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**Acupuncture for Primary Dysmenorrhea: An Overview of Systematic Reviews.**
Zhang F. *Evidence-Based Complementary and Alternative Medicine* 2018;:8791538.
[All five SRs have more than one critical weakness in AMSTAR2, so their methodological qualities were considered as critically low. The most frequent problems included nonregistration of study protocol, absence of a list of excluded studies, and unclear acknowledgment of conflicts of interests. The three studies of higher methodological quality reported positive results in pain relief.]
*Freely available online*

**Antibiotic management of urinary tract infection in elderly patients in primary care and its association with bloodstream infections and all cause mortality: population based cohort study.**
Gharbi M. *BMJ* 2019;364:l525.
[To evaluate the association between antibiotic treatment for urinary tract infection (UTI) and severe adverse outcomes in elderly patients in primary care.]

**Asymptomatic bacteriuria in pregnancy: systematic reviews of screening and treatment effectiveness and patient preferences.**
[Antibiotic treatment for women having significant bacteriuria likely reduces the incidence of pyelonephritis and low birth weight, but we are uncertain about the magnitude of the effect and about the extent to which we can apply these results to asymptomatic populations and screening programmes.]
*Freely available online*

**Biofeedback for pelvic floor muscle training in women with stress urinary incontinence: a systematic review with meta-analysis.**
Nunes EFC. *Physiotherapy* 2019;105(1):10-23.
[Conclusions: PFMT with BF does not offer therapeutic benefits over alternative interventions (no training, PFMT alone and vaginal electrical stimulation) for the treatment of female SUI.]
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**Interventions for treating urinary incontinence after stroke in adults.**
Thomas LH. *Cochrane Database of Systematic Reviews* 2019;2:CD004462.
[Urinary incontinence can affect 40% to 60% of people admitted to hospital after a stroke, with 25% still having problems when discharged from hospital and 15% remaining...**
incontinent after one year. This is an update of a review published in 2005 and updated in 2008.)

**Once-Daily Plazomicin for Complicated Urinary Tract Infections.**
[Once-daily plazomicin was noninferior to meropenem for the treatment of complicated UTIs and acute pyelonephritis caused by Enterobacteriaceae, including multidrug-resistant strains.]

**Pharmacologic and Nonpharmacologic Treatments for Urinary Incontinence in Women: A Systematic Review and Network Meta-analysis of Clinical Outcomes.**
[Most nonpharmacologic and pharmacologic interventions are more likely than no treatment to improve UI outcomes. Behavioral therapy, alone or in combination with other interventions, is generally more effective than pharmacologic therapies alone in treating both stress and urgency UI.]

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**Vibegron (RVT-901/MK-4618/KRP-114V) Administered Once Daily as Monotherapy or Concomitantly with Tolterodine in Patients with an Overactive Bladder: A Multicenter, Phase IIb, Randomized, Double-blind, Controlled Trial.**
[Once-daily V50 and V100 improved OAB symptoms; vibegron was well tolerated as monotherapy and concomitantly with tolterodine. Further development is warranted. Antimuscarinics, commonly used to treat overactive bladder, produce modest efficacy and unwanted side effects. In this study, a different type of drug (vibegron) was efficacious and safe, alone or with an antimuscarinic (tolterodine).]

**Yoga for treating urinary incontinence in women.**
Wieland LS. *Cochrane Database of Systematic Reviews* 2019;2:CD012668.
[Urinary incontinence may affect up to 15% of middle-aged or older women in the general population. Conservative treatments such as lifestyle interventions, bladder training and pelvic floor muscle training (used either alone or in combination with other interventions) are the initial approaches to the management of urinary incontinence. Many women are interested in additional treatments such as yoga, a system of philosophy, lifestyle and physical practice that originated in ancient India.]

**Guidelines**

*The following new guidance has recently been published:*

**Electrically stimulated intravesical chemotherapy for non-muscle-invasive bladder cancer.**
National Institute for Health and Care Excellence (NICE);2019. [1 Recommendations.](https://www.nice.org.uk/guidance/ipg638)
1.1 Current evidence on electrically stimulated intravesical chemotherapy for non-muscle-invasive bladder cancer shows there are no major safety concerns. Evidence on efficacy is limited in quantity and quality. Therefore, this procedure should only be used in the context of research.

1.2 Further research should include randomised controlled trials compared with standard care, which should report details of patient selection.

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Reports

The following report(s) may be of interest:

'Small' increase in risk of Alzheimer's disease with HRT use, study suggests.
NHS Behind the Headlines; 2019.

[A study identified all postmenopausal women in Finland who'd been diagnosed with Alzheimer's disease over a 14-year period. It compared their use of HRT (hormone replacement therapy) with a group of postmenopausal women without the disease. Researchers found that those with Alzheimer's were slightly more likely to have used HRT pills or patches than women without Alzheimer's.]

Freely available online

Prolonging anticoagulant treatment after abdominal cancer surgery reduces clot risk.
NIHR Dissemination Centre; 2019.
https://discover.dc.nihr.ac.uk/content/signal-000740/prolonging-anticoagulant-treatment-after-abdominal-cancer-surgery-reduces-clot-risk

[NIHR Signal. People who have low molecular weight heparin (LMWH) for between two to four weeks after abdominal or pelvic surgery, especially for cancer, have fewer blood clots in their large veins or lungs. In this review of seven trials, five per cent of people receiving extended treatment experienced a clot compared with 13% who received LMWH only while in hospital. There was no difference in bleeding complications.]

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