

Studies

[Hospital policies conflict with managing opioid withdrawal](#)

This study looked at NHS hospital policies on the management of opioid withdrawal. It found wide variation in policies but many created delays in access to substitute opioids. For example, some policies required lab tests to demonstrate recent use (which could take many hours) or input from specialist drug teams before prescribing. Some lacked clear guidance for doctors on how to start prescribing opioid substitutes or how to continue community prescriptions.

[Do women know how to take a urine sample?](#)

The study found a general lack of awareness among women of the need for a midstream urine sample. Many did not know how the tests of their sample related to decisions about treatment such as antibiotics. The research concluded that better communication between doctors and women about test results and the need to produce uncontaminated samples could improve the management of urinary tract infections.

Cochrane Reviews

[Exercise for acutely hospitalised older medical patients](#)

Exercise may make little difference to independence in activities of daily living or QoL, but probably does not result in more falls in older medical inpatients. We are uncertain about the effect of exercise on functional mobility, incidence of delirium and medical deterioration. Certainty of evidence was limited by risk of bias and inconsistency. Future primary research on the effect of exercise on acute hospitalisation could focus on more consistent and uniform reporting of participant's characteristics including their baseline level of functional ability, as well as exercise dose, intensity and adherence that may provide an insight into the reasons for the observed inconsistencies in findings.

[Immunostimulants versus placebo for preventing exacerbations in adults with chronic bronchitis or chronic obstructive pulmonary disease](#)

In participants with chronic bronchitis or COPD, we are moderately confident that treatment with immunostimulants is associated with a small reduction in the likelihood of having an exacerbation and a moderate reduction in the requirement for antibiotics. Low numbers of events limit interpretation of the effect of immunostimulants on all-cause and respiratory-related mortality. We are uncertain whether immunostimulants improve quality of life, and whether they are associated with a reduction in exacerbation and respiratory-related hospitalisation durations, although immunostimulants were generally associated with a positive effect direction in the studies that examined these outcomes. Immunostimulants appear to be safe and well-tolerated, and are not associated with an increased risk of adverse events.

[Electronic cigarettes for smoking cessation](#)

There is high-certainty evidence that ECs with nicotine increase quit rates compared to NRT and moderate-certainty evidence that they increase quit rates compared to ECs without nicotine. Evidence comparing nicotine EC with usual care/no treatment also suggests benefit, but is less certain. More studies are needed to confirm the effect size. Confidence intervals were for the most part wide for data on AEs, SAEs and other safety markers, with no difference in AEs between nicotine and non-nicotine ECs nor between nicotine ECs and NRT. Overall incidence of SAEs was low across all study arms. We did not detect evidence of serious harm from nicotine EC, but longest follow-up was two years and the number of studies was small.

[Pharmaceutical interventions for emotionalism after stroke](#)

Antidepressants may reduce the frequency and severity of crying or laughing episodes when compared to placebo, based on very low-certainty evidence. Our conclusions must be qualified by several methodological deficiencies in the trials and interpreted with caution despite the effect being very large. The effect does not seem specific to one drug or class of drugs. More reliable data are required before appropriate conclusions can be made about the treatment of post-stroke emotionalism. Future trialists investigating the effect of antidepressants in people with emotionalism after stroke should consider developing and using a standardised method to diagnose emotionalism, determine severity, and assess change over time; provide treatment for a sufficient duration and follow-up to better assess rates of relapse or maintenance; and include careful assessment and complete reporting of adverse events.

[Blood pressure targets for the treatment of people with hypertension and cardiovascular disease](#)

We found there is probably little to no difference in total mortality and cardiovascular mortality between people with hypertension and cardiovascular disease treated to a lower compared to a standard blood pressure target. There may also be little to no difference in serious adverse events or total cardiovascular events. This suggests that no net health benefit is derived from a lower systolic blood pressure target. We found very limited evidence on withdrawals due to adverse effects, which led to high uncertainty. At present, evidence is insufficient to justify lower blood pressure targets (135/85 mmHg or less) in people with hypertension and established cardiovascular disease. Several trials are still ongoing, which may provide an important input to this topic in the near future.

[Oral care measures for preventing nursing home-acquired pneumonia](#)

Although low-certainty evidence suggests that professional oral care may reduce mortality compared to usual care when measured at 24 months, the effect of professional oral care on preventing NHAP remains largely unclear. Low-certainty evidence was inconclusive about the effects of this intervention on incidence and number of first episodes of NHAP. Due to differences in study design, effect measures, follow-up duration, and composition of the interventions, we cannot determine the optimal oral care protocol from current evidence.

[Ginkgo biloba for tinnitus](#)

There is uncertainty about the benefits and harms of Ginkgo biloba for the treatment of tinnitus when compared to placebo. We were unable to draw meaningful conclusions regarding the benefits and harms of Ginkgo biloba when used with concurrent intervention (hearing aids). The certainty of the evidence for the reported outcomes, assessed using GRADE, ranged from low to very low. Future research into the effectiveness of Ginkgo biloba in patients with tinnitus should use rigorous methodology. Randomisation and blinding should be of the highest quality, given the subjective nature of tinnitus and the strong likelihood of a placebo response. The CONSORT statement should be used in the design and reporting of future studies. We also recommend the use of validated, patient-centred outcome measures for research in the field of tinnitus.

[Systemic corticosteroids for the treatment of COVID-19: Equity-related analyses and update on evidence](#)

Systemic corticosteroids probably slightly reduce all-cause mortality up to 30 days in people hospitalised because of symptomatic COVID-19, while the evidence is very uncertain about the effect on all-cause mortality up to 120 days. For younger people (under 70 years of age) there was a potential advantage, as well as for Black, Asian, or people of a minority ethnic group; further subgroup analyses showed no relevant effects. Evidence related to the most effective type, dose, or timing of systemic corticosteroids remains immature. Currently, there is no evidence on asymptomatic or mild disease (non-hospitalised participants). Due to the low to very low certainty of the current evidence, we cannot assess safety adequately to rule out harmful effects of the treatment, therefore there is an urgent need for good-quality safety data. Findings of equity-related subgroup analyses should be interpreted with caution because of their explorative nature, low precision, and missing data.

[Yoga for chronic non-specific low back pain](#)

There is low- to moderate-certainty evidence that yoga compared to no exercise results in small and clinically unimportant improvements in back-related function and pain. There is probably little or no difference between yoga and other back-related exercise for back-related function at three months, although it remains uncertain whether there is any difference between yoga and other exercise for pain and quality of life. Yoga is associated with more adverse events than no exercise, but may have the same risk of adverse events as other exercise. In light of these results, decisions to use yoga instead of no exercise or another exercise may depend on availability, cost, and participant or provider preference. Since all studies were unblinded and at high risk of performance and detection bias, it is unlikely that blinded comparisons would find a clinically important benefit.

Cochrane Clinical Answers

[What are the effects of smoking cessation for adults with coronary heart disease?](#)

For adults with coronary heart disease, moderate-certainty evidence shows that compared with continuous smoking, probably fewer people die from cardiovascular disease (134 vs 210 per 1000 people, all results on average) with smoking cessation. Low-certainty evidence suggests that fewer people may have major adverse cardiovascular events (227 vs 323 per 1000 people). Observational studies or secondary analysis of RCTs also suggests a lower risk of mortality, non-fatal myocardial infarction, and non-fatal stroke, and a marginally higher quality of life if people stop smoking than if they continue smoking.

[Are digital interventions effective for improving asthma control and adherence to maintenance treatments for people with asthma?](#)

Moderate-certainty evidence shows that, in adults and children with persistent asthma, digital interventions likely improve asthma control, lung function, and quality of life when compared with usual care. Low-certainty evidence also suggests that digital interventions improve adherence overall to prescribed medications, and may decrease asthma exacerbations, with no effect on unscheduled healthcare utilization.

Guidance

[How to safely support and promote play within health care settings](#)

This publication provides guidance to staff working across the health and care setting on the use of play materials and equipment to facilitate play. The importance of play cannot be underestimated and consideration of infection prevention and control elements is central to supporting its continuity for children and young people receiving care.

[Advocacy services for adults with health and social care needs](#)

This guideline covers advocacy for people using health and social care services in all adult settings (including young people under 18 using adult services). It describes how to commission and deliver effective advocacy, as well as identifying who should be offered advocacy (including who is legally entitled to it). It also covers monitoring and improving advocacy services, and training and skills for advocates and practitioners.

[NICE recommends 3 treatments for COVID-19 in draft guidance](#)

Three treatments for COVID have been recommended in draft NICE guidance. The recommended treatments are:

- Nirmatrelvir plus ritonavir (also called Paxlovid and made by Pfizer).
- Tocilizumab (also called RoActemra and made by Roche).
- Baricitinib (also called Olumiant and made by Eli Lilly and company, subject to it receiving a marketing authorisation in Great Britain for treating COVID-19).

[Developing integrated care strategies](#)

These top tips share advice from systems about their approaches to working in partnership on the integrated care strategy.

[Financial wellbeing: applying All Our Health](#)

Evidence and information for health and care professionals and the wider workforce to promote the benefits of financial wellbeing.

Resource

[How to make embedded research run smoothly](#)

A new resource pack could guide healthcare managers through the process of embedding researchers within healthcare teams. [The resource pack](#) is based on a major research project, and could help embedded research run more smoothly.

Surveys

[PAGB survey reveals attitudes to self care](#)

A survey by PIF member PAGB shows the public want to embrace self care but need the tools and infrastructure to help them. Taking care taking control: Self-care attitudes 2022 details the findings from a UK-wide survey of more than 2,000 adults. The results show a lack of confidence and knowledge to care for the most common self-treatable conditions:

- 52% do not feel confident in treating backache
- 23% would not feel comfortable self treating a headache
- A third would be uncertain about how to treat constipation (34%) and diarrhoea (33%)

[Cost of Living Survey Autumn 2022](#)

Rethink Mental Illness is running a survey on the impact of the cost-of-living crisis. The aim is to ensure its work focuses on the priorities of people living with mental illness. The survey is open to anyone with lived experience of severe mental illness. Carers can also respond on behalf of the person they care for.

Advice

[Tips for staying warm and well this winter](#)

Advice on staying well in cold weather, covering issues such as financial help, healthy lifestyle, flu jabs and heating.

[Flu vaccination: who should have it this winter and why](#)

This explains the importance of the influenza (flu) vaccination this winter: 2022 to 2023.

[Flu vaccination for children: leaflets and posters](#)

Information and promotional resources to support the 2022 to 2023 annual flu vaccination programme.

Blogs

[Five areas NHS integrated care boards can improve diabetes care for people](#)

As integrated care boards (ICBs) are established there is an opportunity to further shift the dial on diabetes prevention, treatment and care, building on improvements over the last two decades. Preventing type 2 diabetes and supporting the delivery of high-quality care for people living with all forms of diabetes are the priorities of the [NHS Diabetes Programme \(NDP\)](#). The increase in prevalence, long-term risks of complications and budgetary impact of treatment make diabetes one of the most important non-communicable diseases to target. Our aim is to improve outcomes and equity across socioeconomic deprivation, ethnicity, age, and type of diabetes. We set out five high-impact areas for ICBs to consider.

[Creating and maintaining a restorative 'Just and Learning' culture](#)

Professor Em Wilkinson-Brice speaks about her visit to Mersey Care NHS Foundation Trust to learn more about the journey they have been on to create and maintain a restorative 'Just and Learning' culture.

News

[Health and Social Care Secretary: NHS Providers Conference](#)

The Health and Social Care Secretary Steve Barclay has set out his plans to steer the health and care system through the upcoming winter and signal changes that will make the NHS better prepared for future "storms to come."

[Inpatient survey triggers the development of culture and diversity services at specialist trust](#)

Birmingham Women's and Children's NHS Foundation Trust reviews staff training to support diverse patient experiences.

[NHS gives GP teams direct access to tests to speed up cancer diagnosis](#)

Tens of thousands of cancers could be detected sooner each year thanks to a national roll out of fast-track testing. From this month, every GP team will start to be able to directly order CT scans, ultrasounds or brain MRIs for patients with concerning symptoms, but who fall outside the NICE guideline threshold for an urgent suspected cancer referral.

[NICE recommends adapted shoes for people with severe osteoarthritis](#)

People with osteoarthritis who are eligible for knee surgery could be offered specially adapted shoes to help with their painful and stiff knees following a draft recommendation by NICE.

[New report guides the development of an anti-racist practice resource for NHS staff](#)

Researchers at the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London, South London and Maudsley NHS Foundation Trust and Queen Mary University of London reviewed existing evidence on anti-racist practices and outlined actionable steps to inform a new NHS resource for nurses and midwives.

[Cannabis not made safer by increasing its CBD content](#)

New research from the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London has found no evidence that cannabidiol (CBD) reduces the negative effects of cannabis.