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**Analysis of How Emergency Physicians' Decisions to Hospitalize or Discharge Patients With Acute Heart Failure Match the Clinical Risk Categories of the MEESSI-AHF Scale.**
[The disposition decisions made in current clinical practice for ED acute heart failure patients calibrate with MEESSI-AHF risk categories, but nearly half of the patients currently discharged from the ED fall into increased-risk MEESSI-AHF categories]
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**Aspirin for the primary prevention of cardiovascular disease in the elderly.**
O'Sullivan JW. BMJ Evidence-Based Medicine 2019;24(4):143-144.
[In healthy, community-dwelling elderly people aged 70 and older, aspirin does not prevent cardiovascular disease and does increase one’s risk of major haemorrhage. Clinicians should not offer aspirin as primary prevention to otherwise well elderly patients.]

**Comparison of the effect of fibrinogen concentrate with fresh frozen plasma (FFP) in management of hypofibrinogenemic bleeding after congenital cardiac surgeries: A clinical trial study.**
[This study aimed to compare the effect of fibrinogen concentrate with FFP on postoperative bleeding and clinical outcome after congenital cardiac surgeries in pediatric populations. Both products had a comparable effect on management of hypofibrinogenemic bleeding.]
Freely available online

**Confirmed cardiac output on emergency medical services arrival as confounding by indication: an observational study of prehospital airway management in patients with out-of-hospital cardiac arrest.**
[Conclusion: Confirmed cardiac output on emergency medical services (EMS) arrival should be considered as confounding by indication in observational studies of prehospital airway management.]

**Contactless cardiac arrest detection using smart devices.**
[Rapid diagnosis and initiation of cardiopulmonary resuscitation (CPR) is the cornerstone of therapy for victims of cardiac arrest. An under-appreciated diagnostic element of cardiac arrest is the presence of agonal breathing, an audible biomarker and brainstem reflex that...
arises in the setting of severe hypoxia. Here, we demonstrate that a support vector machine (SVM) can classify agonal breathing instances in real-time within a bedroom environment.]

Freely available online

Continuation of Newly Initiated Midodrine Therapy After Intensive Care and Hospital Discharge: A Single-Center Retrospective Study.
[Midodrine is an α1-agonist approved for orthostatic hypotension. Recently, it has received attention as an oral vasopressor to facilitate ICU discharge. The purpose of this study was to identify the incidence of continuation of newly initiated midodrine upon ICU and hospital discharge and identify risk factors associated with its occurrence.]

Did This Patient Have Cardiac Syncope?: The Rational Clinical Examination Systematic Review.
[The clinical examination, including the electrocardiogram as part of multivariable scores, can accurately identify patients with and without cardiac syncope.]

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Drug-associated valvular heart diseases and serotonin-related pathways: a meta-analysis.
Fortier JH. *Heart* 2019;105(15):1140-1148.
[There was a consistent, significant association between many medications that affect serotonergic pathways and valvular heart disease. Although many of these medications have been withdrawn from the market, some small studies suggest that recreational drug 3,4-methylenedioxymethamphetamine and widely prescribed selective serotonin reuptake inhibitors may affect similar pathways.]

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Duration of dual antiplatelet therapy after percutaneous coronary intervention with drug-eluting stent: systematic review and network meta-analysis.
Yin SH. *BMJ* 2019;365:l2222.
[To evaluate the efficacy and safety of standard term (12 months) or long term (>12 months) dual antiplatelet therapy (DAPT) versus short term (]

Effect of P2Y12 Inhibitor Monotherapy vs Dual Antiplatelet Therapy on Cardiovascular Events in Patients Undergoing Percutaneous Coronary Intervention: The SMART-CHOICE Randomized Clinical Trial.
Hahn JY. *JAMA* 2019;321(24):2428-2437.
[Among patients undergoing percutaneous coronary intervention, P2Y12 inhibitor monotherapy after 3 months of DAPT compared with prolonged DAPT resulted in noninferior rates of major adverse cardiac and cerebrovascular events. Because of limitations in the study population and adherence, further research is needed in other populations.]

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Effect of Pressure Support vs T-Piece Ventilation Strategies During Spontaneous
Breathing Trials on Successful Extubation Among Patients Receiving Mechanical Ventilation: A Randomized Clinical Trial.

[Among patients receiving mechanical ventilation, a spontaneous breathing trial consisting of 30 minutes of pressure support ventilation, compared with 2 hours of T-piece ventilation, led to significantly higher rates of successful extubation. These findings support the use of a shorter, less demanding ventilation strategy for spontaneous breathing trials.]

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Effects of Nutritional Supplements and Dietary Interventions on Cardiovascular Outcomes: An Umbrella Review and Evidence Map.

[Reduced salt intake, omega-3 LC-PUFA use, and folate supplementation could reduce risk for some cardiovascular outcomes in adults. Combined calcium plus vitamin D might increase risk for stroke.]

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Efficacy and safety of alirocumab and evolocumab: a systematic review and meta-analysis of randomized controlled trials.

[Proprotein convertase subtilisin-kexin type 9 inhibition with alirocumab or evolocumab was associated with lower risk of MI, stroke, and coronary revascularization, with favourable safety profile]

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Exercise-based cardiac rehabilitation for patients following open surgical aortic valve replacement and transcatheter aortic valve implant: a systematic review and meta-analysis.

[Exercise-based CR probably improves exercise capacity of post-TAVI and post-SAVR patients in the short term. Well conducted multicentre fully powered RCTs of ≥12 months follow-up are needed to fully assess the clinical and cost-effectiveness of exercise-based CR in this patient population.]

Freely available online

Global vascular guidelines on the management of chronic limb-threatening ischemia.

[Chronic limb-threatening ischemia (CLTI) is associated with mortality, amputation, and impaired quality of life. These Global Vascular Guidelines (GVG) are focused on definition, evaluation, and management of CLTI with the goals of improving evidence-based care and highlighting critical research needs.]

Freely available online

Long term risk of symptomatic recurrent venous thromboembolism after discontinuation of anticoagulant treatment for first unprovoked venous thromboembolism event: systematic review and meta-analysis.
Khan F. *BMJ* 2019;366:l4363.
[To determine the rate of a first recurrent venous thromboembolism (VTE) event after discontinuation of anticoagulant treatment in patients with a first episode of unprovoked VTE, and the cumulative incidence for recurrent VTE up to 10 years.]

**Multidisciplinary disease management programme with or without exercise training may reduce heart failure-related rehospitalisation.**
Collier L. *Evidence-Based Nursing* 2019;22(3):76.
[Implications for practice and research
The inclusion of exercise training within a multidisciplinary disease management programme (MDP) may reduce rates of heart failure (HF)-related rehospitalisation. When exercise is contraindicated, an MDP may reduce HF-related rehospitalisation rates for 12 months after discharge for an HF-related hospital stay.]
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**Oral anticoagulants in atrial fibrillation with valvular heart disease and bioprosthetic heart valves.**
[NOACs performed better than warfarin for a reduction in SSE, MI and ICH in patients with VHD. Individually NOACs performed similarly to each other except for an increased risk of ICH and major bleeding with rivaroxaban and a reduced risk of major bleeding with edoxaban 30 mg. In patients with a BPHV, results with NOACs seem similar to those with warfarin and this needs to be further explored in larger studies.]
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**Palliative Inotrope Therapy: A Narrative Review.**
[This narrative review provides guidance to clinicians on initiation, selection, maintenance, and weaning or withdrawal of chronic inotropes and the management of concurrent therapies in the modern heart failure landscape.]
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**Preoperative anemia and outcomes in cardiovascular surgery: systematic review and meta-analysis.**
[Preoperative anemia is associated with adverse outcomes following cardiac surgery. These findings support the addition of preoperative anemia to future risk prediction models, and as a target for risk modification.]
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**Stroke in Patients With Peripheral Artery Disease.**
Kolls BJ. *Stroke* 2019; doi: 10.1161/STROKEAHA.118.023534.
[In patients with symptomatic PAD, ischemic stroke and TIA occur frequently. Comorbidities such as age, prior stroke, prior atrial fibrillation/flutter, diabetes mellitus, higher blood pressure, prior amputation, lower ankle-brachial index, and geographic region were each independently associated with occurrence of all-cause stroke. Use of ticagrelor, as
compared with clopidogrel, was associated with a lower adjusted rate of ischemic and all-cause stroke. ]

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**Supervised Exercise Therapy and Revascularization for Intermittent Claudication: Network Meta-Analysis of Randomized Controlled Trials.**
[In addition to best medical therapy (BMT), percutaneous angioplasty (PTA) combined with supervised exercise therapy (SET) seems to be the optimal first-line treatment strategy for IC in terms of maximum walking distance and QoL improvement.]

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**The effects of adrenaline in out of hospital cardiac arrest with shockable and non-shockable rhythms: Findings from the PACA and PARAMEDIC-2 randomised controlled trials.**
[Relative to placebo, the effects of adrenaline ROSC are greater for patients with an initially non-shockable rhythm than those with a shockable rhythms. Similar patterns are observed for longer term survival outcomes and favourable neurological outcomes, although the differences in effects are less pronounced. ]

**The Impact of Supervised Exercise Training on Traditional Cardiovascular Risk Factors in Patients With Intermittent Claudication: A Systematic Review and Meta-Analysis.**
[This meta-analysis supports the beneficial effects of SET on walking capacity. Little evidence for an improvement of the CV risk profile was found following exercise in patients with IC. However, given the scarcity of data, high quality RCTs that include an assessment of CV risk factors are urgently required to determine the effect of exercise therapy in the secondary prevention of CV disease of IC patients.]

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**The Prognostic Value of the WIfI Classification in Patients with Chronic Limb Threatening Ischaemia: A Systematic Review and Meta-Analysis.**
[The Society for Vascular Surgery has proposed the Wound, Ischaemia, and foot Infection (WIfI) classification system as a prognostic tool for the one year amputation risk and the added value of revascularisation in patients with chronic limb threatening ischaemia (CLTI). This systematic review summarises the current evidence on the prognostic value of the WIfI classification system in clinical practice.]

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**Thromboelastography or rotational thromboelastometry for bleeding management in adults undergoing cardiac surgery: a systematic review with meta-analysis and trial**
sequential analysis.
[Severe bleeding and massive transfusion of blood products may be associated with increased morbidity and mortality of cardiac surgery. A transfusion algorithm incorporating thromboelastography (TEG) or rotational thromboelastometry (ROTEM) can help to determine the appropriate time and target for the use of hemostatic blood products, which may thus reduce the quantity of blood loss as well as blood products transfused.]
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Evidence Searches

Improving patient ability to self-care or self-manage in heart failure, diabetes type 2, and COPD
Carried out by Lisa Burscheidt from Aubrey Keep on 19/7/2019
[Results include:
- recent systematic review for COPD
- search on Patient Activation Measure

Picture of evidence seems to be that the more engaged patients are, the more likely they are to be able to self-manage, which results in fewer emergency admissions, fewer exacerbations for COPD, and lower general healthcare usage.

What works: supporting and educating them about their condition, providing tools such as exacerbation action plans, empowering them to manage their condition.]
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Guidelines

The following new guidance has recently been published:

Ambu aScope4 Broncho for use in unexpected difficult airways.
National Institute for Health and Care Excellence (NICE);2019.
https://www.nice.org.uk/guidance/mtg14
["In June 2019, we updated the guidance to refer to the latest version of the device, which has been modified but works in the same way as earlier versions. Details of the modifications are..."
explained in the review decision. The guidance also includes revised cost-saving estimates.
New evidence and updated costs identified during the guidance review are denoted as [2019]."
Freely available online

**Direct-acting oral anticoagulants (DOACs): increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome.**
Medicines and Healthcare Products Regulatory Agency (MHRA); 2019.
[Drug Safety Update. A clinical trial has shown an increased risk of recurrent thrombotic events associated with rivaroxaban compared with warfarin, in patients with antiphospholipid syndrome and a history of thrombosis. Other direct-acting oral anticoagulants (DOACs) may be associated with a similarly increased risk.]
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**Rivaroxaban (Xarelto▼): reminder that 15 mg and 20 mg tablets should be taken with food.**
Medicines and Healthcare Products Regulatory Agency (MHRA); 2019.
[Drug Safety Update. MHRA has received a small number of reports suggesting lack of efficacy (thromboembolic events) in patients taking 15 mg or 20 mg rivaroxaban on an empty stomach; remind patients to take 15 mg or 20 mg rivaroxaban tablets with food.]
Freely available online

**Tofacitinib (Xeljanz▼): restriction of 10 mg twice-daily dose in patients at high risk of pulmonary embolism while safety review is ongoing.**
Medicines and Healthcare Products Regulatory Agency (MHRA); 2019.
[Drug Safety Update. Following observation in a clinical study of an increased risk of pulmonary embolism and overall mortality with tofacitinib 10 mg twice-daily in rheumatoid arthritis, a safety review has started and new contraindications introduced. The 10 mg twice-daily dose of tofacitinib (authorised for ulcerative colitis) must not be used in patients at high risk of pulmonary embolism.]
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**Reports**

*The following report(s) may be of interest:*

**Does more leg fat protect women against heart attack and stroke?**
NHS Behind the Headlines; 2019.
https://www.nhs.uk/news/heart-and-lungs/more-leg-fat-protects-women-against-heart-attack-
Researchers looked at the body composition of 2,683 women in the US who were a healthy weight and had been through the menopause. They found women who had a higher percentage of fat around their trunk were more likely to have a heart attack or stroke than women who had more fat on their legs, but less around their upper body. Because of the nature of the study, we cannot be sure that body fat distribution directly caused the differences in risk of having a heart attack and stroke.

Freely available online

High blood pressure and cholesterol in young adults linked to heart disease in later life.
NHS Behind the Headlines; 2019.

Researchers in the US modelled the risk factors of 36,030 people who took part in 6 long-running studies. They estimated the effects of high cholesterol and high blood pressure in young adulthood (from the age of 18 to 39) on people's risk of heart attack, stroke or heart failure in later adulthood. They found that both raised LDL "bad" cholesterol and raised blood pressure in young adulthood were linked to an increased risk of heart disease in later life.

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