

Research Dissemination Bulletin February 2017

Norfolk and Suffolk Primary and Community Care Research Office has received final reports and/or publications from research studies listed below where Norfolk and Suffolk primary care and/or community care trusts were involved. Further details can viewed via our website <http://nspccro.nihr.ac.uk/research-study-results>. Other latest research findings that may be of interest to you are also listed below.

A new website for the [NIHR Journals Library](#) was launched on 24th November, which incorporated project information into the existing open access data. The site provides access to the full story of NIHR-funded research projects. This should help to increase the impact of NIHR research, so that evidence is shared more effectively with the NHS and wider public health landscape.

The [NIHR School for Primary Care Research \(SPCR\)](#) has highlighted latest research findings from studies in Primary Care [here](#). You can subscribe to SPCR news [here](#).

CANCER:

BUCCS 2: Barriers to flexible sigmoidoscopy screening study. Participants from 13 GP practices in the EoE were involved in this qualitative study looking into the reasons for non-participation in the Bowel scope screening programme. Results published in [BMJ Open](#) found a range of reactions to the screening invitation, decision-making processes and barriers to participation.

CARDIOVASCULAR DISEASE:

Child-Parent Familial Hypercholesterolemia Screening in Primary Care study results have shown that screening was feasible at routine child immunization visits. For every 1000 children screened, 8 persons (4 children and 4 parents) were identified as having positive screening results for familial hypercholesterolemia and were consequently at high risk for cardiovascular disease Full publication can be accessed [here](#).

Survival Benefits of Statins for Primary Prevention: A Cohort Study sought to estimate the effect of statin prescription on mortality in the population of England and Wales with no previous history of cardiovascular disease. Primary care records from The Health Improvement Network (THIN) 1987–2011 were used in analyses of data for four cohorts of participants aged 60, 65, 70, or 75 years at baseline. Researchers concluded that the current internationally recommended thresholds for statin therapy for primary prevention of cardiovascular disease in routine practice may be too low and may lead to overtreatment of younger people and those at low risk. Full publication can be accessed [here](#).

Survival following a diagnosis of heart failure in primary care study. Survival analysis was carried out using UK primary care records from The Health Improvement Network (THIN) between 1st January 1998 and 31st December 2012. 54313 patients had a first diagnostic code of heart failure. The study concluded that in a primary care population, the overall survival rates of patients diagnosed with heart failure did not improved over time and research is needed to explain these trends and to find strategies to improve outlook. A link to the publication can be found [here](#).

DEMENTIA AND AGING:

New insights into early signs of Alzheimer's disease Researchers from the University of Aberdeen have detected key changes in the brains of people with Alzheimer's. The study confirmed for the first time that two molecules assumed to contribute to the disease process are both present at very early stages of Alzheimer's in an area of the brain that is involved in memory formation and information processing. More information with access to full publication is available [here](#).



DIABETES/ PHARMACY:

Supervised pharmacy student led medication review in primary care: A pilot study to ascertain the potential costs and effects. This collaborative study between the NHS Norfolk and the UEA, and a part of the PhD project, was to pilot and feasibility-test supervised final year undergraduate pharmacy student-led medication reviews for patients with type 2 diabetes to enable definitive trial design. 133 eligible participants recruited from five Norfolk GP practices were randomised to control or usual care. 32 students provided face-to-face consultations under supervision while situated within the patient's medical practice to 58 patients. The intervention was well received and the results demonstrated potential benefits for some outcomes measured including glycated haemoglobin, quality of life and patient satisfaction with information about medicines. The study was published in [BMJ Open](#).

GENERIC HEALTH RELEVANCE:

Does the addition of an implementation intention plan enhance the effects of attention bias modification on attentional bias in persistent pain? The main aim of this study was to test the impact of attentional bias modification (ABM), which trained attention away from pain cues, augmented with an implementation intention plan (ABM-IMP) on pain-related attentional bias and pain experience in individuals with persistent self-reported benign pain that had lasted at least 3 months. Overall, results provided preliminary evidence that a single session of Attentional Bias training together with an added implementation intention instruction alleviated pain experience after one-week. However the mechanisms underpinning this finding need further exploration. A copy of Final Report can be accessed [here](#).

INFLAMMATORY AND IMMUNE SYSTEMS:

A Primary Care Randomised Controlled Trial of Nasal Irrigation and Steam Inhalation for Recurrent Sinusitis. Sinusitis is a common condition with a significant impact on the population of the UK and is usually assessed and treated in primary care. Sinusitis has a very negative effect on patient's quality of life but there are no established treatments to prevent sinusitis. The study investigated the effectiveness of nasal irrigation and steam inhalation in reducing symptoms. By 6 months, significantly more patients maintained a clinically important improvement in the severity of their symptoms (44.1%, 36.6% respectively). Fewer people used over-the-counter (OTC) medications (59.4%, 68%) or intended to consult the doctor. Steam inhalation reduced headache but no other outcomes. There was no evidence of harms with either intervention. Steam inhalation reduced headache but had no significant effect on other outcomes. Paper published in *Canadian Medical Association Journal* can be accessed [here](#).

MENTAL HEALTH:

Using computers to support cognitive behavioural therapy: perspectives of clinicians and service users with intellectual disabilities: a qualitative study, using semi-structured interviews and thematic analysis, explored the perspectives of service users and clinicians who work with people with Intellectual Disabilities (IDs) about using computers in therapy. The emerging themes from the study may serve as a starting point for generating hypotheses and building a framework to inform the development and evaluation of computerised interventions for this population. The findings suggest that computer programs can potentially be used to assess readiness for therapy, improve knowledge and understanding, help skills development and practice, and facilitate many aspects of the therapeutic process, especially engagement, motivation, communication and relationships. A copy of Final Report can be accessed via our website [here](#).

OBESITY:

BWEL (Testing a Brief intervention of Weight Loss in primary care) randomized trial results, published in the [Lancet](#), have shown that a 30 second consultation with GP and referral to attend a weight loss programme in their local community was effective for overweight patients.

The Weight Action Programme (WAP), a peer-support weight management programme for obese adults led to more weight loss at 12 months than usual best practice in the study funded by NIHR HTA programme. WAP is a weight loss intervention that provides participants with tools with weekly individualised tasks and peer-support group sessions to lose weight and maintain a long-term healthy lifestyle. [Read more](#).

