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**The content:** current policy documents and the latest summarised evidence so that you will not be inundated with primary research articles.

Interested? Please email us to register or to find out more.
Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset: guidance (NG16)

Intermediate care including reablement

Transition between inpatient mental health settings and community or care home settings

Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition

Alendronate, etidronate, risedronate, raloxifene and strontium ranelate for the primary prevention of osteoporotic fragility fractures in postmenopausal women

Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide for the secondary prevention of osteoporotic fragility fractures in postmenopausal women

Bisphosphonates for treating osteoporosis

Parkinson’s disease in adults

Sepsis: recognition, diagnosis and early management

EUROPEAN MEDICINES AGENCY – EMA

Physical frailty: instruments for baseline characterisation of older populations in clinical trials

Summary: Reflection paper on physical frailty: instruments for baseline characterisation of older populations in clinical trials. Click to view

CANADIAN CARDIOVASCULAR SOCIETY

2018 Canadian Cardiovascular Society/Canadian Association of Interventional Cardiology Focused Update of the Guidelines for the Use of Antiplatelet Therapy

Antiplatelet therapy (APT) has become an important tool in the treatment and prevention of atherosclerotic events, particularly those associated with coronary artery disease. This recommendations update focuses on the following primary topics:

• the duration of dual APT (DAPT) in patients who undergo percutaneous coronary intervention (PCI) for acute coronary syndrome and non-acute coronary syndrome indications
• management of DAPT in patients who undergo noncardiac surgery
• management of DAPT in patients who undergo elective and semiurgent coronary artery bypass graft surgery
• when and how to switch between different oral antiplatelet therapies
• management of antiplatelet and anticoagulant therapy in patients who undergo PCI. Click to view

Provisional publication of Never Events reported as occurring between 1 April and 30 September 2017

Over this period, 218 serious incidents appeared to meet the definition of a Never Event, of which 22 involved medicines (13 wrong route administration, 4 insulin and 4 methotrexate (non-cancer use) overdose, and 1 mis-selection of strong potassium-containing solution). Click to view

WELSH GOVERNMENT

End of life care: Annual statement of progress - December 2017 Click to view
Preparing for winter
This practical guidance on how best to prepare for winter is intended for clinical and system managers. Click to view

Falls and fragility fractures pathway
Summary: The Falls and Fragility Fractures Pathway defines the core components of an optimal service for people who have suffered a fall or are at risk of falls and fragility fractures. Click to view

Cochrane Clinical Answers

THIS MONTH’S CLINICAL QUESTION(S)

In older adults with dementia or preserved cognition, what are the benefits and harms of procaine treatments? Click to view answer

Is there randomized controlled trial evidence to support the use of nimodipine in people with primary degenerative, mixed and vascular dementia? Click to view answer

SYSTEMATIC REVIEWS FROM OTHER SOURCES

Click on the title links to view

Feasibility and reliability of frailty assessment in the critically ill: a systematic review

Increasing use of cognitive measures in the operational definition of frailty - a systematic review

The relationship between chronic obstructive pulmonary disease and frailty: a systematic review and meta-analysis of observational studies

Adherence to Mediterranean Diet Reduces Incident Frailty Risk: Systematic Review and Meta-Analysis

Impact of comorbidity and frailty on prognosis in colorectal cancer patients: A systematic review and meta-analysis

Effectiveness of interventions to prevent pre-frailty and frailty progression in older adults: a systematic review

Identifying older adults at risk of harm following elective surgery: a systematic review and meta-analysis

Effectiveness of exercise interventions on physical function in community-dwelling frail older people: an umbrella review of systematic reviews

What is comprehensive geriatric assessment (CGA)? An umbrella review

Identifying Older Adults at Risk of Delirium Following Elective Surgery: A Systematic Review and Meta-Analysis

Current evidence does not support systematic antibiotherapy prior to joint arthroplasty in patients with asymptomatic bacteriuria-a meta analysis
Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy for the Elderly: Is It Reasonable? A Meta-Analysis

Corticosteroids in Patients Hospitalized With Community-Acquired Pneumonia: Systematic Review and Individual Patient Data Metaanalysis

**PRIMARY RESEARCH**

**Title:** Trimethoprim use for urinary tract infection and risk of adverse outcomes in older patients: cohort study  
**Source:** BMJ 2018;360:k341  
**Conclusions:** Trimethoprim is associated with a greater risk of acute kidney injury and hyperkalaemia compared with other antibiotics used to treat UTIs, but not a greater risk of death. The relative risk increase is similar across population groups, but the higher baseline risk among those taking renin-angiotensin system blockers and potassium-sparing diuretics translates into higher absolute risks of acute kidney injury and hyperkalaemia in these groups.  
**Click to view**

**In patients with CKD, heart failure, and low ejection fraction, implantable cardioverter-defibrillators did not improve survival but were associated with increased risk for complications.**  
**Source:** JAMA Intern Med 2018 Feb 5  
**Summary:** ICDs prevent deaths from ventricular arrhythmias but not other deaths. Although a population enriched for sudden cardiac death will benefit from ICDs, populations with high risks for death from other causes will not. These retrospective study results are not definitive but do highlight the competing risks for mortality in “elderly” (however defined) individuals with CKD. Certainly not all such patients should receive ICDs, which are also associated with other potential harms. We should be mindful of CKD when discussing the risks and benefits of ICDs and recommend the intervention cautiously to these patients.  
**Click to view**

**Does Adding Additional Antihypertensive Drugs Result in Progressively Diminished Effects?**  
**Source:** BMJ 2017 Dec 22; 359:j5542  
**Summary:** In this study, in which results were adjusted for confounding by indication, adding antihypertensive drugs from a new class resulted in substantial reductions in BP and adverse CV events in nondiabetic hypertensive patients at high CV risk. It also was safe. The authors conclude that their results challenge the view that adding antihypertensive drugs will result in progressively diminished effects on BP and CV risk.  
**Click to view**

**Title:** Effect of Physical Activity on Frailty: Secondary Analysis of a Randomized Controlled Trial  
**Source:** Annals of Internal Medicine  
**Conclusions:** Study of 1623 adults aged 70-89 years reports over 24 months of follow-up, the risk for frailty (defined by the Study of Osteoporotic Fractures index) was not statistically significantly different in the physical activity vs health education group (workshops/stretching exercises)  
**Click to view**

**Title:** Frailty and social care: over- or under-familiar terms?  
**Source:** SCIE Social Care Online - 01 January 2018 - Publisher: Cambridge University Press  
**Summary:** Definitions of frailty are much debated. The focus of this article is on the representation of frailty; who employs the terms ‘frail’ or ‘frailty’ in social care, about whom and with what meanings? The authors report secondary analysis of interview data from two waves of a longitudinal study starting in 2008. Study participants were 240 social care managers/practitioners working in four English localities. Social care managers and practitioners did not talk at length about frailty as characterising the increasing needs of care users. The minority who talked about frailty used the term in three ways: describing a physical state not including dementia; describing a stable state, as distinct from those dying; and as a combination of physical and mental disabilities (i.e. dementia). Differences among the participants in this study about the meaning of frailty could have implications for policy makers and for communication with other staff, health professionals, older people and their relatives.  
**Click to view**

**Title:** Home-based health promotion for older people with mild frailty: the HomeHealth intervention development and feasibility RCT.  
**Source:** NIHR Journals Library – Health  
**Summary:** This intervention was acceptable, delivered at modest cost and showed promise for improving clinical outcomes for older people with mild frailty, so a full-scale RCT is feasible.  
**Click to view**
Title: Frailty and healthcare costs - longitudinal results of a prospective cohort study  
Source: SCIE Social Care Online - 01 January 2018 - Publisher: Oxford University Press  
Conclusion: The data stress the economic relevance of frailty in late life. Postponing or reducing frailty might be fruitful in order to reduce healthcare costs. **Click to view**

Title: Alcohol consumption in midlife and old age and risk of frailty: alcohol paradox in a 30-year follow-up study  
Source: Medicines Management Collection - 08 December 2017 - Publisher: International Journal Of Clinical Pharmacy  
Summary: The relationship between alcohol and frailty is a paradox during the life course. High, not zero, consumption in midlife predicts old age frailty, while zero consumption in old age is associated with frailty, probably reflecting reverse causality. **Click to view**

Title: Frail older people with multi-morbidities in primary care: a new integrated care clinical pharmacy service  
Source: SCIE Social Care Online - 01 January 2018 - Publisher: Oxford University Press  
Summary: This project demonstrated that including an integrated care clinical pharmacy service as part of the health and social care team that visits frail, older people in their own homes has benefits. The service operated as part of a wider inter-professional community team. The service also supported current health policy priorities in medicines optimization by identifying and addressing a wide range of medicines related problems for this vulnerable patient group. **Click to view**

Title: Pertuzumab and trastuzumab with or without metronomic chemotherapy for older patients with HER2-positive metastatic breast cancer (EORTC 75111-10114): an open-label, randomised, phase 2 trial from the Elderly Task Force/Breast Cancer Group.  
Sources: The Lancet Oncology  
Conclusions: This study demonstrates the high and growing prevalence of PIMs in the hospital environment, according to Beers and STOPP criteria. Educational measures and specific pharmaceutical interventions for each specialty are needed to change this situation. **Click to view**

Title: Underuse of Anticoagulation in Older Patients with Atrial Fibrillation and CHADS2 Score /= 2: Are We Doing Better Since the Marketing of Direct Oral Anticoagulants?  
Source: Drugs & Aging  
Summary: RCT (n= 80) reported that addition of metronomic oral cyclophosphamide to trastuzumab plus pertuzumab in older and frail patients increased median progression-free survival vs dual HER2 blockade alone (12.7 vs 5.6 months, respectively).  
UKMi comment: Metronomic chemotherapy refers to treatment at regular, close intervals without prolonged breaks at doses substantially lower than the maximum tolerated dose. **Click to view**

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**WHAT’S NEW IN GERIATRICS**

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**GENERAL GERIATRICS**

**Health risks of consistent low-level smoking (January 2018)**  
Although cigarette smoking is widely recognized as having adverse effects on health, patients sometimes feel that if they don’t smoke very much, they will be safe from health risks. However, a prospective cohort study found higher all-cause mortality and cancer incidence among people aged 59 to 82 who consistently smoked 10 or fewer cigarettes a day than among never-smokers [1,2]. Even smoking less than one cigarette daily was associated with higher mortality and cancer rates. Quitting smoking lowered the risks; the younger the age at quitting, the lower the risks. Sharing such data with patients may help to encourage quitting smoking. (See “Benefits and risks of smoking cessation”, section on 'Questionable utility of smoking reduction'.)  

**Screening for hepatitis B virus infection (January 2018)**
In the United States, an estimated 847,000 persons are living with chronic hepatitis B virus (HBV) infection. In a recent best practice statement, the American College of Physicians and the Centers for Disease Control and Prevention advised HBV testing in patients with elevated aminotransferases and in asymptomatic individuals at high risk for exposure or severe adverse outcomes with a missed diagnosis (eg, those requiring immunosuppressive therapy) [table 1] [3]. Screening allows for vaccination of high-risk uninfected individuals and linkage to appropriate medical care for patients with chronic infection or risk for reactivation of resolved infection. (See "Hepatitis B virus: Screening and diagnosis", section on 'Asymptomatic patients'.)

**GERIATRIC CARDIOVASCULAR MEDICINE**

**Safety of MRI in patients with cardiac devices (January 2018)**

Potential risks of magnetic resonance imaging (MRI) in patients with permanent pacemakers or implantable cardioverter-defibrillators (ICDs) include programming changes, pacing abnormalities, and induced currents in lead wires. In a series of 1509 patients with older generation pacemakers or ICDs (eg, those that don’t specifically meet MRI-conditional criteria specified by the Food and Drug Administration, or “legacy” devices) who underwent thoracic or non-thoracic MRI examinations and were followed for one year, there were no clinically significant events [5]. While this and earlier reports are reassuring, the presence of a non-MRI-conditional pacemaker or ICD requires precautionary measures including device programming before and after MRI and patient monitoring during the imaging procedure, with availability of a defibrillator and code cart. If the examination is indicated and necessary for the diagnosis or treatment of an illness, MR imaging in patients with non-MRI-conditional permanent pacemakers or ICDs can be undertaken provided specific precautionary measures are in place. (See "Principles of magnetic resonance imaging", section on 'Permanent pacemakers and implantable cardioverter-defibrillators'.)

**GERIATRIC NEPHROLOGY AND HYPERTENSION**

**Blood pressure self-monitoring in hypertensive patients (March 2018)**

Home blood pressure measurements correlate more closely with the results of 24-hour or daytime ambulatory blood pressure monitoring and are more predictive of adverse cardiovascular outcomes than clinic blood pressure. In a large randomized trial of 1182 hypertensive patients, self-monitoring of home blood pressure to inform antihypertensive titration, either with or without telemonitoring, led to lower blood pressure at one year compared with usual care (in which blood pressure was monitored only during clinic visits) [12]. Self-monitoring of blood pressure at home is an inexpensive and potentially effective way of improving blood pressure control among hypertensive patients. (See "Ambulatory and home blood pressure monitoring and white coat hypertension in adults", section on 'Home blood pressure measurements'.)

**GERIATRIC NEUROLOGY**

**Updated practice guideline on mild cognitive impairment in adults (February 2018)**

An updated clinical practice guideline on mild cognitive impairment (MCI) has been published by the American Academy of Neurology [15]. The guideline emphasizes the importance of appropriate diagnosis of MCI in order to assess for reversible causes of cognitive impairment, help patients and families understand the cause of their cognitive concerns, discuss prognostic implications with regard to dementia risk, and help plan for the future. Neuropsychological testing is recommended in patients who screen positive for MCI by history and brief office-based cognitive testing. An assessment for functional impairment is essential to help distinguish MCI from dementia. (See "Mild cognitive impairment: Epidemiology, pathology, and clinical assessment", section on 'Evaluation'.)

**GERIATRIC ONCOLOGY**

**Cardiovascular disease risk in older colorectal cancer survivors (January 2018)**

New data suggest that older patients who were treated for early-stage colorectal cancer (CRC) have a higher than expected risk for cardiovascular disease (CVD) and heart failure. In an analysis derived from the linked SEER-Medicare database, 72,000 individuals over the age of 65 diagnosed and treated for nonmetastatic CRC between 2000 and 2011 were compared with a matched cohort of Medicare patients without cancer [19]. The 10-year cumulative incidences of new-onset CVD and heart failure were more than twofold higher in patients treated for CRC. Risk increased with age and was influenced by exposure to fluoropyrimidines and preexisting comorbidities such as hypertension and diabetes. These findings provide evidence to support close medical surveillance for heart failure and CVD in older CRC cancer survivors, particularly those with preexisting hypertension and diabetes. (See "Approach to the long-term survivor of colorectal cancer", section on 'Cardiovascular disease'.)

**GERIATRIC RHEUMATOLOGY**

**Cardiovascular risk of febuxostat versus allopurinol in adults with gout (January 2018)**
The US Food and Drug Administration (FDA) has issued a drug safety communication on febuxostat, a xanthine oxidase inhibitor used in the treatment of gout [20]. In preliminary results of a randomized trial of over 6000 patients with gout and a history of major cardiovascular disease, the rates of heart-related death and death from all causes were greater with febuxostat than with allopurinol. The safety trial was not placebo controlled; thus, it remains unclear whether allopurinol had beneficial effects on mortality or whether febuxostat had deleterious effects. These findings reinforce our preference for allopurinol as the initial urate-lowering drug for most patients with gout, especially those with high cardiovascular risk. Until further information is available, treatment decisions in patients already taking febuxostat should be individualized and include discussion of safety concerns raised by the FDA, the availability and risks of alternative therapies, and the patient's cardiovascular risk. (See "Pharmacologic urate-lowering therapy and treatment of tophi in patients with gout", section on 'Adverse effects'.)

**Geriatrics Practice Changing Updates**

**Topic: Acute exacerbation of COPD**
PEARL risk score predicts 90-day death or hospital readmission in adults with COPD discharged from hospital after acute exacerbation (Thorax 2017 Aug)

**Topic: Antiplatelet and anticoagulant drugs for coronary artery disease**
DAPT with aspirin and clopidogrel for 3-6 months after DES implantation may reduce risk of bleeding without increasing 1-year mortality compared to DAPT for 12-24 months in patients ≥ 65 years old, while in patients < 65 years old, short-term DAPT may reduce 1-year mortality but increase risk of myocardial infarction (JACC Cardiovasc Interv 2018 Feb 8 early online)

**Topic: Hypercholesterolemia, Low HDL (high-density lipoprotein) cholesterol level**
Niacin does not decrease mortality and increases risk of diabetes in patients with or at risk of cardiovascular disease (Cochrane Database Syst Rev 2017 Jun 14)

**Topic: Patent foramen ovale (PFO)**
Transcatheter PFO closure reduces risk of stroke recurrence but may increase incidence of atrial fibrillation or flutter in patients with PFO and cryptogenic stroke (Ann Intern Med 2018 Jan 9 early online)

**Topic: Perioperative cardiac management for noncardiac surgery**
Withholding chronic ACE inhibitor or ARB therapy may decrease risk of intraoperative hypotension but may not affect mortality or major adverse cardiac events in adults undergoing noncardiac surgery (Anesth Analg 2018 Jan 29 early online)

**Topic: Urinary incontinence in men, Urinary incontinence in women**
Mirabegron plus solifenacin and solifenacin alone associated with low rates of cardiovascular adverse events in adults treated for overactive bladder (Int J Clin Pract 2017 May)

**Topic: Hypertension**
Prevalence of hypertension in United States in 2011-2014 was 31.9% by JNC 7 guidelines but 45.6% by 2017 ACC/AHA guidelines (J Am Coll Cardiol 2018 Jan 16)

**Topic: Endovascular therapy for acute stroke**
Endovascular thrombectomy 6-16 hours after ischemic stroke symptom onset may improve functional outcomes and reduce mortality at 90 days in patients with mismatch in penumbra and infarct volumes (N Engl J Med 2018 Feb 22)

**Topic: Peripheral arterial disease (PAD) of lower extremities**
Addition of rivaroxaban to aspirin slightly reduces risk of composite of cardiovascular death, myocardial infarction, and stroke and risk of major adverse limb events, but increases risk of major bleeding in older patients with peripheral artery disease (Lancet 2017 Nov 10 early online)

**Topic: Peripheral arterial disease (PAD) of lower extremities**
Addition of evolocumab to statin therapy decreases 2-year risk of adverse cardiovascular events in patients with atherosclerotic cardiovascular disease and symptomatic lower extremity PAD (Circulation 2017 Nov 13 early online)

**Topic: Stroke (acute management), Stroke rehabilitation**
Hospital-at-home services may reduce institutionalization at 3-6 months and may not increase mortality or hospital readmission compared to inpatient hospital care in adults recovering from stroke (Cochrane Database Syst Rev 2017 Jun 26)

### Older People's Health in the News – Media Stories Explained

**Recognising and managing frailty in primary care.** Centre for Reviews and Dissemination
This issue of Effectiveness Matters summarises guidance and evidence about recognising and managing frailty in primary care. This bulletin is based on national guidance and existing sources of synthesised and quality-assessed evidence.

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- Advances in Geriatrics
- Age and Ageing
- Archives of Gerontology and Geriatrics
- BMC Geriatrics
- Clinical Medicine Insights: Geriatrics
- Journal of Nutrition in Gerontology and Geriatrics
- Journal of the American Geriatrics Society

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