

Public Health Key Documents: May 2022

## NIHR

### **Pre-hospital and emergency department treatment of convulsive status epilepticus in adults: an evidence synthesis**

Three of four relevant trials showed that benzodiazepines were effective at stopping seizures; however, none assessed buccal midazolam or rectal diazepam.

Systematic search: Yes

May 2022

<https://www.journalslibrary.nihr.ac.uk/hta/RSVK2062#/abstract>

## The King's Fund

### **How can a strategic approach to volunteering in NHS trusts add value?**

Provides a framework for senior leaders to use to understand their trust's current approach to volunteering and offers a practical way of identifying how to move from volunteering as an 'added extra' to it making an integral contribution to health care delivery.

Systematic search: No

May 2022

<https://www.kingsfund.org.uk/sites/default/files/2022-05/How%20can%20a%20strategic%20approach%20online%20version.pdf>

### **Adding value: a strategic vision for volunteering in NHS trusts**

Explores ways in which volunteering can have a positive impact: for organisations and their staff, for patients and carers, and for volunteers themselves, and shares practice and learning from trusts that have taken a strategic approach to developing volunteering.

Systematic search: No

May 2022

<https://www.kingsfund.org.uk/sites/default/files/2022-05/Adding%20value%20through%20volunteering%20online%20version.pdf>

## Scottish Medicines Consortium (SMC Advice)

### **ropeginterferon alfa-2b (Besremi®)**

NOT recommended as monotherapy in adults for the treatment of polycythaemia vera without symptomatic splenomegaly.

Systematic search: No

May 2022

<https://www.scottishmedicines.org.uk/medicines-advice/ropeginterferon-alfa-2b-besremi-full-smc2421/>

### **pembrolizumab (Keytruda®)**

Accepted for restricted use In combination with platinum and fluoropyrimidine based chemotherapy, for the first-line treatment of patients with locally advanced unresectable or metastatic carcinoma of the oesophagus or HER-2 negative gastroesophageal junction adenocarcinoma in adults whose tumours express PD-L1 with a CPS $\geq$ 10. Treatment with pembrolizumab is subject to a two-year clinical stopping rule.

Systematic search: No

May 2022

<https://www.scottishmedicines.org.uk/medicines-advice/pembrolizumab-keytruda-full-smc2420/>

**filgotinib (Jyseleca®)**

Accepted for use for the treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a biologic agent.

Systematic search: No

May 2022

<https://www.scottishmedicines.org.uk/medicines-advice/filgotinib-jyseleca-uc-abb-smc2467/>

**nivolumab (Opdivo®)**

Accepted for use as monotherapy for the adjuvant treatment of adult patients with completely resected oesophageal or gastro-oesophageal junction cancer who have residual pathologic disease following prior neoadjuvant chemoradiotherapy.

Systematic search: No

May 2022

<https://www.scottishmedicines.org.uk/medicines-advice/nivolumab-opdivo-full-smc2429/>

**venetoclax (Venclyxto®)**

Accepted for restricted use, In combination with obinutuzumab, for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (CLL). Restricted to patients without del (17p)/TP53 mutation who are fit to receive fludarabine, cyclophosphamide and rituximab (FCR) chemo-immunotherapy.

Systematic search: No

May 2022

<https://www.scottishmedicines.org.uk/medicines-advice/venetoclax-venclyxto-full-smc2427/>

**daratumumab (Darzalex®)**

NOT recommended for use in combination with bortezomib, melphalan and prednisone for the treatment of adult patients with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant.

Systematic search: No

May 2022

<https://www.scottishmedicines.org.uk/medicines-advice/daratumumab-iv-and-sc-darzalex-full-smc2416/>

**oritavancin (Tenkasi®)**

Accepted for restricted use for the treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults. Restricted to patients with confirmed or suspected methicillin-resistant Staphylococcus aureus (MRSA) infection who are eligible for early discharge. Use should be on the advice of local microbiologists or specialists in infectious disease.

Systematic search: No

May 2022

<https://www.scottishmedicines.org.uk/medicines-advice/oritavancin-tenkasi-resub-smc2285/>

**liraglutide (Saxenda®)**

Accepted for use as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adult patients with an initial Body Mass Index (BMI) of  $\geq 30\text{kg/m}^2$  (obese), or  $\geq 27\text{kg/m}^2$  to  $< 30\text{kg/m}^2$  (overweight) in the presence of at least one weight-related comorbidity such as dysglycaemia (prediabetes or type 2 diabetes mellitus), hypertension, dyslipidaemia or obstructive sleep apnoea. Several restrictions apply. Patients should be treated in a specialist weight management service.

Systematic search: No

May 2022

<https://www.scottishmedicines.org.uk/medicines-advice/liraglutide-saxenda-resub-smc2455/>

dapagliflozin (Forxiga)

Accepted for restricted use in adults for the treatment of chronic kidney disease. Restricted to patients with an estimated glomerular filtration rate of  $\geq 25$  to  $\leq 75$  mL/min/1.73m<sup>2</sup> at treatment initiation, who are receiving an angiotensin converting enzyme inhibitor or angiotensin receptor blocker (unless these are not tolerated or contraindicated), and who have a urine albumin creatinine ratio of at least 23mg/mmol, or type 2 diabetes mellitus or both.

Systematic search: No

May 2022

<https://www.scottishmedicines.org.uk/medicines-advice/dapagliflozin-forxiga-full-smc2428/>

## Scottish Government

### **Distress Brief Intervention (DBI) Pilot Programme evaluation: findings report**

Systematic search: No

May 2022

<https://www.gov.scot/publications/evaluation-distress-brief-intervention-pilot-programme-findings-report/pages/1/>

### **Residential rehabilitation: literature review**

Reviews the existing evidence from the Scottish, wider UK and international literatures on various aspects of residential rehabilitation as well as identifying research gaps. Part of a wider suite of research exploring residential rehabilitation across Scotland.

Systematic search: Limited

May 2022

<https://www.gov.scot/publications/residential-rehabilitation-review-existing-literature-identification-research-gaps-within-scottish-context/>

### **Reducing health harms of foods high in fat, sugar or salt: economic modelling – final report**

This project modelled the impact of restricting in-premise all price promotions of discretionary foods on sales and on total calories purchased.

Systematic search: No

May 2022

<https://www.gov.scot/publications/economic-modelling-reducing-health-harms-foods-high-fat-sugar-salt-final-report/>

### **Restricting multi-buy price promotions on high fat, sugar or salt discretionary foods: analysis summary – briefing**

Analysis on the impact on potential calorie and nutrient intake (by SRUC and the University of Aberdeen) of restricting multi-buy promotions of high fat, sugar or salt discretionary food and drink. Companion briefing to Reducing health harms of foods high in fat, sugar or salt: economic modelling.

Systematic search: No

May 2022

<https://www.gov.scot/publications/restricting-multi-buy-price-promotions-high-fat-sugar-salt-discretionary-foods-summary-sruc-analysis-potential-calorie-nutrient-intake-impact-briefing-paper/>

### **Family Nurse Partnership: 10 year analysis**

Review of data from the first ten years of the programme.

Systematic search: No

May 2022

<https://www.gov.scot/publications/family-nurse-partnership-10-year-analysis/>

## **SIGN**

Nil

## **Public Health Scotland**

Nil

## **NICE – Guidelines**

### **NG216 Social work with adults experiencing complex needs**

Covers the planning, delivery and review of social work interventions for adults who have complex needs. The guideline promotes ways for social work professionals, other care staff and people with complex needs to work together to make decisions about care and support.

Systematic search: Limited

May 2022

<https://www.nice.org.uk/guidance/ng216>

## **NICE - Technology Appraisal Guidance**

### **TA791 Romosozumab for treating severe osteoporosis**

Evidence-based recommendations on romosozumab (EVENITY) for severe osteoporosis in people after menopause who are at high risk of fracture.

Systematic search: Limited

May 2022

<https://www.nice.org.uk/guidance/ta791>

### **TA789 Tepotinib for treating advanced non-small-cell lung cancer with MET gene alterations**

Evidence-based recommendations on tepotinib (Tepmetko) for treating advanced non-small-cell lung cancer (NSCLC) with MET gene alterations in adults.

Systematic search: Limited

May 2022

<https://www.nice.org.uk/guidance/ta789>

## **EPPI Centre**

Nil

## **AHRQ (Agency for Healthcare Research and Quality – USA)**

### **Opioid Treatments for Chronic Pain (systematic review)**

At short-term follow up, for patients with chronic pain, opioids are associated with small beneficial effects versus placebo but are associated with increased risk of short-term harms and do not appear to be superior to non-opioid therapy. Evidence on intermediate-term and long-term benefits remains very limited. Additional evidence confirms an association between opioids and increased risk of serious harms that appears to be dose-dependent. Research is needed to develop accurate risk prediction instruments, determine effective risk mitigation strategies, clarify risks associated with co-prescribed medications, and identify optimal opioid tapering strategies.

Systematic search: Yes

May 2022

<https://effectivehealthcare.ahrq.gov/products/opioids-chronic-pain/research>

**Health Foundation**

Nil

**Canadian Agency for drugs and Technologies in Health (CADTH)****Reconsolidation and Consolidation Therapies for the Treatment and Prevention of Post-Traumatic Stress Disorder**

The evidence about the clinical effectiveness of the relevant therapies is uncertain. The results from 1 systematic review suggest there were significantly greater improvements in PTSD severity in patients treated with reconsolidation therapy versus control. However, 3 other systematic reviews reported conflicting findings with some reconsolidation therapies indicating significant improvements in PTSD symptoms or severity versus control, whereas other reconsolidation therapies had no significantly different outcomes than the control groups. There was limited evidence suggesting that multi-modular motion-assisted memory desensitization and reprocessing therapy reduced PTSD symptoms in veterans with treatment-resistant and combat-related PTSD; however, the significance of these results was not reported. There was limited evidence suggesting a significant difference in PTSD incidence in favour of adults exposed to trauma treated with hydrocortisone versus control. There were no significant differences in PTSD incidence between adults exposed to trauma treated with any 1 of propranolol, omega-3 fatty acids, gabapentin, or paroxetine versus placebo.

Systematic search: Limited

May 2022

<https://canjhealthtechnol.ca/index.php/cjht/article/view/rc1424/706>

**Post-COVID-19 Condition Scoping Review**

The majority of the identified evidence looked at symptoms, risk factors, and different diagnostic tests to assess individuals with post-COVID-19 condition. As of December 2021, there appears to be limited evidence regarding preventive interventions and interventions to treat or manage post-COVID-19 condition, but published protocols indicate research in this area is ongoing. Some areas where few published studies and protocols were found include in pediatric populations, in people living in rural or remote areas, and the impact of different variants of SARS-CoV-2

Systematic search: Limited

May 2022

<https://www.cadth.ca/post-covid-19-condition-scoping-review>

**Pre-Surgical Screening Tools and Risk Factors for Chronic Post-Surgical Pain**

Summarises information relevant to evidence-based risk factors and pre-surgical screening tools or assessments that may help identify individuals at risk for developing chronic postsurgical pain.

Systematic search: Limited

May 2022

<https://www.cadth.ca/pre-surgical-screening-tools-and-risk-factors-chronic-post-surgical-pain>

**McGill University Health Centre (Canada)**

Nil

**Health Information & Quality Authority (Ireland) – Health Technology Assessments**

Nil

**Campbell Collaboration**

### **Adult/child ratio and group size in early childhood education or care to promote the development of children aged 0–5 years**

There are few high-quality studies exploring the effects of adult/child ratio and group size in early childhood education and care (ECEC) using a methodologically suitable study design. Based on the available evidence, it is not possible to draw any definitive conclusions regarding the impact of adult/child ratio and group size on children in ECEC. The results of a meta-analysis tentatively suggest that fewer children per adult and smaller group sizes do increase process quality – defined as more positive adult/child and child/child interactions, less coercive and controlling adult interference, and less aggressive and more prosocial child behaviour.

Systematic search: Limited

May 2022

<https://www.campbellcollaboration.org/better-evidence/ratio-and-group-size-in-early-childhood-education.html>

### **Glasgow Centre for Population Health**

#### **Resetting the course for population health**

Since 2012, in both Scotland and the wider UK, there has been a stalling in mortality improvements overall, increasing death rates among the most deprived communities, and a widening in inequalities. This report provides further detailed analysis and evidence of the mortality changes that have occurred. It critically appraises the evidence for a range of hypotheses that have been suggested as possible contributory factors. These include reduced improvements in cardiovascular disease; an increase in obesity; an increase in deaths from a range of causes including drug-related deaths, dementia, flu, and weather and temperature extremes; demographic factors; and austerity policies. From the assessment of the evidence, it reports UK Government economic ‘austerity’ policies (implemented as cuts to public spending including social security and other vital services) as the most likely contributory cause. Finally, it outlines a total of 40 recommendations to address the crisis, targeted at UK, Scottish and the local level and spanning macroeconomic policy, social security, work, taxation, public services, material needs, improved understanding, and social recovery from Covid-19.

Systematic search: No

May 2022

[https://www.gcph.co.uk/assets/0000/8723/Stalled\\_Mortality\\_report\\_FINAL\\_WEB.pdf](https://www.gcph.co.uk/assets/0000/8723/Stalled_Mortality_report_FINAL_WEB.pdf)

Accompanying animation available at <https://www.gcph.co.uk/life-expectancy>

### **NICE FORWARD PLANNING – Publications due June 2022**

#### **Gout: diagnosis and management**

Clinical Guideline

#### **Preterm labour and birth**

Clinical Guideline

#### **Reducing sexually transmitted infections**

Public health guideline

#### **Multiple sclerosis in adults: management**

Clinical Guideline

#### **Transperineal biopsy in people with suspected prostate cancer**

Diagnostic Technology

**Depression in adults: treatment and management (update)**

Clinical Guideline

**Type 1 diabetes in adults: diagnosis and management – periodontal disease**

Clinical Guideline

**Type 2 diabetes in adults: management - periodontal disease**

Clinical Guideline

**Diabetes (type 1 and type 2) in children and young people: diagnosis and management – periodontal disease**

Clinical Guideline

**Filgotinib for treating moderately to severely active ulcerative colitis**

Single Technology Appraisal

**Diroximel fumarate for treating relapsing-remitting multiple sclerosis**

Single Technology Appraisal

**Ibrutinib for treating Waldenstrom’s macroglobulinaemia (CDF Review of TA491)**

Single Technology Appraisal

**Esketamine for treatment-resistant depression**

Single Technology Appraisal

**Relugolix–estradiol–norethisterone acetate for treating moderate to severe symptoms of uterine fibroids**

Single Technology Appraisal

**Pralsetinib for RET fusion-positive advanced non-small-cell lung cancer**

Single Technology Appraisal

**Durvalumab for maintenance treatment of unresectable non-small-cell lung cancer after platinum-based chemoradiation (CDF review of TA578)**

Single Technology Appraisal

**Pembrolizumab plus chemotherapy for untreated, triple-negative, locally recurrent unresectable or metastatic breast cancer**

Single Technology Appraisal

**Cemiplimab for treating cutaneous squamous cell carcinoma (CDF review of TA592)**

Single Technology Appraisal