software to detect clinically significant prostate cancer (PCa) using multiparametric magnetic resonance imaging (MRI) is lacking. We compared a new AI solution, validated on a separate dataset from different UK hospitals, to the original multidisciplinary team (MDT)-supported radiologist's interpretations.; Materials and Methods: A Conformité Européenne (CE)-marked deep-learning (DL) computer-aided detection (CAD) medical device (Pi) was trained to detect Gleason Grade Group (GG) ≥ 2 cancer using retrospective data from the PROSTATEx dataset and five UK hospitals (793 patients). Our separate validation dataset was on six machines from two manufacturers across six sites (252 patients). Data included in the study were from MRI scans performed between August 2018 to October 2022. Patients with a negative MRI who did not undergo biopsy were assumed to be negative (90.4% had prostate-specific antigen density < 0.15 ng/mL²). ROC analysis was used to compare radiologists who used a 5-category suspicion score.; Results: GG ≥ 2 prevalence in the validation set was 31%. Evaluated per

patient, Pi was non-inferior to radiologists (considering a 10% performance difference as acceptable), with an area under the curve (AUC) of 0.91 vs. 0.95. At the predetermined risk threshold of 3.5, the AI software's sensitivity was 95% and specificity 67%, while radiologists at Prostate Imaging-Reporting and Data Systems/Likert ≥ 3 identified GG ≥ 2 with a sensitivity of 99% and specificity of 73%. AI performed well per-site (AUC ≥ 0.83) at the patient-level independent of scanner age and field strength.; Conclusion: Real-world data testing suggests that Pi matches the performance of MDT-supported radiologists in GG ≥ 2 PCa detection and generalises to multiple sites, scanner vendors, and models.; Key Points: QuestionThe performance of artificial intelligence-based medical tools for prostate MRI has yet to be evaluated on multi-centre, multi-vendor data to assess generalisability. FindingsA dedicated AI medical tool matches the performance of multidisciplinary team-supported radiologists in prostate cancer detection and generalises to multiple sites and scanners. Clinical relevanceThis software has the potential to support the MRI process for biopsy decision-making and target identification, but future prospective studies, where lesions identified by artificial intelligence are biopsied separately, are needed.; Competing Interests: Compliance with ethical standards. Guarantor: The scientific guarantor of this publication is Evis Sala. Conflict of interest: The radiologists who participated in the annotation process and the drafting of this manuscript (G.B., I.C., F.G., N.S., R.W.) are independent consultants for Lucida. They are not employees of the company and have no financial relationship with Lucida beyond receiving consulting fees for their clinical expertise and contributions to this manuscript. Additionally, they were not involved in the conceptualisation or development of the commercial product. The following authors declare relationships with the following companies: F.G., N.S., N.A., G.B., I.C., R.W. consultant, Lucida Medical; N.M.d.S, M.Y., L.D., A.F., M.F.R., C.W., J.B., Z.A., S.B., M.H., A.R., E.S. employee/consultant/stockholder, Lucida Medical; J.A., R.P., R.H. stockholder, Lucida Medical; N.V., A.S. travel stipends, Lucida Medical; A.R.P. consultant and stockholder, Lucida Medical, speakers bureau and research support, Siemens Healthineers. F.G. reports consulting fees for SpectraCure outside of the submitted work, and he has received speaker fees from Bayer; J.S. is affiliated with Fabrica AI Corp. Statistics and biometry: One of the authors has significant statistical expertise. Informed consent: The NHS Health Research Authority confirmed that informed consent was not required due to the data being anonymised and retrospective. Ethical approval: Approval was obtained from the NHS Health Research Authority (IRAS #278640). The HRA confirmed no research ethics committee (REC) approval was required due to the data being anonymised and retrospective. Study subjects or cohorts overlap: N/A Methodology: Retrospective Observational Multi-centre study (© 2025. The Author(s).)

DOI: 10.1007/s00330-024-11323-0

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=40016318&profd=ehost>

23. Newer Autoantibodies and Laboratory Assessments in Myositis.

Item Type: Journal Article

Authors: Harvey G.R.;MacFadyen C. and Tansley, S. L.

Publication Date: 2025

Journal: Current Rheumatology Reports 27(1) (pagination), pp. Article Number: 5. Date of Publication: 01 Dec 2025

Abstract: Purpose of Review: We aim to describe the immunoassays that have been used for myositis autoantibody discovery with a focus on newer methods. We describe recently identified myositis autoantibodies that do not yet form part of routine clinical testing, highlighting what is known about their associated clinical phenotype and potential clues as to their presence. Recent Findings: Novel approaches to autoantibody detection have been employed in recent years including chemiluminescent immunoassay, phage immunoprecipitation-sequencing and modifications to the more traditional immunoprecipitation technique. This has led to the discovery of novel autoantibodies, including novel anti-aminoacyl-tRNA synthetase autoantibodies and autoantibodies which modify cancer risk for patients with anti-TIF1 associated dermatomyositis.

24. Trajectory of change in body mass index in Parkinson's disease

Item Type: Journal Article

Authors: Henderson, Emily J.;Nodehi, Anahita;Graham, Finn;Smith, Matthew;Lithander, Fiona E.;Ben-Shlomo, Yoav;Lawton, Michael and Tenison, Emma

Publication Date: 2025

Journal: Parkinsonism & Related Disorders 130, pp. 107174

Abstract: Introduction: Gastrointestinal (GI) symptoms are some of the most common non-motor symptoms in Parkinson's. Weight is a nutritional metric and can be affected by dysfunction of the gastrointestinal (GI) tract. This study aims to explore the change in trajectory of body mass index (BMI) in individuals with Parkinson's over the course of the disease including the prodromal and post-diagnostic periods.; Methods: This was a retrospective longitudinal study of data from participants from the PRIME Parkinson UK cross-sectional study. Participants were included if they had had one or more weights and height recorded in the primary care electronic health record.; Results: 287 patients were initially included but only 234 could be included in the analysis of BMI trajectory. Using a piecewise linear mixed model, we determined that there was a 'change point' in BMI trajectory. This occurred on average 3.73 years after diagnosis, when the mean BMI was 26.4 kg/m². Prior to this change point, the estimated mean rate of change in BMI was -0.09 kg/m² (95 % credible interval -0.20,0.00 kg/m²) per year. However, after the change point, we observed a more accelerated decline in BMI, with an estimated mean rate of change of -0.34 kg/m² (95 % credible interval -0.70,-0.07 kg/m²) per year.; Conclusion: There was a modest weight loss trajectory in the pre-diagnostic period consistent with clinically stable weight. However, after several years, post-diagnosis BMI loss became more marked. In clinical practice interventions could be targeted at this time point to optimize and maintain nutritional intake.; Competing Interests: Declaration of competing interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Dr. M Lawton received fees for advising on a secondary analysis of an RCT sponsored by North Bristol NHS trust. (Copyright © 2024 The Authors. Published by Elsevier Ltd.. All rights reserved.)

DOI: 10.1016/j.parkreldis.2024.107174

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39520974&profid=ehost>

25. Clinical and microbiological features of Fusobacterium species bacteraemia: a multi-centre UK-based retrospective descriptive study

Item Type: Journal Article

Authors: Hettle, David;Thompson, Aameeka;Akpan, Esther;Beckley, Georgina and Williams, O. M.

Publication Date: 2025

Journal: Infection

Abstract: Competing Interests: Declarations. Ethical approval: As the study was retrospective in nature, with no impact on the clinical care of patients, specific ethical approval was not required for this study. Competing interests: The authors declare no competing interests.

DOI: 10.1007/s15010-024-02462-z

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39821737&profid=ehost>

26. Albumin predicts post-operative complications in Acute Severe Ulcerative Colitis.

Item Type: Journal Article

Authors: Hodges P.;Phillips J.;King H.;Creamer J.;Kitchin A.;Carter O. and TyrrellPrice, J.

Publication Date: 2025

Journal: Journal of Crohn's and Colitis Conference: 20th Congress of ECCO. Berlin Germany, pp. Date of Publication: 01 Jan 2025

Abstract: Background: Acute severe ulcerative colitis (ASUC), defined by the modified Truelove and Witts criteria, is a potentially life-threatening condition. Randall et al showed over a decade ago that prolonged medical therapy prior to surgery was associated with a higher rate of major post-operative complications.(1) We undertook a retrospective cohort study with the aim of identifying other clinical parameters that could predict adverse outcomes following colectomy in the setting of ASUC.

27. Termination of Resuscitation Rules for In-Hospital Cardiac Arrest

Item Type: Journal Article

Authors: Holmberg, Mathias J.;Granfeldt, Asger;Moskowitz, Ari;Lauridsen, Kasper G.;Bergum, Daniel;Christiansen, Christian F.;Nolan, Jerry P. and Andersen, Lars W.

Publication Date: 2025

Journal: JAMA Internal Medicine

Abstract: Importance: There are no validated decision rules for terminating resuscitation during in-hospital cardiac arrest. Decision rules may guide termination and prevent inappropriate early termination of resuscitation.; Objective: To develop and validate termination of resuscitation rules for in-hospital cardiac arrest.; Design, Setting, and Participants: In this prognostic study, potential decision rules were developed using a national in-hospital cardiac arrest registry from Denmark (data from 2017 to 2022) and validated using registries from Sweden (data from 2007 to 2021) and Norway (data from 2021 to 2022). Six variables (age, initial rhythm, witnessed status, monitored status, intensive care unit location, and resuscitation duration) were considered based on their bedside availability. Prognostic metrics were computed for all possible variable combinations. CIs were obtained using bootstrapping. Rules with a false-positive rate below 1% (predicting death in patients who might otherwise survive) and a positive rate of more than 10% (proportion of all cases for whom termination is proposed) were considered appropriate.; Main Outcomes and Measures: The primary outcome was 30-day mortality.; Results: The cohorts included 9863 Danish, 12 781 Swedish, and 1308 Norwegian patients. The overall median (IQR) age was 74 (66-81) years, 63% were male, and the median (IQR) resuscitation duration was 13 (5-23) minutes. Of 53 864 possible termination rules, 5 were identified as relevant for clinical use. The best performing rule included 4 variables (unwitnessed, unmonitored, initial rhythm of asystole, and resuscitation duration more than or equal to 10 minutes). The rule proposed termination in 110 per 1000 cardiac arrests (positive rate, 11%; 95% CI, 10%-11%) and predicted 30-day mortality incorrectly in 6 per 1000 cases (false-positive rate, 0.6%; 95% CI, 0.3%-0.9%). All 5 rules performed similarly across all 3 cohorts.; Conclusions and Relevance: In this prognostic study, 5 termination of resuscitation rules were developed and validated for in-hospital cardiac arrest. The best performing rule had a low false-positive rate and a reasonable positive rate in all national cohorts. These termination of resuscitation rules may aid decision-making during resuscitation.

DOI: 10.1001/jamainternmed.2024.7814

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39869345&provid=ehost>

28. Self-management interventions for chronic widespread pain including fibromyalgia: a systematic review and qualitative evidence synthesis

Item Type: Journal Article

Authors: Hu, Xiao-Yang;Young, Ben;Santer, Miriam;Everitt, Hazel;Pearson, Jen;Bowers, Hannah;Moore, Michael;Little, Paul;Pincus, Tamar;Price, Cathy;Robson, Tom;de Barros, Clara;Loewy, Jane;Magee, Jenny and Geraghty, Adam W. A.

Publication Date: 2025

Journal: Pain 166(3), pp. e36–e50

Abstract: Abstract: Supporting behavioural self-management is increasingly important in the care for chronic widespread pain (CWP), including fibromyalgia. Understanding peoples' experiences of these interventions may elucidate processes and mechanisms that lead to or hinder their intended impact. We conducted a systematic review and thematic synthesis of qualitative studies exploring peoples' experiences of self-management interventions for CWP, including fibromyalgia. MEDLINE, Embase, PsycINFO, CINAHL, and Web of Science were searched. Primary qualitative or mixed-methods studies were included if they explored people's self-management intervention experiences for their CWP, including fibromyalgia. Screening, data extraction, and critical appraisal were conducted by 2 reviewers. Data analysis was conducted through thematic synthesis. Twenty-three studies were included, mostly were rated as high or moderate quality. We developed 4 analytic themes: A multifaceted experience of the intervention, potential for transformative experience of group cohesion, a new outlook, and striving for change after the loss of support. Broadly, personalisation was perceived as beneficial and people experienced a range of emotional experiences. These appeared to support positive behavioural and cognitive changes. For most, group activities promoted acceptance and support, fostering new perspectives and improved self-management, although some found aspects of group contexts challenging. Lack of on-going support after interventions led to challenges in applying behavioural strategies, and some struggled without social support from the group. The experiences of self-management interventions for CWP reflect a complex, multifaceted process. Although many reported positive experiences, addressing issues with integration of physical activity, group dynamics and postintervention support may improve effectiveness for a broader range of people. (Copyright © 2024 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of the International Association for the Study of Pain.)

DOI: 10.1097/j.pain.0000000000003379

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39287095&profid=ehost>

29. Interventions that challenge established and accepted clinical practice: lessons learnt from a process evaluation of the STOP-APE trial

Item Type: Journal Article

Authors: Ignatowicz, Agnieszka;Greenfield, Sheila;Gaddu, Pooja;Prince, Clare;Toshner, Mark;Robinson, Graham;Rodrigues, Jonathan;Jowett, Susan;Noble, Simon;Newnham, Michael;Turner, Alice and Lasserson, Daniel

Publication Date: 2025

Journal: Health Technology Assessment (Winchester, England) , pp. 1–11

Abstract: Background: Developing and implementing interventions that change clinical

practice can be challenging and complex. Such interventions can be particularly difficult when attempting to change established behaviours and practices. While extensive literature on implementation of interventions that focus on changing clinical practice exists, understanding of the difficulties involved in implementing interventions that go against accepted clinical practice is limited.; Objectives: To describe the challenges involved in delivering a complex intervention that goes against established clinical practice, using a clinical trial assessing the balance of benefits and risks of withholding anticoagulation for subsegmental pulmonary embolism as an example.; Design and Methods: This study draws from a process evaluation conducted as part of a clinical trial. The evaluation utilised semistructured interviews with patients and clinicians during the trial's internal pilot phase to investigate the acceptability of withholding anticoagulant medication and participants' experiences within the trial. The data were analysed using the framework method.; Setting and Participants: Eight patients with subsegmental pulmonary embolism (six females and two males) and three acute care clinicians (two males and one female) from five trial sites were interviewed.; Results: Our findings indicated that factors such as clinician equipoise, discomfort with certain patient characteristics, and effective patient communication are closely connected and significantly impact both the process of changing clinical practice and the conduct of the trial. Clinicians faced difficulties in approaching eligible patients for trial participation, especially when a diagnosis and treatment plan had already been provided by another clinician. The tension between maintaining clinical equipoise and addressing the needs of unwell patients further complicated decisions, particularly when withholding anticoagulation in those with severe symptoms or multiple comorbidities. Communication about the risks and benefits of non-medication strategies for pulmonary embolism was also challenging, with concerns about undermining patient trust. Patients, on the other hand, expressed considerable anxiety about not receiving anticoagulants, with their perspectives on study participation and treatment heavily influenced by their prior health experiences and ongoing medical conditions. The active involvement of clinicians in the consent process had a positive effect on patients' perceptions and experiences, with many feeling reassured in knowing they could contact clinical staff if needed.; Limitations: Small sample size of patients and clinicians across limited study sites; single method of data collection.; Conclusions: Our results highlight the multifaceted challenges when attempting to conduct studies that challenge accepted practices and norms. These complexities are deeply intertwined, influencing both clinical decision-making and patient recruitment for those studies.; Future Work: Future research should focus on developing strategies to help clinicians maintain equipoise and communicate the risks and benefits of interventions, while also deepening the understanding of patients' experiences and perceptions to enhance recruitment strategies.; Ethical Approval: Wales REC 6, Reference: 20/WA/0256, approved 30 September 2020.; Funding: This article presents independent research funded by the National Institute for Health and Care Research (NIHR) Health Technology Assessment programme as award number NIHR128073.

DOI: 10.3310/PSDG7298

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=40013982&profid=ehost>

30. Time for mandatory safety preparedness: a responsibility for individuals, hospitals and national bodies

Item Type: Journal Article

Authors: Kane, Andrew D.;Soar, Jasmeet and Cook, Tim M.

Publication Date: 2025

Journal: Anaesthesia 80(1), pp. 121–122

DOI: 10.1111/anae.16418

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39133421&profid=ehost>

31. Exploring how PRIME-Parkinson care is implemented and whether, how and why it produces change, for who and under what conditions: a protocol for an embedded process evaluation within the PRIME-UK randomised controlled trial

Item Type: Journal Article

Authors: Lloyd, Katherine;Tenison, Emma;Smith, Safi;Lithander, Fiona;Kidger, Judi;Brant, Heather;Redwood, Sabi;Ben-Shlomo, Yoav and Henderson, Emily J.

Publication Date: 2025

Journal: BMJ Open 15(1), pp. e086353

Abstract: Introduction: The PRIME-UK randomised controlled trial (RCT) aims to establish whether a model of care that seeks to be proactive, integrated and empower participants, caregivers and healthcare professionals can improve outcomes in people with parkinsonism. Given that this intervention is novel and complex, understanding whether and how the intervention will be acceptable, implementable, cost-effective and scalable across contexts are key questions beyond that of whether 'it works'. We describe an embedded process evaluation to answer these questions, which aims to support interpretation of the trial results, refinement of the intervention and support future scaling of the PRIME-Parkinson model of care.; Methods and Analysis: A mixed-methods approach will be used to collect data across four process evaluation domains: implementation, mechanism of change, acceptability and context. Quantitative data will be collected prospectively from all participants and analysed descriptively with exploratory tests of relationships as power allows. Qualitative data will be collected through semistructured interviews with a purposively sampled subpopulation of participants, caregivers and staff members as well as case studies where relevant. Interview transcripts will be analysed thematically using interpretive qualitative analysis. Synthesis of quantitative and qualitative data will also be performed to draw conclusions.; Ethics and Dissemination: The quantitative data will be collected as part of the main PRIME-UK RCT which was been granted NHS REC approval (21/LO/0387) on 27 July 2021. The qualitative data will be collected as part of a substudy, 'PRIME-Qual', which was granted NHS REC approval (21/LO/0388) on 14 July 2021. The mixed-methods process evaluation will be published after

the conclusion of the trial in addition to the main trial findings.; Trial Registration Number: NCT05127057.; Competing Interests: Competing interests: KL is in receipt of PhD fellowship funding from The Gatsby Foundation and funding from Parkinson's UK. ET is funded by a National Institute for Health and Care Research Academic Clinical Lectureship and has received a speaker honorarium from the Neurology Academy. HB and SR are partly funded by National Institute for Health and Care Research Applied Research Collaboration West (NIHR ARC West) and The Gatsby Foundation. EJH is HEFCE funded by University of Bristol for her academic work and has received research funding from the National Institute of Health Research (NIHR), The British Geriatrics Society, The Gatsby Foundation, The Alzheimer's Society, Royal Osteoporosis Society, The Dunhill Society, Parkinson's UK. She has received travel support, honoraria and/or sat on advisory boards for Kyowa Kirin; Abbvie; Luye; the CME institute, Ever, Simbec Orion, the Neurology Academy and Bial. YB-S is partly funded by National Institute for Health and Care Research Applied Research Collaboration West (NIHR ARC West) and University of Bristol and has received funding from Parkinson's UK, Royal Osteoporosis Society, MRC, HQIP, Templeton Foundation, Versus Arthritis, Wellcome Trust, National Institute of Health Research, Gatsby Foundation. JK and SS have no conflicts of interest. FL is funded by the High Value Nutrition National Science Challenge, New Zealand, Health Research Council, New Zealand and the University of Auckland, New Zealand. This research was supported by the National Institute for Health and Care Research Applied Research Collaboration West (NIHR ARC West). (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ Group.)

DOI: 10.1136/bmjopen-2024-086353

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39894518&profid=ehost>

32. 206 Screening benefits and harms; a review of false positives and negatives from the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Targeted Lung Health Check (TLHC) programme.

Item Type: Journal Article

Authors: Lucinda P.;Jodie C.;Ben P.;Sarah F.;Vidan M.;Anthony E. and Anna, B.

Publication Date: 2025

Journal: Lung Cancer Conference, pp. 23rd

Abstract: Introduction Lung cancer screening saves lives but has recognised limitations. Potential harms include over-investigation, missed diagnoses and cancers developing between screening rounds. We investigated clinical outcomes from the SWAG TLHC programme. Methods Clinical records, CT results and Screening Review Meeting outcomes were reviewed for all participants who underwent baseline TLHC scans between 11/08/2022-10/08/2023. Secondary care cancer registers and multidisciplinary team meetings were cross-referenced by NHS number to identify subsequent cancer diagnoses (censored 30/10/2024). Outcomes were

categorised as true positive, true negative, false positive or false negative, with sub-categories based on clinical pathways (Figure 1). Results 4200 people had baseline CT scans. Two people were excluded after moving out of area. 4098/4198 (97.6%) had negative scans and no subsequent lung cancer diagnoses (true negative). 80/4198 (1.9%) had abnormal TLHC scans and were subsequently diagnosed with lung cancer (true positive). Of these, 52/80 (65%) were referred at baseline, whilst 28/80 (35%) were referred after interval growth on nodule surveillance. 62/80 cancers (77.5%) were stage I-II and 66/80 (82.5%) were treated radically, usually with surgery (58/80; 72.5%). TLHC identified six extra-pulmonary cancers (0.14%). Fifty people (1.2%) underwent investigations after abnormal scans but were not diagnosed with lung cancer. Of these, 4/4198 (0.09%) underwent surgery for benign pathology. One person was diagnosed with lung cancer 18 months after a reportedly normal TLHC scan. On review of the original scan, a small tumour was present, giving a false negative rate of 0.02%. Three people (0.07%) were diagnosed with lung cancer outside the programme. Review of TLHC scans revealed no detectable abnormalities, hence these were deemed interval incident cancers. [Formula presented] Conclusions SWAG TLHC effectively identified early-stage lung cancers, resulting in high radical treatment rates. False positive rates were low, with surgery for non-malignant disease rare. TLHC identified several extra-pulmonary cancers, but a single lung cancer case was missed. Disclosure No significant relationships.

33. Cardiovascular risk assessment for osteoporosis patients considering Romosozumab

Item Type: Journal Article

Authors: Macrae, F.;Clark, E. M.;Walsh, K.;Bailey, S-J;Roy, M.;Hardcastle, S.;Cockill, C.;Tobias, J. H. and Faber, B. G.

Publication Date: 2025

Journal: Bone 190, pp. 117305

Abstract: Cardiovascular risk scoring tools are suitable for but not interchangeable within the osteoporosis clinic.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 Elsevier Inc. All rights reserved.)

DOI: 10.1016/j.bone.2024.117305

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39454743&provid=ehost>

34. Safety and effectiveness of anticoagulation therapy in older people with atrial fibrillation during exposed and unexposed treatment periods

Item Type: Journal Article

Authors: Mitchell, Anneka;Watson, Margaret C.;Welsh, Tomas J. and McGrogan, Anita

Publication Date: 2025

Journal: Heart (British Cardiac Society)

Abstract: Background: Anticoagulation therapy reduces stroke risk in patients with atrial fibrillation (AF), but it is often underused in older populations due to concerns about bleeding. This study aimed to compare the safety and effectiveness of anticoagulation during periods of exposure and non-exposure and across different anticoagulants in people with AF aged ≥ 75 years.; Methods: Using UK primary care data from the Clinical Practice Research Datalink (2013-2017), a retrospective cohort study was conducted on patients newly prescribed oral anticoagulants (warfarin or direct oral anticoagulants). Exposure to anticoagulation was mapped using prescription data. Cox regression models were used to estimate adjusted HRs for stroke, bleeding, myocardial infarction, and death during periods of exposure and non-exposure and for different anticoagulants.; Results: Among 20 167 patients (median age 81 years), non-exposure to anticoagulation was associated with higher risks of stroke (HR 3.07, 95% CI 2.39 to 3.93), myocardial infarction (HR 1.85, 95% CI 1.34 to 2.56) and death (HR 2.87, 95% CI 2.63 to 3.12) compared with exposure. Compared with warfarin, apixaban was associated with lower risks of non-major bleeding (HR 0.73, 95% CI 0.64 to 0.85), whereas rivaroxaban was associated with higher risks of major (HR 1.33, 95% CI 1.15 to 1.55) and non-major (HR 1.29, 95% CI 1.16 to 1.44) bleeding.; Conclusions: Non-exposure to anticoagulation increases the risks of stroke, myocardial infarction and death in older patients with AF. Clinicians should carefully weigh the risks of discontinuing anticoagulation and provide shared decision-making support to patients, especially when considering deprescription.; Competing Interests: Competing interests: None declared. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY. Published by BMJ Group.)

DOI: 10.1136/heartjnl-2024-324763

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39961639&provid=ehost>

35. 159 Real world outcomes from lung Stereotactic Ablative Radiotherapy (SABR) at a District General Hospital.

Item Type: Journal Article

Authors: Molly J.;Philippa L. and Ashley, C.

Publication Date: 2025

Journal: Lung Cancer Conference, pp. 23rd

Abstract: Introduction Royal United Hospitals (RUH) Bath was commissioned as a SABR center in 2021. This retrospective review assessed local and distant recurrence rates, survival rates, and incidence of radiation-induced pneumonitis and chest wall pain in patients treated within the first two years. [Formula presented] Methods The electronic medical records for RUH Bath patients who received lung SABR between June 2021-2023 were retrospectively reviewed, data collected, and survival analyses performed using Kaplan-Meier in R. Results The median age of

the 43 patients receiving lung SABR was 76 (range 56-85) years. The median follow-up was 15 (3-37) months with data cut-off at 40 months. Of the 43 patients 15 (34.9%) had a biopsy proven diagnosis of lung cancer. 6 patients had adenocarcinoma (14%), 7 squamous cell (16.3%), and 1 NSCLC NOS (2.3%). 26 patients (60.5%) received 55 Gy in 5 fractions, 10 (22.3%) 54 Gy in 3 fractions, 4 (9.3%) 60 Gy in 8 fractions, 3 (4.7%) 50 Gy in 8 fractions, 1 (2.3%) 48 Gy in 3 fractions. 6 (14%) reported chest wall pain, 2 (4.7%) were prescribed analgesia. 9 patients (20.9%) were treated for radiation-induced pneumonitis, all these graded as '2'. 43 (100%) had no definite local progression at 24 months. 37 (86%) survived to 12 months post SABR, 31 (72.1%) were alive at time of data collection at 40 months. The 12- and 24-month survival probabilities were 88.4% (95% CI: 79.3-98.5%) and 75.5% (95% CI: 63.3%-90.1%) respectively. 12- and 24-month event-free survival (including local recurrence, distant recurrence, and death) were 86.0% (95% CI: 76.3%-97.1%) and 68.4% (95% CI: 55.4%-84.4%). Conclusion Outcome data from RUH Bath reinforces the efficacy of SABR in controlling early-stage lung cancer and with 86% event-free survival at 12 months, and 68.4% at 24 months, is comparable to other centres. Disclosure No significant relationships.

36. The effects of autistic traits in adolescents on the efficacy of paediatric Intensive Interdisciplinary Pain Treatment (IIPT)

Item Type: Journal Article

Authors: Moore, David J.;Jordan, Abbie;Wainwright, Elaine;Failla, Michelle D.;Connell, Hannah and Gauntlett-Gilbert, Jeremy

Publication Date: 2025

Journal: The Journal of Pain 27, pp. 104757

Abstract: Autistic adolescents are at greater risk of chronic pain, but it is unclear how autistic features may relate to individual aspects of chronic pain. As autism traits exist in the general population as well, it is important to know if autistic traits could impact how effective chronic pain management is for adolescents. Here we examined autistic traits in 112 patients (12-18yrs) recruited from a UK national specialist adolescent pain rehabilitation programme. Participants completed screening questionnaires for autistic traits upon entry to the programme, as well as clinically recognised pain measures before and after the 3-week treatment program. Autistic traits predicted greater psychological challenges at treatment onset. Critically, autistic traits were not related to the magnitude of improvement in pain measures during the pain management program. Our study suggests that adolescents with greater autistic traits may benefit from existing pain rehabilitation programs at similar rates to their peers. Additionally, these data suggest no reason for therapeutic pessimism for autistic pain patients. We do however acknowledge that these data may differ in populations with an autistic diagnosis, and that barriers may still exist for autistic people in treatment for pain. PERSPECTIVE: Autistic traits were explored in patients undergoing an Intensive Interdisciplinary Pain Treatment (IIPT). Higher autistic traits correlated with more pain related psychological difficulties at intake. Autistic traits were not related to the magnitude of improvement following IIPT. Our data therefore suggests that autism should not be a barrier to IIPT. DATA AVAILABILITY: Data is held in the PAIRED Pain Rehabilitation Database: Bath and Bristol, individual data used in the current analyses are therefore not available.; Competing Interests: Declaration of Competing Interest The authors

have no conflict of interest in this manuscript. (Copyright © 2024 The Authors. Published by Elsevier Inc. All rights reserved.)

DOI: 10.1016/j.jpain.2024.104757

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39675689&provid=ehost>

37. Calcific versus non-calcific plaque: a CAD-RADS and FFRCT study

Item Type: Journal Article

Authors: Murphy, David;Graby, John;Hudson, Benjamin;Lowe, Robert;Carson, Kevin;Kandan, Sri Raveen;McKenzie, Daniel;Khavandi, Ali and Rodrigues, Jonathan Carl Luis

Publication Date: 2025

Journal: International Journal of Cardiovascular Imaging 41(1), pp. 47–54

DOI: 10.1007/s10554-024-03281-x

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=182302996&provid=ehost>

38. Cerebral blood flow during simulated central hypovolaemia in people with hypertension: does vertebral artery hypoplasia matter?

Item Type: Journal Article

Authors: Neumann, Sandra;Rodrigues, Jonathan C. L.;Simpson, Lydia L.;Lawton, Chris B.;Burden, Daniel;Kobetic, Matthew D.;Adams, Zoe H.;Hope, Katrina;Paton, Julian F. R.;Blythe, Hazel;Manghat, Nathan;Barnes, Jill N.;Nightingale, Angus K.;Hamilton, Mark C. H. and Hart, Emma C.

Publication Date: 2025

Journal: The Journal of Physiology

Abstract: Adults with hypertension have higher prevalence of vertebral artery hypoplasia (VAH), which is associated with lower resting cerebral blood flow (CBF). We examined whether VAH impacts the ability to regulate CBF during haemodynamic stress when cardiac output and blood pressure are lowered via body negative pressure (LBNP). Participants underwent magnetic resonance angiography (MRA) at 1.5T during LBNP at 0, -20 and -40 mmHg, and were assigned to VAH (n = 13) or without-VAH (n = 11) groups post-acquisition. Phase-contrast MRA measured flow in the basilar artery (BA), internal carotid arteries (ICA), and the ascending aorta to measure cardiac output (CO). The CO decreased during all levels of LBNP in both groups (LBNP main effect P 0.05 all levels LBNP). ICA flow decreased during LBNP (P 0.05 all levels LBNP). ICA flow decreased during LBNP (P 0.05 at all levels of LBNP). Total peripheral resistance (TPR)

increased during LBNP in both groups, but the rise was greater in the group with VAH (-20 mmHg; $P = 0.0129$, -40 mmHg; $P = 0.0016$). In summary, hypertensive patients without VAH may tolerate decreases in CBF, whereas patients with VAH evoke a greater systemic TPR response to preserve CBF. KEY POINTS: Vertebral artery hypoplasia (VAH) is more common in hypertensive adults and is associated with lower resting cerebral blood flow (CBF), suggesting that VAH might impair the brain's ability to maintain cerebral blood flow during haemodynamic stress using lower body negative pressure. This study shows that hypertensive patients with VAH maintain CBF during body negative pressure, unlike those without VAH, who experience reductions in CBF. Patients with VAH show a greater rise in total peripheral resistance (TPR), suggesting a compensatory mechanism to maintain cerebral perfusion. The findings highlight that patients with VAH have an altered physiological response to hypovolaemia, where they may rely on systemic pressor responses to maintain perfusion of posterior brain territories in already hypoperfused circulation. This is important for understanding how VAH impacts cerebrovascular function in hypertensive patients and may influence clinical approaches to managing CBF in disease conditions. (© 2025 The Author(s). The Journal of Physiology published by John Wiley & Sons Ltd on behalf of The Physiological Society.)

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URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39960462&profid=ehost>

39. Key clinical findings from the IMPROVE-UK quality improvement projects: an overview

Item Type: Journal Article

Authors: Phillips, Andrew James;Bowen, Rebecca;Wells, Mary;McNeish, Iain and Sundar, Sudha

Publication Date: 2025

Journal: BMJ Open Quality 14

Abstract: Introduction: Survival from ovarian cancer in the UK is poor compared with international comparators. The Ovarian Cancer Audit Feasibility Pilot demonstrated variation in 1-year and 5-year survival across the UK as well as significant variation in treatment rates. In 2020, IMPROVE-UK was established as the first major programme to address inequalities in ovarian cancer management and survival across the UK, to develop a legacy of best practice sharing across the country and to establish and evaluate quality improvement projects that could drive care at scale.; Methods: Following a competitive process, seven quality improvement projects were funded to address inequalities in care and identify strategies to improve and equalise survival rates for all women with ovarian cancer in the UK, to address health inequalities from geography, age or ethnicity.; Results: Projects addressed the secondary care diagnostic pathway, genomic testing, prehabilitation and improving treatment-related decision-making, particularly decisions for surgery. All seven projects at least partial achieved their aims with numerous areas across all projects identified where processes could be refined and incorporated into standard care to improve outcomes of women diagnosed with ovarian cancer. Dissemination of information regarding best practice has been undertaken.;

Conclusion: IMPROVE-UK was the first programme of its kind addressing significant inequalities of care in women with ovarian cancer. We demonstrate systematic quality improvement projects in ovarian cancer targeting various aspects of the treatment journey. Scaling up the results of the improve UK pilots is likely to improve survival in the UK and potentially internationally.; Competing Interests: Competing interests: AJP: nil to declare. RB: nil to declare. MW declares chair of the 'Impact and Metrics' subgroup of the Clinical Academic Research Implementation Network (CARIN), membership of the NCRI Head and Neck cancer Survivorship and Epidemiology subgroup, the Macmillan Cancer Support Nursing Advisory group and the NIHR Clinical Doctoral Research Fellowship panel. She is also on the Fellowships committee of the Imperial Health Charity. IM has sat on Advisory Boards for Clovis Oncology, Tesaro/GSK, AstraZeneca, OncoC4, Theolytics, Epsila Bio, Duke St Bio, Scancell, Roche and Takeda. Co-chief investigator ARIEL2 (Clovis Oncology) Chief Investigator OCTAVE (PsiOxus Therapeutics) Chief Investigator BriTROC-1 and BriTROC-2 His institution receives grant support from AstraZeneca SS declares Honararia from Astrazeneca and MDT that is unrelated to this work. (© Author(s) (or their employer(s)) 2025. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

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40. Sex discrimination, sexual harassment, and sexual assault in UK radiology training: a national survey

Item Type: Journal Article

Authors: Robinson, E.;Singhal, P.;Loughborough, W. and Little, D.

Publication Date: 2025

Journal: Clinical Radiology 80, pp. 106717

Abstract: Aim: Sex discrimination and sexual misconduct are endemic issues within the National Health Service (NHS). The extent of the problem amongst radiology registrars across the UK is unknown. This national survey explores the experiences of radiology registrars in relation to sex discrimination, sexual harassment, and sexual assault during radiology training, in addition to the impact on wellbeing and barriers to reporting behaviours.; Materials and Methods: This observational study using qualitative data from distribution of a national survey with ethical approval.; Results: 122 responses were received. A significantly increased proportion of females have witnessed or experienced sex discrimination and sexual harassment compared to males ($p < 0.05$). A greater proportion of females also experienced sexual assault however the numbers are low and not statistically significant. The majority of perpetrators (58%) were senior colleagues both from within and outside of the radiology team (including radiology supervisors). 21% of perpetrators were patients. 72% of radiology registrars who experienced sex discrimination, harassment and/or assault were not happy with the way in which their situation was dealt with. 68% were not aware of a pathway in place for reporting such

behaviours.; Conclusion: Sex discrimination and sexual harassment and assault have been experienced widely by radiology registrars, disproportionately affecting women. There are significant barriers to reporting these issues especially given most perpetrators are senior colleagues. We call upon responsible organisations to create a safe working environment for all, including implementing new pathways for reporting, developing training, and considering safety measures such as enhanced use of chaperones. (Copyright © 2024 The Royal College of Radiologists. Published by Elsevier Ltd. All rights reserved.)

DOI: 10.1016/j.crad.2024.09.023

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39504891&provid=ehost>

41. An interpretable machine learning approach for detecting psoriatic arthritis in a UK primary care psoriasis cohort using electronic health records from the Clinical Practice Research Datalink

Item Type: Journal Article

Authors: Rudge, Alexander;McHugh, Neil;Tillett, William and Smith, Theresa

Publication Date: 2025

Journal: Annals of the Rheumatic Diseases

Abstract: Objectives: Develop an interpretable machine learning model to detect patients with newly diagnosed psoriatic arthritis (PsA) in a cohort of psoriasis patients and identify important clinical indicators of PsA in primary care.; Methods: We developed models using UK primary care electronic health records from the Clinical Practice Research Datalink (CPRD). The study population consisted of a cohort of (PsA free) patients with incident psoriasis who were followed prospectively. We used Bayesian networks (BNs) to identify patients who developed PsA using primary care variables measured prior to diagnosis and compared the results to a random forest (RF). Variables included patient demographics, musculoskeletal symptoms, blood tests, and prescriptions. The importance of each variable used in the models was evaluated using permutation variable importance. Model discrimination was measured using the area under the receiver operating characteristic curve (AUC) and the area under the precision-recall curve (PRAUC).; Results: We identified a cohort of 122,330 patients with an incident psoriasis diagnosis between 1998 and 2019 in the CPRD, of whom 2460 patients went on to develop PsA. Our best BN achieved an AUC of 0.823, and PRAUC of 0.221, compared to the AUC of 0.851 and PRAUC of 0.261 of the RF. Psoriasis duration, nonsteroidal anti-inflammatory drug prescriptions, nonspecific arthritis, nonspecific arthralgia, and C-reactive protein blood tests were all important variables in our models.; Conclusions: We were able to identify psoriasis patients at higher risk, and important indicators, of PsA in UK primary care. Further work is required to evaluate our model's usefulness in assisting PsA screening.; Competing Interests: Competing interests AR reports financial support was provided by UCB Biopharma SRL. NM reports grant funding from UCB Biopharma SRL and speaking and lecture fees from Janssen Pharmaceuticals Inc. WT reports consulting or advisory and speaking and lecture fees from AbbVie Inc and Amgen Inc; consulting or advisory to Bristol Myers Squibb,

GSK, and Ono Pharma UK Ltd; funding grants and speaking and lecture fees from Celgene; consulting or advisory, funding grants, speaking and lecture fees, and travel reimbursement from Eli Lilly and Company, Janssen Pharmaceuticals Inc, Novartis, Pfizer, and UCB Biopharma SRL; and speaking and lecture fees from Merk Sharp & Dohme. The other author declares no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2025 The Author(s). Published by Elsevier B.V. All rights reserved.)

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URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=40024862&profid=ehost>

42. Breast cancer MDT streamlining: Current oncology UK practice...UK Breast Cancer Group (UKBCG) 12th Annual Meeting, November 15-16, 2024, London, UK

Item Type: Journal Article

Authors: Scott, E.;Chowdhury, A.;Beresford, M.;Sibbering, M. and Makris, A.

Publication Date: 2025

Journal: Clinical Oncology 38, pp. N.PAG

DOI: 10.1016/j.clon.2024.103724

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=183084605&profid=ehost>

43. Characteristics of older patients undergoing surgery in the UK: SNAP-3, a snapshot observational study

Item Type: Journal Article

Authors: Swarbrick, Claire Jane;Williams, Karen;Evans, Bob;Blake, Helen Abigail;Poulton, Thomas;Nava, Samuel;Shah, Akshay;Martin, Peter;Louise Partridge, Judith Stephanie and Moppett, Iain Keith

Publication Date: 2025

Journal: British Journal of Anaesthesia 134(2), pp. 328–340

Abstract: Background: Frailty and multimorbidity are common in older adults, but the prevalence and interaction of these conditions in surgical patients remain unclear. This study describes the clinical characteristics of a heterogeneous cohort of older UK surgical patients.; Methods: We conducted a prospective observational cohort study during 5 days in March 2022, aiming to recruit all UK patients aged 60 yr and older undergoing surgery, excluding minor

procedures (e.g. cataract surgery). Data were collected on patient characteristics, clinical care, frailty, and multimorbidity measures.; Results: A total of 7134 patients from 214 NHS hospitals were recruited, with a mean (sd) age of 72.8 (8.1) yr. Of all operations, 69% (95% confidence interval CI] 67.9-70.1%) were elective, and 34% (95% CI 32.7-34.8%) were day cases. Of the patients, 19% (95% CI 18.3-20.1%) were living with frailty (Clinical Frailty Score ≥ 5), and 63.1% (95% CI 62.0-64.3%) were living with multimorbidity (count of ≥ 2 comorbidities). Those living with frailty, multimorbidity, or both were typically older, were from lower socioeconomic backgrounds, and experienced greater polypharmacy and reduced independence. Patients living with frailty were less likely to undergo elective and day-case surgeries. Four out of five (78.8% 1079/1369] of those who were living with frailty were also living with multimorbidity; 27.1% (1079/3978) of those who were living with multimorbidity were also living with frailty.; Conclusions: In the UK, one in five older patients undergoing surgery is living with frailty, and almost two-thirds of older patients are living with multimorbidity. These data highlight the importance of frailty screening. In addition, they can serve to guide resource allocation and provide comparative estimates for future research.; Competing Interests: Declaration of interest IKM is the Director of the Centre for Research and Improvement at the Royal College of Anaesthetists (London, UK). The other authors declare no conflict of interest. (Copyright © 2024 The Author(s). Published by Elsevier Ltd.. All rights reserved.)

DOI: 10.1016/j.bja.2024.11.024

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39765405&profid=ehost>

44. Operationalizing goal setting as an outcome measure in trials involving patients with frailty, multimorbidity or complexity.

Item Type: Journal Article

Authors: Tenison E.;Lloyd K.;BenShlomo Y. and Henderson, E. J.

Publication Date: 2025

Journal: Contemporary Clinical Trials Communications 43(pagination), pp. Article Number: 101411. Date of Publication: 01 Feb 2025

Abstract: Background/aims: In the absence of disease-modifying therapies for Parkinson's disease, much research focuses on improving quality of life, health and wellbeing. It is important to evaluate potential treatments and innovative care models in a robust and standardised way. Disease-specific outcomes have limitations in older people, those with cognitive impairment, multimorbidity, disability or short life expectancy. We aimed to select, and adapt as needed, a primary outcome to evaluate a multicomponent intervention for people with parkinsonism.

45. Identifying and Predicting Risk for Hospital Admission among Patients with Parkinsonism

Item Type: Journal Article

Authors: Tenison, Emma;McGrogan, Anita;Ben-Shlomo, Yoav and Henderson, Emily J.

Publication Date: 2025

Journal: Movement Disorders Clinical Practice 12(1), pp. 43–56

Abstract: Background: Patients with parkinsonism are more likely than age-matched controls to be admitted to hospital. It may be possible to reduce the cost and negative impact by identifying patients at highest risk and intervening to reduce hospital-related costs. Predictive models have been developed in nonparkinsonism populations.; Objectives: The aims were to (1) describe the reasons for admission, (2) describe the rates of hospital admission/emergency department attendance over time, and (3) use routine data to risk stratify unplanned hospital attendance in people with parkinsonism.; Methods: This retrospective cohort study used Clinical Practice Research Datalink GOLD, a large UK primary care database, linked to hospital admission and emergency department attendance data. The primary diagnoses for nonelective admissions were categorized, and the frequencies were compared between parkinsonism cases and matched controls. Multilevel logistic and negative binomial regression models were used to estimate the risk of any and multiple admissions, respectively, for patients with parkinsonism.; Results: There were 9189 patients with parkinsonism and 45,390 controls. The odds of emergency admission more than doubled from 2010 to 2019 (odds ratio OR] 2.33; 95% confidence interval CI] 1.96, 2.76; P-value for trend <0.001). Pneumonia was the most common reason for admission among cases, followed by urinary tract infection. Increasing age, multimorbidity, parkinsonism duration, deprivation, and care home residence increased the odds of admission. Rural location was associated with reduced OR for admission (OR 0.79; 95% CI 0.70, 0.89).; Conclusions: Our risk stratification tool may enable empirical targeting of interventions to reduce admission risk for parkinsonism patients. (© 2024 The Author(s). Movement Disorders Clinical Practice published by Wiley Periodicals LLC on behalf of International Parkinson and Movement Disorder Society.)

DOI: 10.1002/mdc3.14257

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39503271&profid=ehost>

46. Not too big, not too small: blood pressure cuff size matters

Item Type: Journal Article

Authors: Thatcher, Alexandra Louise and Welsh, Tomas James

Publication Date: 2025

Journal: Evidence-Based Nursing 28(1), pp. 9

Abstract: Competing Interests: Competing interests: None declared.

DOI: 10.1136/ebnurs-2023-103893

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=38448205&profid=ehost>

47. Comparing Raynaud's Phenomenon Attack Measurement Tools: Paper or Smartphone Application?.

Item Type: Journal Article

Authors: Wallwork R.S.;Hu H.;Shah A.A.;Hummers L.;Pauling J.D.;Flower V.;Parmanto B.;Saptono A. and Domsic, R.

Publication Date: 2025

Journal: SSRN (pagination), pp. Date of Publication: 05 Feb 2025

Abstract: ObjectiveTo compare two methods of recording Raynaud's Phenomenon (RP) attack frequency, duration and severity: the traditional Raynaud Condition Score (RCS) paper diary and a new smartphone application.MethodsWe conducted a multicenter study of patients with stable SSc-RP. Participants were randomized to document their RP attacks in the RCS paper diary or smartphone application for one week, at which point they were again randomized to either continue the original recording method or cross over to the other recording method for an additional week. Participants who crossed over completed a questionnaire about their experience with each method. We compared patient preference, and RP documentation by recording method.ResultsFifty-five patients with stable SSc-RP were included. The 24 participants who used both modalities were significantly more likely to report "liking" the smartphone application than the paper diary (92% vs. 58%, $p=0.04$). There was also a non-significant difference in real-time documentation with the smartphone than the paper diary (71% vs. 38%, $p=0.06$). Participants reported significantly more attacks with the paper diary than with the smartphone application, however, the severity and average attack length were not significantly different.ConclusionThis study supports the use of a smartphone application to document RP attack frequency, duration and severity. Not only did patients prefer the smartphone application to the paper diary, but they were also more likely to record RP attacks in real-time with the smartphone application, reducing the risk of recall bias. Future clinical trials should consider using a smartphone-based application to capture RP attacks.

48. We need to face uncomfortable truths about diversity in our medical workforce

Item Type: Journal Article

Authors: Watson, Sethina

Publication Date: 2025

Journal: BMJ (Clinical Research Ed.) 388, pp. r293

Abstract: Competing Interests: Competing interests: None.

DOI: 10.1136/bmj.r293

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39978802&provid=ehost>

49. Long-term outcomes after stress echocardiography in real-world practice: a 5-year follow-up of the UK EVAREST study

Item Type: Journal Article

Authors: Woodward, William;Johnson, Casey L.;Krasner, Samuel;O'Driscoll, Jamie;McCourt, Annabelle;Dockerill, Cameron;Balkhausen, Katrin;Chandrasekaran, Badrinathan;Firoozan, Soroosh;Kardos, Attila;Sabharwal, Nikant;Sarwar, Rizwan;Senior, Roxy;Sharma, Rajan;Wong, Kenneth;Augustine, Daniel X. and Leeson, Paul

Publication Date: 2025

Journal: European Heart Journal.Cardiovascular Imaging 26(2), pp. 187–196

Abstract: Aims: Stress echocardiography is widely used to assess patients with chest pain. The clinical value of a positive or negative test result to inform on likely longer-term outcomes when applied in real-world practice across a healthcare system has not been previously reported.; Methods and Results: Five thousand five hundred and three patients recruited across 32 UK NHS hospitals between 2018 and 2022, participating in the EVAREST/BSE-NSTEP prospective cohort study, with data on medical outcomes up to 2023 available from NHS England were included in the analysis. Stress echocardiography results were related to outcomes, including death, procedures, hospital admissions, and relevant cardiovascular diagnoses, based on Kaplan-Meier analysis and Cox proportional hazard ratios (HRs). Median follow-up was 829 days (interquartile range 224-1434). A positive stress echocardiogram was associated with a greater risk of myocardial infarction HR 2.71, 95% confidence interval (CI) 1.73-4.24, $P < 0.001$] and a composite endpoint of cardiac-related mortality and myocardial infarction (HR 2.03, 95% CI 1.41-2.93, $P < 0.001$). Hazard ratios increased with ischaemic burden. A negative stress echocardiogram identified an event-free 'warranty period' of at least 5 years in patients with no prior history of coronary artery disease and 4 years for those with disease.; Conclusion: In real-world practice, the degree of myocardial ischaemia recorded by clinicians at stress echocardiography correctly categorizes risk of future events over the next 5 years. Reporting a stress echocardiogram as negative correctly identifies patients with no greater than a background risk of cardiovascular events over a similar time period.; Competing Interests: Conflict of interest: A.K. has received an educational grant from Lantheus Medical Imaging and honoraria from Bracco and Tom-Tec-Phillips. K.W. is a member of the British Cardiovascular Society Guidelines and Practice Committee (unpaid role). R.Se. has received honoraria from Bracco, Lantheus Medical Imaging, and GE Healthcare. P.L. is a shareholder and founder of Ultromics Ltd and has received personal consultancy fees from Ultromics Ltd. P.L. is an inventor on patents in the field of echocardiography. All other authors have no conflicts of interest to declare. (© The Author(s) 2024. Published by Oxford University Press on behalf of the European Society of Cardiology.)

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URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cmedm&AN=39531637&profid=ehost>

50. Assessment Of Patient Need And Acceptability To The Use Of A MENO.Pause App To Guide Menopause Management.

Item Type: Journal Article

Authors: Yongue G.;Anderton L.;Manley K.;Bowen R.;Talaulikar V.;Skeate G.;Akoni H.;Kenney A. and Nicum, S.

Publication Date: 2025

Journal: International Journal of Gynecological Cancer Conference, pp. ESGO

Abstract: Introduction/Background Oncological therapies can result in the abrupt induction of menopause in pre- and peri-menopausal women, resulting in severe symptoms and negatively impacting quality of life. A survey, by Target Ovarian Cancer, identified a huge unmet need in gynaecological cancer survivors: 67% of patients wanted help with symptoms and for 62% menopause was never discussed. Many clinicians struggle with managing menopause in cancer patients due to a fear of promoting recurrence. We developed a web based/App menopause decision aid, MENO.pause, to support clinicians to provide treatment, based on international guidelines, for women with natural and cancer induced menopause. Patient and public involvement (PPI) is essential to ensure the relevance and acceptability of new technology in patient care. Methodology An electronic survey of menopause care and app use was distributed amongst women who were members of menopause networks at Imperial College NHS Healthcare Trust and University College London Hospital, UK. Results Of 75 respondents, 87% struggled to find information on treatment and 78.7% had difficulty getting effective menopause care. Only 6% were able to find advice on non-hormone and 9% on hormone replacement treatments; 37% sought advice from clinicians but the majority (56%) turned to friends and family for menopause information. 90.6% reported they would be happy for their clinician to use an 'app', such as MENO.pause to guide their menopause management. Respondents commented that "support needs to be more readily available and more reliable" and that the 'app' is "much needed and might address inequity of access". Conclusion Our PPI survey demonstrates a significant information and care gap for women struggling with menopause, and positive support for using the MENO.pause App during consultations. This novel technological approach offers rapid, personalised menopause care to women, offering both hormonal and non-hormonal approaches, and reduces clinical risks for prescribers by following established guidelines.