

Research Dissemination Bulletin March 2018

In this issue you will find the highlights of results from recent studies where Norfolk and Suffolk GP practices and Trusts were involved (more details can be found on our [website](#)). Other latest research findings from further afield that may be of interest to you are also listed below.

The [NIHR Dissemination Centre](#) provides research summaries called NIHR 'Signals' of important research which can provide decision makers with evidence they can use. See also '[My Signals-General Practice](#)' where GPs share views on selected publications.

The [NIHR Journals Library](#) provides access to final reports of all NIHR funded and completed research. A recently published study under the Health Services & Delivery Research entitled: [Clinical leadership in service redesign using Clinical Commissioning Groups: a mixed-methods study](#) examined the extent and the methods by which clinicians took up leadership role in service redesign using CCGs as a platform. Researchers found significant examples of clinical leaders forging new modes of service design and delivery.

The [NIHR School for Primary Care Research \(SPCR\)](#) recent publications can be found [here](#).

AGING

'**Screening for Osteoporosis in Older women for the prevention of fractures (SCOOP)**' study results were published on 15th December 2017 in [The Lancet](#). The study led by researchers from the University of East Anglia and the University of Sheffield has screened a total of 12483 women aged 70-85 from 100 GP practices across 7 regions in England. The results suggest that a simple questionnaire based screening, combined with bone mineral density measurements, could help identify those at risk of hip fractures. Read more [here](#).

CARDIOVASCULAR:

TASMINH4 study looked into the treatment of hypertension within primary care. The study found that when GPs base medication adjustments on regular blood pressure readings taken by patients at home, blood pressure was significantly lower after 12 months when compared with those who routinely attended clinics to have their blood pressure monitored. The trial, published in [The Lancet](#), involved 1182 patients (260 from the Eastern region) with poorly-controlled blood pressure, recruited through 142 general practices in England (30 in the Eastern area). The researchers state that all GPs should encourage patients with hypertension to monitor their blood pressure at home and use those readings in their day-to-day care. Read more [here](#).

DIABETES:

SUSTAIN 7 (Semaglutide versus dulaglutide once weekly in patients with type 2 diabetes), an international trial has just been published in [The Lancet](#). SUSTAIN 7 was carried out at 194 sites across 16 countries and led in Europe by Dr Adie Viljoen at East and North Hertfordshire NHS Trust. The main finding revealed that "at low and high doses, semaglutide was superior to dulaglutide in improving glycaemic control and reducing bodyweight, enabling a significantly greater number of patients with type 2 diabetes to achieve clinically meaningful glycaemic targets and weight loss, with a similar safety profile".

EMERGENCY CARE:

The exploration of physiotherapists' education and learning experiences for their role in emergency care within the East of England: A qualitative study. Four Emergency Care Physiotherapists (ECPs) participated in 1hr face-to-face interview. Undertaking education and learning was perceived in a positive light and ECPs were motivated to do this and felt empowered by knowledge gained from the active involvement in a range



of educative and learning activities. This study recommends the following: development of specific courses for ECPs; research into the ECP management of conditions commonly found in the emergency department; mentoring those new to EC by experienced ECPs; the development of a network accessible to all ECPs to share best practice. The study Final Report can be accessed [here](#).

HEALTHCARE MANAGEMENT:

A study entitled: **To explore the factors affecting middle manager's abilities to lead organisational change within current community nursing and therapy services** invited 59 participants from a large Community NHS Trust in the East of England to complete an on-line questionnaire, of which 31 completed. The results published in the [International Journal of Healthcare Management](#) support existing evidence that middle managers leading organisational change are influenced by role clarity, senior management support, peer support, professional development and ownership. The results also suggest a new link between ownership and the frequency and methods of senior management support and that inconsistency in methods of senior management support can hinder middle managers' leading in change.

MENTAL HEALTH:

Prediction and management of cardiovascular disease risk for people with severe mental illnesses: A research programme and trial in primary care (PRIMROSE). 76 GP practices (5 in Eastern) and 327 participants were involved in a cluster-randomised trial aiming to evaluate the effects of a primary care intervention on decreasing total cholesterol concentrations and cardiovascular disease risk. The Primrose intervention consisted of up to 12 monthly appointments with a trained primary care professional who delivered manualised interventions for cardiovascular disease prevention (i.e. adherence to statins, improving diet and physical activity levels, reducing alcohol intake or quitting smoking) compared to usual care. Although total cholesterol concentration at 12 months did not differ between the groups, the association between the Primrose intervention and fewer psychiatric admissions, with potential cost-effectiveness, might be important. The study is published in [The Lancet](#).

Social Epidemiology of Psychoses in East Anglia (SEPEA) Study has recently been published in the [JAMA Psychiatry](#). Funded by the Wellcome Trust and led by a team including CRN Eastern Clinical Director, Professor Jesus Perez at Cambridge University and Yasir Hameed at Norfolk and Suffolk NHS Foundation Trust (NSFT), the study investigated neighbourhood-level factors associated with first-episode psychosis in a large rural population in the East of England. The results suggest that social environment contributes to psychosis risk across rural-urban gradient.

Social recovery therapy in combination with early intervention services for enhancement of social recovery in patients with first-episode psychosis (SUPEREDEN3) study. A new therapy aimed at helping young people with psychosis to reconnect and engage with the world around them has shown promising results. Social Recovery Therapy (SRT) which involves helping severely withdrawn individuals to identify personally meaningful goals and to set up day-to-day achievable activities, can significantly increase their amount of social interaction, according to the results published in [The Lancet Psychiatry](#). The therapy was devised by researchers from the Universities of Sussex, Manchester and the UEA. [Read more here](#).

Sing Your Heart Out: community singing as part of mental health recovery a local study led by UEA researcher, published in the [BMJ journal Medical Humanities](#), examined the benefits of singing among people with mental health conditions including anxiety and depression. Research found that people who took part in a community singing group had improved outcomes. Read more [here](#).

The **MOSAICs (Management of social anxiety in clients who stutter)** study results published in [BMJ Open](#). The study, led by Dr Jan McCallister at the University of East Anglia and sponsored by South Norfolk CCG, looked at the feasibility and acceptability of using a computerised treatment for social anxiety disorder for adults who stutter. Participant feedback indicated that the intervention and definitive trial, including randomisation, would be acceptable to adults who stutter. Of the 31 randomised participants, 25 provided



data at all three data collection points. This feasibility study informed components of the intervention in future trial.

MUSCULOSKELETAL DISORDERS

Effectiveness and costs of a vocational advice service to improve work outcomes in patients with musculoskeletal pain in primary care: a cluster randomised trial (SWAP trial). Musculoskeletal pain (pain in the joints, bones, or muscles) is one of the most common causes of work absence. It is estimated that half of workers in Europe will experience pain at some point in their lives, costing approximately €12 million overall. At present, 'vocational advice' or 'occupational health' services are scarcely available for employees within the UK. A patient's GP is often the first port of call. The study led by Keele University showed that providing better access to vocational advice for patients suffering with musculoskeletal pain could improve absence from work, and create huge societal cost savings. You can access the full article published in [PAIN](#).

NEUROLOGY

Functional Strength Training and Movement Performance Therapy for Upper Limb Recovery Early Poststroke—Efficacy, Neural Correlates, Predictive Markers, and Cost-Effectiveness: FAST-INDiCATE Trial. This multicentre study, coordinated by UEA researchers, investigated whether functional strength training (FST) improves upper limb recovery early post stroke more than movement performance therapy (MPT), and explored neural correlates of clinical improvement in response to both therapies. There was no significant difference in upper limb improvement between FST and MPT and the study found no clinically important association between clinical improvement and change in the neural measures in response to either trial interventions. A substantial variation around the mean change from baseline for both interventions suggests inter-individual differences among stroke survivors in recovery and how they may respond to different physical therapies. Paper is published in [Frontiers in Neurology](#).

Measure of engagement of epilepsy patients in messaging groups. 600,000 people in the UK are estimated to suffer from Epilepsy but many feel isolated and do not know others with epilepsy. This study was a feasibility evaluation of mobile messaging applications for social support and involved completion of 2 questionnaires and observation of conversations between participants using a mobile phone application. The study found that people with epilepsy who enrolled in a mobile phone based chat messaging platform had just over one daily usage of the platform and statistically significant improvements in their quality of life and medication adherence. Participants with low engagement in their health showed the greatest improvement across all measures including self-management. You can access [Final Report](#).

PUBLIC HEALTH:

I-ACT Access to primary care for socio-economically disadvantaged older people in rural areas: A qualitative study, the NIHR funded study, led by UEA researchers, highlights multiple barriers to accessing primary care for socio-economically older people in rural areas. Researchers conclude that 'as primary care is re-organised to reduce costs, commissioners and practitioners must not lose sight of the perceived *social contract* and models of care that form the basis of how many older people interact with the service'. Full paper can be accessed in [PLOS ONE](#).

RESPIRATORY:

The FAST trial, which recruited over 1900 asthma patients across UK (282 from Eastern region) tested whether an asthma self-management plan that advised a temporary four-fold increase in the use of the steroid inhaler when asthma symptoms started to worsen, could prevent asthma exacerbations. Of the 957 participants in the four-fold group, 562 experienced worsening asthma symptoms and were advised to increase their inhaled steroid dose. In this group a reduction in asthma attacks was by about 20% compared to the usual care group. The results are published in the [New England Journal of Medicine](#).

