Dear Joe Bloggs,

Welcome to your Evidence Update email from KnowledgeShare. The resources listed below have been chosen based on the interests you have provided. I hope they are useful. Please contact me via email if you would like a copy of any of the journal articles. If you would like to change the interests we have listed, stop receiving the notifications, or request a search on a specific topic, please don’t hesitate to let me know.

If you need help getting hold of the full text of anything here then please email me back. For more information about the KnowledgeShare Current Awareness service contact me using the details below.

Dave

Articles

Association of Blood Pressure Lowering With Mortality and Cardiovascular Disease Across Blood Pressure Levels: A Systematic Review and Meta-analysis.
[In this systematic review and meta-analysis, including 74 trials and more than 300 000 patients, treatment to lower blood pressure was associated with a reduced risk for death and cardiovascular disease if baseline systolic blood pressure was 140 mm Hg or above. Below 140 mm Hg, the treatment effect was neutral in primary preventive trials, but with possible benefit on nonfatal cardiovascular events in trials of patients with coronary heart disease.]
Available with an NHS OpenAthens password for eligible users

Beta-blockers for preventing aortic dissection in Marfan syndrome.
Koo HK. Cochrane Database of Systematic Reviews 2017;(11):CD011103.
[Based on only one, low-quality RCT comparing long-term propranolol to no treatment in people with Marfan syndrome, we could draw no definitive conclusions for clinical practice. High-quality, randomised trials are needed to evaluate the long-term efficacy of beta-blocker treatment in people with Marfan syndrome.]
Freely available online

Clopidogrel plus aspirin versus aspirin alone for preventing cardiovascular events.
Squizzato A. Cochrane Database of Systematic Reviews 2017;(12):CD005158.
[The available evidence demonstrates that the use of clopidogrel plus aspirin in people at high risk of cardiovascular disease and people with established cardiovascular disease without a coronary stent is associated with a reduction in the risk of myocardial infarction and ischaemic stroke, and an increased risk of major and minor bleeding compared with aspirin alone.]
Freely available online

Comparative Effectiveness of Implementation Strategies for Blood Pressure Control in Hypertensive Patients: A Systematic Review and Meta-analysis.
[Multilevel, multicomponent strategies, followed by patient-level strategies, are most effective for BP control in patients with hypertension and should be used to improve hypertension control.]
Available with an NHS OpenAthens password for eligible users

Cost-effectiveness Analyses of Antihypertensive Medicines: A Systematic Review.
[All antihypertensives were cost effective compared with no treatment. ARBs appeared to be more cost effective than CCBs, ACEIs, and β-blockers. However, these latter findings should be interpreted with caution because these findings are not robust due to the substantial variability across the studies, including study settings and analytic models, changes in the cost of generic medicines, and publication bias.]
Freely available online

Direct oral anticoagulants versus warfarin for preventing stroke and systemic embolic events among atrial fibrillation patients with chronic kidney disease.
Kimachi M. Cochrane Database of Systematic Reviews 2017;(11):CD011373.
[Our findings indicate that DOAC are as likely as warfarin to prevent all strokes and systemic embolic events without increasing risk of major bleeding events among AF patients with kidney impairment.]
Freely available online

Early renin–angiotensin system inhibition induced renal deterioration may be a predictor for long-term cardiorenal outcomes
[This study does not provide evidence for a need to change practice at the moment, although it does emphasise the need for further long-term research and close monitoring in high-risk patients. Many clinical trial data have clearly indicated that ACEi/ARB therapy are beneficial in patients with renal impairment at baseline and physicians ought to follow this evidence.]
Available with an NHS OpenAthens password for eligible users

Evaluation of a 0-hour/1-hour algorithm in the diagnosis of myocardial infarction with high-sensitivity cardiac troponin T1
[Using a highly sensitive assay of serum troponin T in patients with suspected myocardial infarction might help in early diagnosis, but the method needs thorough clinical assessment before implementation.]
Available with an NHS OpenAthens password for eligible users

Home versus in-patient treatment for deep vein thrombosis.
Othieno R. Cochrane Database of Systematic Reviews 2018;(1):CD003076.
[Low-quality evidence suggests that patients treated at home with LMWH are less likely to have recurrence of VTE than those treated in hospital. However, data show no clear differences in major or minor bleeding, nor in mortality (low-quality evidence), indicating that home treatment is no worse than in-patient treatment for these outcomes.]
Freely available online

Improvement in patient and physician notification of cardiac rhythm device report transmissions.
[Cardiac rhythm devices require complex management to identify potential device or patient issues. Process breakdowns can lead to issues with safety. We identified weak points in the process and intervened by creating an easy to use method of EP notification used by patients and medical staff, and physician and patient education. There was a decrease from 30% to <10% of device reports obtained without EP notification. There was also a 34% reduction in time required
Guidelines

The following new guidance has recently been published:

**Familial hypercholesterolaemia: identification and management.**
National Institute for Health and Care Excellence (NICE); 2017.
https://www.nice.org.uk/guidance/cg71
["In November 2017, we reviewed the evidence for case finding and diagnosis, identification using cascade testing, and management using statins. We amended recommendations in sections 1.1, 1.2 and 1.3.”]
Freely available online

Reports

The following report(s) may be of interest:

**Do women fare worse than men after a heart attack?**
NHS Choices - Behind The Headlines; 2018.
[When looking at the raw data from a Swedish study, there were no differences in the number of deaths between men and women who’d had a heart attack. But when researchers took into account that women tend to live longer than men in the developed world, there was an unusually high death rate in female heart attack patients. Interestingly, when researchers only looked at patients who’d received "best-practice" treatment, this removed any differences between men and women. ]
Freely available online

**NIHR Signal: Alternative drug may prevent atrial fibrillation following heart surgery.**
NIHR Dissemination Centre; 2017.
https://discover.dc.nihr.ac.uk/portal/article?id=SIG-5000520
[After heart surgery around a third of people have atrial fibrillation, an abnormal heart rhythm, which impedes their recovery and lengthens hospital stay. Colchicine treatment could reduce this complication by about a third.]
Freely available online