

NIHR

The clinical effectiveness of individual behaviour change interventions to reduce risky sexual behaviour after a negative human immunodeficiency virus test in men who have sex with men: systematic and realist reviews and intervention development

Evidence regarding the effectiveness of behaviour change interventions suggests that they are effective in changing behaviour associated with HIV transmission.

Exploratory stratified meta-analyses suggested that interventions should be delivered face to face and immediately after testing. There are uncertainties around the generalisability of these findings to the UK setting. However, UK experts found the intervention acceptable and provided ways of optimising the candidate intervention.

Health Technology Assessment

Systematic search: Yes

January 2017

<https://www.journalslibrary.nihr.ac.uk/hta/hta21050/#/abstract>

Canagliflozin, dapagliflozin and empagliflozin monotherapy for treating type 2 diabetes: systematic review and economic evaluation

Dapagliflozin, canagliflozin and empagliflozin are effective in improving glycaemic control, with added benefits of some reductions in BP and weight. Adverse effects are urinary and genital tract infections in a small proportion of users. In monotherapy, the three drugs do not appear cost-effective compared with gliclazide or pioglitazone, but may be competitive against sitagliptin.

Health Technology Assessment

Systematic search: Yes

January 2017

<https://www.journalslibrary.nihr.ac.uk/hta/hta21020/#/abstract>

KINGS FUND

Nil

HIS

Nil

SGHD

Nil

SIGN

Nil

HEALTH SCOTLAND

Interventions to reduce alcohol consumption during pregnancy

This briefing, based on a review of the evidence undertaken in 2015 and early 2016, aims to provide an update of the best available evidence from systematic reviews or reviews of effective interventions to reduce alcohol consumption among pregnant women.

Health Scotland Evidence Briefing

Systematic search: Limited

January 2017

<http://www.healthscotland.scot/publications/interventions-to-reduce-alcohol-consumption-during-pregnancy>

Interventions to reduce illicit drug use during pregnancy

This briefing, based on a review of the evidence undertaken in 2015 and early 2016, aims to provide an update of the best available evidence from systematic reviews or reviews of effective interventions to reduce drug misuse among pregnant women and in the postpartum period.

Health Scotland Evidence Briefing

Systematic search: Limited

January 2017

<http://www.healthscotland.scot/publications/interventions-to-reduce-illicit-drug-use-during-pregnancy>

NICE

NG62 Cerebral palsy in under 25s: assessment and management

This guideline covers diagnosing, assessing and managing cerebral palsy in children and young people from birth up to their 25th birthday. It aims to make sure they get the care and treatment they need for the developmental and clinical comorbidities associated with cerebral palsy, so that they can be as active and independent as possible.

NICE Guidance

Systematic search: Yes

January 2017

<https://www.nice.org.uk/guidance/ng62>

NG63 Antimicrobial stewardship: changing risk-related behaviours in the general population

This guideline covers making people aware of how to correctly use antimicrobial medicines (including antibiotics) and the dangers associated with their overuse and misuse. It also includes measures to prevent and control infection that can stop people needing antimicrobials or spreading infection to others. It aims to change people's behaviour to reduce antimicrobial resistance and the spread of resistant microbes.

NICE Guidance

Systematic search: Yes

January 2017

<https://www.nice.org.uk/guidance/ng63>

TA429 Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation

Ibrutinib alone is recommended as an option for treating chronic lymphocytic leukaemia in adults who have had at least 1 prior therapy or who have a 17p deletion or TP53 mutation, and in whom chemo-immunotherapy is unsuitable.

NICE Technology Appraisal

Systematic search: Yes

January 2017

<https://www.nice.org.uk/guidance/ta429>

TA430 Sofosbuvir–velpatasvir for treating chronic hepatitis C

Sofosbuvir–velpatasvir is recommended as an option for treating chronic hepatitis C in adults, for HCV genotypes 1-6. For HCV-2 without cirrhosis, it is only recommended for patients who cannot tolerate interferon or for whom interferon is unsuitable.

NICE Technology Appraisal

Systematic search: Yes

January 2017

<https://www.nice.org.uk/guidance/ta430>

TA431 Mepolizumab for treating severe refractory eosinophilic asthma

Mepolizumab, as an add-on to optimised standard therapy, is recommended as an option for treating severe refractory eosinophilic asthma in adults, only if conditions regarding blood eosinophil count, repeated exacerbations, and need for continuous oral corticosteroids are met.

NICE Technology Appraisal

Systematic search: Yes

January 2017

<https://www.nice.org.uk/guidance/ta431>

CG62 Antenatal care for uncomplicated pregnancies

This guideline covers the care that healthy women and their babies should be offered during pregnancy. It aims to ensure that pregnant women are offered regular check-ups, information and support.

NICE Clinical Guideline

Systematic search: Yes

January 2017

<https://www.nice.org.uk/guidance/cg62>

ES4 Refractory extrapulmonary sarcoidosis: infliximab

This evidence summary includes 10 observational studies that assessed the effects of infliximab for treating active, unstable extrapulmonary sarcoidosis in people who had found corticosteroids and other immunosuppressants to be ineffective, or who could not tolerate these treatments (refractory sarcoidosis). Extrapulmonary sarcoidosis resolved in a third and improved in around half of cases. Infliximab may be an option for some patients with severe, refractory extrapulmonary sarcoidosis (particularly cutaneous or neurological sarcoidosis); for example, those affected by disabling or disfiguring disease, or whose life expectancy is likely to be reduced.

NICE Evidence Summary

Systematic search: Yes

January 2017

<https://www.nice.org.uk/advice/es4/chapter/Key-points-from-the-evidence>

TA427 Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib

Pomalidomide, in combination with low-dose dexamethasone, is recommended as an option for treating multiple myeloma in adults at third or subsequent relapse; that is, after 3 previous treatments including both lenalidomide and bortezomib,

NICE Technology Appraisal

Systematic search: Yes

January 2017

<https://www.nice.org.uk/guidance/ta427>

TA428 Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy

Pembrolizumab is recommended as an option for treating locally advanced or metastatic PD-L1-positive non-small-cell lung cancer in adults who have had at least one chemotherapy (and targeted treatment if they have an epidermal growth factor receptor [EGFR]- or anaplastic lymphoma kinase [ALK]-positive tumour), only if pembrolizumab is stopped at 2 years of uninterrupted treatment and no documented disease progression.

NICE Technology Appraisal

Systematic search: Yes

January 2017

<https://www.nice.org.uk/guidance/ta428>

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality - USA)

Glasgow Coma Scale for Field Triage of Trauma: A Systematic Review

The total GCS is associated with slightly greater discrimination than the motor component of GCS or simplified motor scale (SMS) for in-hospital mortality, receipt of neurosurgical interventions, severe brain injury, and emergency intubation, with differences in the AUROC ranging from 0.01 to 0.05. The clinical significance of small differences in discrimination is likely to be small, and could be offset by factors such as convenience and ease of use.

AHRQ Research Synthesis

Systematic search: Yes

January 2017

<https://www.effectivehealthcare.ahrq.gov/ehc/products/635/2416/field-triage-glasgow-executive-170112.pdf>

Tonsillectomy for Obstructive Sleep-Disordered Breathing (OSDB) or Recurrent Throat Infection in Children

Tonsillectomy can produce short-term improvement in sleep outcomes and reduction in throat infections compared with no surgery in children with OSDB or recurrent throat infections. Relative to no intervention, most studies reported better sleep-related outcomes in children with OSDB who had a tonsillectomy, but longer term data on durability of outcomes are limited. Children undergoing tonsillectomy to improve number of throat infections, associated health care utilization (clinician visits), and work/school absences had improvements in these outcomes in the first postsurgical year compared with children not receiving surgery.

AHRQ Research Synthesis

Systematic search: Yes

January 2017

<https://www.effectivehealthcare.ahrq.gov/ehc/products/620/2423/tonsillectomy-executive-170113.pdf>

Health Foundation

Healthy lives for people in the UK: Introducing the Health Foundation's healthy lives strategy

During 2017, we are starting to implement our long-term strategy to bring about better health for people in the UK. The aims of the strategy are to change the conversation so the focus is on health as an asset, rather than ill health as a burden; promote national policies that support everyone's opportunities for a healthy life; support local action to address variations in people's opportunities for a healthy life.

Health Foundation report

Systematic search: No

January 2017

<http://www.health.org.uk/publication/healthy-lives-people-uk>

Canadian Agency for Drugs and Technologies in Health (CADTH)

Idarucizumab for Reversing Anticoagulation in Adults Treated with Dabigatran: A Review of the Clinical Effectiveness, Cost-effectiveness, and Guidelines

In one limited study idarucizumab exhibited high efficacy in reversing the effects of dabigatran but the lack of comparative evidence and the use of surrogate outcomes pose a challenge to further generalizability. Two guidelines strongly recommend idarucizumab use as indicated, assigning higher value on the seriousness of the clinical presentation and the potential to prevent further deterioration than on the quality of the supporting evidence, which they deemed as moderate-quality evidence.

CADTH Rapid Response Report

Systematic search: Limited

January 2017

<https://www.cadth.ca/idarucizumab-reversing-anticoagulation-adults-treated-dabigatran-review-clinical-effectiveness-cost>

Pregabalin for Acute Pain: A Review of the Clinical Effectiveness

Overall, pregabalin may be a viable option for post-operative pain management as part of a multimodal approach. The evidence for pregabalin use in acute pain is weak

and limited to pain secondary to acute burns. No evidence was found for the use of pregabalin in combination with opioids compared to opioids alone in acute non-surgical pain.

CADTH Rapid Response Report

Systematic search: Limited

January 2017

<https://www.cadth.ca/pregabalin-acute-pain-review-clinical-effectiveness-0>

Umbilical Vein Injection of Misoprostol for the Management of Retained Placenta: A Review of Clinical Effectiveness and Guidelines

One randomized controlled trial found no statistical difference in the rate of spontaneous placental separation for misoprostol, oxytocin and ergometrine delivered by umbilical vein injection, but a difference in time to spontaneous separation. One 2014 evidence-based guideline recommended against the use of any umbilical vein agents for the management of retained placenta.

CADTH Rapid Response Report

Systematic search: Limited

January 2017

<https://www.cadth.ca/umbilical-vein-injection-misoprostol-management-retained-placenta-review-clinical-effectiveness-0>

Switching from Innovator to Biosimilar (Subsequent Entry) Infliximab: Review of Clinical Effectiveness, Cost-Effectiveness, and Guideline

Findings from limited observational studies on patients with rheumatoid arthritis, ankylosing spondylitis, plaque psoriasis, Crohn's Disease, or ulcerative colitis suggest that switching from infliximab treatment to infliximab biosimilar may be possible without compromising efficacy or safety. Two budget impact studies and a systematic review highlight potential for cost savings after the introduction of biosimilars to the market.

CADTH Rapid Response Report

Systematic search: Limited

January 2017

<https://www.cadth.ca/switching-innovator-biosimilar-subsequent-entry-infliximab-review-clinical-effectiveness-cost-1>

Recognition and Diagnosis of Sepsis in Adults: A Review of Evidence-Based Guidelines

Guidelines exploring the recognition and detection of sepsis in cancer patients, in pregnancy, following pregnancy, and in broader populations, had broad areas of agreement including a variety of tests for detecting sepsis, such as: temperature, heart rate, respiratory rate, blood pressure, level of consciousness, oxygen saturation, blood cultures; urine, cerebrospinal fluid, wounds, respiratory secretions, or other body fluids that may be the source of infection; lactate; urea; electrolytes; C-reactive protein; full blood count; kidney and liver function tests (including albumin). The guidelines consistently noted that imaging studies be complete to confirm a potential source of infection.

CADTH Rapid Response Report

Systematic search: Limited

January 2017

<https://www.cadth.ca/recognition-and-diagnosis-sepsis-adults-review-evidence-based-guidelines-0>

Basal-Bolus Versus Sliding-Scale Insulin Therapy in the Acute Care Hospital Setting: A Review of Comparative Clinical Effectiveness and Cost-Effectiveness

Strong evidence showed that patients receiving basal-bolus or basal-corrective insulin therapy had lower blood glucose levels and a lower risk of hyperglycemia than those receiving sliding-scale insulin therapy. No significant differences were found in the risk of adverse events between the two interventions. Results on lengths of hospitalization and the risk of hypoglycemia were mixed across the studies.

CADTH Rapid Response Report

Systematic search: Limited

January 2017

<https://www.cadth.ca/basal-bolus-versus-sliding-scale-insulin-therapy-acute-care-hospital-setting-review-comparative-0>

Medical Marijuana for Post-Traumatic Stress Disorder: A Review of Clinical Effectiveness and Guidelines

Evidence from very low-quality studies supports the efficacy of smoked marijuana, oral THC, and nabilone in reducing some symptoms of PTSD. Side effects, described as mild to moderate were reported for only one retrospective chart review, in which nabilone was discontinued in 28% of patients. There were no guidelines identified regarding the use of medical marijuana or cannabinoids in PTSD.

CADTH Rapid Response Report

Systematic search: Limited

January 2017

<https://www.cadth.ca/medical-marijuana-post-traumatic-stress-disorder-review-clinical-effectiveness-and-guidelines-0>

Buprenorphine for Chronic Pain: A Review of the Clinical Effectiveness

Buprenorphine results in modest reductions in pain in adults with chronic non-cancer pain, relative to placebo. There is no evidence that other opioids are superior to buprenorphine for treating chronic non-cancer pain.

CADTH Rapid Response Report

Systematic search: Limited

January 2017

<https://www.cadth.ca/buprenorphine-chronic-pain-review-clinical-effectiveness-0>

Urgent, Non-Screening Fecal Occult Blood Testing for Patients with Suspected Gastrointestinal Bleeding: A Review of Clinical Effectiveness and Guidelines

Overall, due to the limited number of studies and the retrospective nature of the data, it is unclear whether FOBT is clinically effective for use in hospitalized patients with gastrointestinal bleeding. No relevant evidence-based guidelines regarding urgent FOBT testing were identified.

CADTH Rapid Response Report

Systematic search: Limited

January 2017

<https://www.cadth.ca/urgent-non-screening-fecal-occult-blood-testing-patients-suspected-gastrointestinal-bleeding-review>

McGill University Health Centre (Canada)

Nil

Health Information & Quality Authority (Ireland)

Nil

Campbell Collaboration

Nil

Glasgow Centre for Population Health

Nil

NICE FORWARD PLANNING – Publications due February 2017

Apremilast for treating active psoriatic arthritis

Single Technology Appraisal

Drug misuse prevention

Public health guidance

Spondyloarthritis

Clinical Guideline

Psoriatic arthritis - certolizumab pegol and secukinumab (after DMARDs)

Single Technology Appraisal