

NIHR

Oral anticoagulants for primary prevention, treatment and secondary prevention of venous thromboembolic disease, and for prevention of stroke in atrial fibrillation: systematic review, network meta-analysis and cost-effectiveness analysis

The study found that the use of novel oral anticoagulants has advantages over warfarin in patients with atrial fibrillation, but there was no strong evidence that they should replace warfarin or low-molecular-weight heparin in the primary prevention, treatment or secondary prevention of venous thromboembolic disease.

Health Technology Assessment

Systematic search: Yes

March 2017

<https://www.journalslibrary.nihr.ac.uk/hta/hta21090/#/abstract>

KINGS FUND

Nil

HIS

Evidence note 64 Is Transcatheter aortic valve implantation (TAVI) clinically and cost effective for severe symptomatic aortic stenosis in adults at high surgical risk?

The evidence reviewed offers support for the provision of TAVI for adults with aortic stenosis who are deemed to be at high surgical risk. Compared with surgical AVR, TAVI was found to be clinically effective and cost effective, subject to the modelling conditions.

See also Advice Statement 001/17

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg_advice_statements/advice_statement_001-17.aspx

HIS Evidence Note

Systematic search: Limited

March 2107

http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/shtg_evidence_notes/evidence_note_64.aspx

SGHD

The Scottish Independent Review of the Use, Safety and Efficacy of Transvaginal Mesh Implants in the Treatment of Stress Urinary Incontinence and Pelvic Organ Prolapse in Women: Final Report

This Final Report outlines the work of the Independent Review of the use, safety and efficacy of transvaginal mesh implants in the treatment of stress urinary incontinence (SUI) and pelvic organ prolapse (POP). The deliberations of the Independent Review

have been based on considering published evidence, patient stories and the opinion of clinical experts. In addition an epidemiological study has been conducted using routinely reported Scottish hospital inpatient data.

Scottish Government report

Systematic search: No

March 2017

<http://www.gov.scot/Publications/2017/03/3336/downloads>

SIGN

Nil

HEALTH SCOTLAND

Nil

NICE

TA439 Cetuximab and panitumumab for previously untreated metastatic colorectal cancer

Cetuximab is recommended as an option for previously untreated epidermal growth factor receptor (EGFR)-expressing, RAS wild-type metastatic colorectal cancer in adults in combination with 5-fluorouracil, folinic acid and oxaliplatin (FOLFOX) or 5-fluorouracil, folinic acid and irinotecan (FOLFIRI). Panitumumab is recommended as an option for previously untreated RAS wild-type metastatic colorectal cancer in adults in combination with FOLFOX or FOLFIRI.

NICE Technology Appraisal

Systematic search: Yes

March 2017

<https://www.nice.org.uk/guidance/ta439>

CG80 Early and locally advanced breast cancer: diagnosis and treatment

This guideline covers diagnosis and surgical and pharmacological treatment of women and men with early and locally advanced breast cancer. It aims to improve early identification and treatment of breast cancer to prevent disease progression and reduce deaths.

NICE Clinical Guidance

Systematic search: Yes

March 2017

<https://www.nice.org.uk/guidance/cg80>

MTG33 ENDURALIFE powered CRT-D devices for treating heart failure

The case for adopting ENDURALIFE-powered cardiac resynchronisation therapy-defibrillator (CRT-D) devices for treating heart failure is supported by the published evidence. Extended battery life is of clinical and patient benefit and associated with

fewer replacement procedures. ENDURALIFE-powered CRT-Ds should be considered as an option in people offered CRT-D devices.

Medical technologies guidance

Systematic search: Yes

March 2017

<https://www.nice.org.uk/guidance/mtg33>

CG164 Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer

This guideline covers care for people with a family history of breast, ovarian or another related (prostate or pancreatic) cancer. It aims to improve the long-term health of these families by describing strategies to reduce the risk of and promote early detection of breast cancer (including genetic testing and mammography). It also includes advice on treatments (tamoxifen, raloxifene) and surgery (mastectomy).

NICE Clinical Guidance

Systematic search: Yes

March 2017

<https://www.nice.org.uk/guidance/cg164>

NG67 Managing medicines for adults receiving social care in the community

This guideline covers medicines support for adults (aged 18 and over) who are receiving social care in the community. It aims to ensure that people who receive social care are supported to take and look after their medicines effectively and safely at home. It gives advice on assessing if people need help with managing their medicines, who should provide medicines support and how health and social care staff should work together.

NICE Guidance

Systematic search: Yes

March 2017

<https://www.nice.org.uk/guidance/ng67>

NG66 Mental health of adults in contact with the criminal justice system

This guideline covers assessing, diagnosing and managing mental health problems in adults (aged 18 and over) who are in contact with the criminal justice system. It aims to improve mental health and wellbeing in this population by establishing principles for assessment and management, and promoting more coordinated care planning and service organisation across the criminal justice system.

NICE Guidance

Systematic search: Yes

March 2017

<https://www.nice.org.uk/guidance/ng66>

CG68 Stroke and transient ischaemic attack in over 16s: diagnosis and initial management

This guideline covers interventions in the acute stage of a stroke or transient ischaemic attack (TIA). It offers the best clinical advice on the diagnosis and acute management of stroke and TIA in the 48 hours after onset of symptoms, although some interventions of up to 2 weeks are covered as well.

NICE Clinical Guidance

Systematic search: Yes

March 2017

<https://www.nice.org.uk/guidance/cg68>

TA180 Ustekinumab for the treatment of adults with moderate to severe psoriasis

Ustekinumab is recommended as a treatment option for adults with plaque psoriasis if the disease is severe (as defined by PASI and DLQI scores), the psoriasis has not responded to standard systemic therapies, or the person is intolerant of or has a contraindication to these treatments. Ustekinumab treatment should be stopped in people whose psoriasis has not responded adequately by 16 weeks after starting treatment.

NICE Technology Appraisal

Systematic search: Yes

March 2017

<https://www.nice.org.uk/guidance/ta180>

TA340 Ustekinumab for treating active psoriatic arthritis

Ustekinumab is recommended as an option, alone or in combination with methotrexate, for treating active psoriatic arthritis in adults only when treatment with tumour necrosis factor (TNF) alpha inhibitors is contraindicated or the person has had treatment with 1 or more TNF-alpha inhibitors. Ustekinumab treatment should be stopped if the person's psoriatic arthritis has not shown an adequate response at 24 weeks

NICE Technology Appraisal

Systematic search: Yes

March 2017

<https://www.nice.org.uk/guidance/ta340>

ES7 Skin involvement in systemic sclerosis: rituximab

Although the evidence suggests that rituximab may be effective for treating skin involvement in some people with diffuse systemic sclerosis, the evidence is of low quality and has many limitations, and it is difficult to draw any firm conclusions from it. Specialists involved considered that rituximab should be used only for treating skin involvement in diffuse systemic sclerosis that is refractory to standard treatments after all other options have been explored, and taking into account the risk of serious adverse effects.

NICE Evidence Summary

Systematic search: Yes

March 2017

<https://www.nice.org.uk/advice/es7/chapter/Key-points>

ES8 Narcolepsy with or without cataplexy in adults: pitolisant

Compared with placebo, pitolisant improved excessive daytime sleepiness, improved time awake in a darkened room and reduced the weekly cataplexy rate. The most common adverse events in the pitolisant groups were headache, insomnia, abdominal discomfort, nausea, irritability and anxiety.

NICE Evidence Summary

Systematic search: Yes

March 2017

<https://www.nice.org.uk/advice/es8/chapter/Key-points>

ES9 Parkinson's disease with end-of-dose motor fluctuations: opicapone

The main clinical benefits of opicapone were reduced off time and an increase in on time without troublesome dyskinesia, compared with placebo. The effect was maintained at 1 year in an open-label extension study. Specialists who commented on this evidence summary suggested that opicapone may be an option to consider when entacapone is not tolerated or is inadequate at controlling symptoms.

NICE Evidence Summary

Systematic search: Yes

March 2017

<https://www.nice.org.uk/advice/es9/chapter/Key-points>

ES10 Hyperhidrosis: oxybutynin

Limited evidence showed that more people treated with oxybutynin reported an improvement in symptoms of hyperhidrosis or volume of sweating compared with placebo. Where quality of life was assessed people treated with oxybutynin reported greater improvements compared with placebo.

NICE Evidence Summary

Systematic search: Yes

March 2017

<https://www.nice.org.uk/advice/es10/chapter/Key-points>

ES11 Mitochondrial disorders in children: Co-enzyme Q10

There is insufficient evidence to evaluate the place in therapy of co-enzyme Q10 for the treatment of mitochondrial disorders in children. While the included studies showed no statistically significant benefit for co-enzyme Q10 compared with placebo for the majority of outcomes assessed, their methodological limitations may mean they were insufficiently powered to detect any true differences between placebo and co-enzyme Q10.

NICE Evidence Summary

Systematic search: Yes

March 2017

<https://www.nice.org.uk/advice/es11/chapter/Key-Points>

EPPI Centre

Nil

AHRQ (Agency for Healthcare Research and Quality - USA)**Preventing Complications and Treating Symptoms of Diabetic Peripheral Neuropathy**

For prevention of complications, intensive glycemic control is more effective than standard control for prevention of amputation. Home monitoring of foot skin temperature, therapeutic footwear, and integrated interventions are effective for preventing incidence and/or recurrence of foot ulcers. For reducing pain, the only class with moderate strength of evidence was serotonin-noradrenaline reuptake inhibitors; pregabalin and oxcarbazepine, atypical opioids, botulinum toxin, alpha-

lipoic acid and spinal cord stimulation are more effective than placebo but with low strength of evidence.

AHRQ Research Synthesis

Systematic search: Yes

March 2017

<https://www.effectivehealthcare.ahrq.gov/ehc/products/612/2436/diabetic-neuropathy-report-170324.pdf>

Interventions to Prevent Age-Related Cognitive Decline, Mild Cognitive Impairment, and Clinical Alzheimer's-Type Dementia

We found mostly low-strength evidence that a wide variety of interventions had little to no benefit for preventing or delaying age-related cognitive decline, MCI, or CATD. There was moderate-strength evidence that cognitive training improved specific performance. There was a mix of positive and negative findings for different outcomes, all of low strength, for physical activity, antihypertensives, NSAIDs, B vitamins, nutraceuticals, and multimodal interventions. Signals seem more promising for physical activity and vitamin B12 plus folic acid.

AHRQ Research Synthesis

Systematic search: Yes

March 2017

<https://www.effectivehealthcare.ahrq.gov/ehc/products/634/2417/cognitive-decline-report-170324.pdf>

First- and Second-Generation Antipsychotics in Children and Young Adults: Systematic Review Update

SGAs probably improve to some extent key intermediate outcomes for which they are usually prescribed, but they have a poorer harms profile than placebo or no antipsychotic treatment, particularly for body composition and somnolence. Data for head-to-head comparisons within and between classes were generally limited and rated as insufficient or low strength of evidence. Evidence was sparse for patient-important outcomes (e.g., health-related quality of life) and outcomes for young children (<8 years).

AHRQ Research Synthesis

Systematic search: Yes

March 2017

<https://www.effectivehealthcare.ahrq.gov/ehc/products/615/2437/antipsychotics-children-update-report-170316.pdf>

Health Foundation

Nil

Canadian Agency for Drugs and Technologies in Health (CADTH)

Topical Antibiotics for Infected Dermatitis: A Review of the Clinical Effectiveness and Guidelines

Evidence to date suggests that topical antibiotics provide no additional benefits when added to other topical treatments in both children and adults with clinically infected

dermatitis. The long-term or routine use of topical antibiotics for infected dermatitis is not recommended.

CADTH Rapid Response Report

Systematic search: Limited

March 2017

<https://www.cadth.ca/topical-antibiotics-infected-dermatitis-review-clinical-effectiveness-and-guidelines>

Topical Antibiotics for Infected Wounds: A Review of the Clinical Effectiveness and Guidelines

Overall, limited and low quality evidence on the topic was identified to support the use of topical antibiotics. While silver sulfadiazine was the only intervention of interest for which recommendations were provided in the included guidelines, there was a lack of consistency for its recommended use.

CADTH Rapid Response Report

Systematic search: Limited

March 2017

<https://www.cadth.ca/topical-antibiotics-infected-wounds-review-clinical-effectiveness-and-guidelines>

Topical Antibiotics for Infection Prevention: A Review of the Clinical Effectiveness and Guidelines

Limited evidence suggests mupirocin can reduce exit site infection rates in non-surgical patients but not surgical site infection rates. Bacitracin can reduce SSI rates. Guidelines do recommend mupirocin for patients undergoing cardiothoracic or orthopedic surgery.

CADTH Rapid Response Report

Systematic search: Limited

March 2017

<https://www.cadth.ca/topical-antibiotics-infection-prevention-review-clinical-effectiveness-and-guidelines>

Intranasal and Intramuscular Naloxone for Opioid Overdose in the Pre-Hospital Setting: A Review of Comparative Clinical and Cost-Effectiveness, and Guidelines

Limited evidence shows treatment with intramuscular naloxone results in a higher proportion of patients achieving adequate response, faster, compared with naloxone administered intranasally. The 2015 American Heart Association Guidelines Update recommends intramuscular or intranasal naloxone as first aid treatment of patients with known or suspected opioid overdose.

CADTH Rapid Response Report

Systematic search: Limited

March 2017

<https://www.cadth.ca/intranasal-and-intramuscular-naloxone-opioid-overdose-pre-hospital-setting-review-comparative>

Hand Antisepsis Procedures: A Review of Guidelines

The guidelines had similar recommendations on hand antisepsis including to decontaminate immediately after direct patient care, when hands are visibly soiled, and use of an alcohol-based rub for the decontamination of hands before and after

patient contact and clinical care. One guideline recommended hand wipes impregnated with plain soap, antimicrobials, or alcohol should not be used as an alternative to alcohol-based hand rub or antimicrobial soap for hand antisepsis.

CADTH Rapid Response Report

Systematic search: Limited

March 2017

<https://www.cadth.ca/hand-antisepsis-procedures-review-guidelines>

Non-Alcohol-Based Hand Rubs: A Review of Clinical Effectiveness and Guidelines

Two studies demonstrated the antimicrobial activity of a product containing chlorhexidine and a product containing polyhexamethylene guanidine. The impact on infection and infection transmission remains unknown. Four guidelines recommended the use of alcohol-based rubs in the healthcare setting, and two of these guidelines explicitly recommend against the use of non-alcohol based rubs.

CADTH Rapid Response Report

Systematic search: Limited

March 2017

<https://www.cadth.ca/non-alcohol-based-hand-rubs-review-clinical-effectiveness-and-guidelines>

Jewellery and Nail Polish Worn by Health Care Workers and the Risk of Infection Transmission: A Review of Clinical Evidence and Guidelines

One systematic review concluded that wearing finger rings in a surgical setting did not increase the risk of surgical site infections, however the conclusions were based on low-quality evidence using mainly surrogate outcomes. A second systematic review stated that there was insufficient evidence to determine the effect of nail polish on surgical site infection. The guidance in all cases does not appear to be based on strong evidence.

CADTH Rapid Response Report

Systematic search: Limited

March 2017

<https://www.cadth.ca/jewellery-and-nail-polish-worn-health-care-workers-and-risk-infection-transmission-review-clinical>

Emtricitabine/Tenofovir for Post-Exposure Prophylaxis Against HIV: A Review of Clinical Effectiveness and Cost-Effectiveness

Limited low-quality evidence suggested that patients prescribed a tenofovir-based two or three-drug regimen were more likely to adhere to post-exposure prophylaxis (PEP), or complete the prescribed PEP regimen, than those prescribed a zidovudine-based two or three drug-regimen.

CADTH Rapid Response Report

Systematic search: Limited

March 2017

<https://www.cadth.ca/emtricitabine-tenofovir-post-exposure-prophylaxis-against-hiv-review-clinical-effectiveness-and-cost>

Clopidogrel and Proton Pump Inhibitor Use: A Review of the Evidence on Safety

Although the findings across the studies were mixed, overall, the evidence favours clopidogrel antiplatelet therapy without PPIs. The evidence suggests that there are still

some serious safety risks associated with the use of proton pump inhibitors (PPIs) with clopidogrel antiplatelet therapy in patients PCI stent implantation.

CADTH Rapid Response Report

Systematic search: Limited

March 2017

<https://www.cadth.ca/clopidogrel-and-proton-pump-inhibitor-use-review-evidence-safety>

Bipolar versus Monopolar Transurethral Resection of the Prostate or GreenLight Laser Treatment: A Review of Clinical and Cost-Effectiveness

The evidence reviewed in this document suggested a similar clinical efficacy comparing B-TURP and M-TURP, but B-TURP may be associated with fewer adverse events. There was no evidence identified comparing B-TURP with GreenLight laser treatment.

CADTH Rapid Response Report

Systematic search: Limited

March 2017

<https://www.cadth.ca/bipolar-versus-monopolar-transurethral-resection-prostate-or-greenlight-laser-treatment-review>

Icatibant for Patients with Type III Hereditary Angioedema: An Updated Review of Clinical Effectiveness and Harms

The limited evidence from this review suggests that icatibant may be considered as a potentially safe and effective treatment option in patients with acute attacks of type III HAE, however, these findings should be interpreted with caution.

CADTH Rapid Response Report

Systematic search: Limited

March 2017

<https://www.cadth.ca/icatibant-patients-type-iii-hereditary-angioedema-updated-review-clinical-effectiveness-and-harms>

Dual Antiplatelet Therapy Acetylsalicylic Acid Dosing: A Review of the Clinical Effectiveness and Harms

The evidence showed that low-dose aspirin as part of dual antiplatelet therapy did not increase incidence of cardiovascular death, myocardial infarction, stroke, or stent thrombosis, however higher-dose aspirin increased the frequency of bleeding complications without any clear benefit.

CADTH Rapid Response Report

Systematic search: Limited

March 2017

<https://www.cadth.ca/dual-antiplatelet-therapy-acetylsalicylic-acid-dosing-review-clinical-effectiveness-and-harms>

HPV Vaccination in Men: A Review of Clinical Effectiveness, Cost-Effectiveness, and Guidelines

A growing body of evidence supports the immunization of boys and young men (up to age 26), particularly with the approval of a 9V vaccine that expands the HPV types covered and additional types of cancers impacted. Recent national guidelines from Canada and the US now recommend including boys and young men in HPV

immunization programs, as well as people who are immunocompromised and those with HIV.

CADTH Rapid Response Report

Systematic search: Limited

March 2017

<https://www.cadth.ca/hpv-vaccination-men-review-clinical-effectiveness-cost-effectiveness-and-guidelines-0>

Ketamine for Treatment-Resistant Depression or PTSD in Various Settings: A Review of Clinical Effectiveness, Safety, and Guidelines

Ketamine was effective at reducing depressive severity within minutes or hours in patients with treatment-resistant depression. It was also effective at reducing post-traumatic stress disorder severity. Its antidepressant effects may taper over time but last up to two weeks and are comparable or superior to other pharmacological or somatic interventions for treatment-resistant depression. Nevertheless, citing limited information on ketamine's safety and duration of effect, guidelines recommended restricting the off-label use of ketamine to research settings.

CADTH Rapid Response Report

Systematic search: Limited

March 2017

<https://www.cadth.ca/ketamine-treatment-resistant-depression-or-ptsd-various-settings-review-clinical-effectiveness>

Ureteral Stents: A Review of Clinical Effectiveness and Guidelines

Depending on the intervention, short-term ureteral stenting was found to be associated with an increase in some symptoms but a decrease in unplanned hospital readmission. In patients undergoing kidney transplant, short-term ureteral stenting was found to be associated with a decrease in major urological complications such as urine leak and obstruction but an increase in urinary tract infections. The use of prophylactic antibiotics was shown to prevent the development of urinary tract infections

CADTH Rapid Response Report

Systematic search: Limited

March 2017

<https://www.cadth.ca/ureteral-stents-review-clinical-effectiveness-and-guidelines>

McGill University Health Centre (Canada)

Nil

Health Information & Quality Authority (Ireland)

Nil

Campbell Collaboration

Mindfulness-based interventions for improving cognition, academic achievement, behavior and socio-emotional functioning of primary and secondary students

While the evidence points to positive effects on socioemotional and cognitive outcomes, there is a lack of evidence of effects on academic and behavioral outcomes. Overall, the evidence urges caution in the enthusiasm for, and widespread adoption of, school-based mindfulness interventions for children and youth.

Systematic Review

Systematic search: Yes

March 2017

<https://www.campbellcollaboration.org/library/mindfulness-based-interventions-primary-and-secondary-school-students.html>

Glasgow Centre for Population Health

Nil

NICE FORWARD PLANNING – Publications due April 2017

Psoriasis (plaque, moderate, severe) - ixekizumab

Single Technology Appraisal

Sexually transmitted infections: condom distribution schemes

Public health guidance

Pancreatic cancer - pegylated liposomal irinotecan hydrochloride trihydrate (after gemcitabine)

Single Technology Appraisal

Multiple sclerosis (relapsing-remitting) - daclizumab

Single Technology Appraisal

Parkinson's disease (update)

Clinical Guideline

Hip fracture: management (standing committee update)

Clinical Guideline

Alcohol Use Disorders (standing committee update)

Clinical Guideline