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.

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Articles

The following journal articles are available from the Library and Knowledge Service electronically or in print. Please follow links to access full text online, contact me to order copies, or call into your nearest library.

**Association of Blood Pressure Lowering With Mortality and Cardiovascular Disease Across Blood Pressure Levels: A Systematic Review and Meta-analysis.**
Brunström M. *JAMA Internal Medicine*
[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*

**Blood pressure targets for hypertension in older adults.**
Garrison SR. *Cochrane Database of Systematic Reviews* 2017;(8):CD011575.
At the present time there is insufficient evidence to know whether a higher BP target (less than 150 to 160/95 to 105 mmHg) or a lower BP target (less than 140/90 mmHg) is better for older adults with high BP. Additional good-quality trials assessing BP targets in this population are needed.

**Blood pressure targets for the treatment of people with hypertension and cardiovascular disease.**
Saiz LC. *Cochrane Database of Systematic Reviews* 2017;(10):CD010315.

No evidence of a difference in total mortality and serious adverse events was found between treating to a lower or to a standard blood pressure target in people with hypertension and cardiovascular disease. This suggests no net health benefit from a lower systolic blood pressure target despite the small absolute reduction in total cardiovascular serious adverse events. There was very limited evidence on adverse events, which lead to high uncertainty.

**Low molecular weight heparin for prevention of venous thromboembolism in patients with lower-limb immobilization.**
Zee AAG. *Cochrane Database of Systematic Reviews* 2017;(8):CD006681.

Moderate-quality evidence showed that the use of LMWH in outpatients reduced DVT when immobilization of the lower limb was required, when compared with no prophylaxis or placebo.

**Neuromuscular electrical stimulation for the prevention of venous thromboembolism.**
Hajibandeh S. *Cochrane Database of Systematic Reviews* 2017;(11):CD011764.

Low-quality evidence shows no clear difference in the risk of DVT between NMES and alternative methods of prophylaxis but suggest that NMES may be associated with lower risk of DVT compared with no prophylaxis (moderate-quality evidence) and higher risk of DVT compared with low-dose heparin (low-quality evidence).

**Pharmacotherapy for hypertension in adults aged 18 to 59 years.**
Musini VM. *Cochrane Database of Systematic Reviews* 2017;(8):CD008276.

Antihypertensive medicines for adults aged 18 to 59 years with raised blood pressure have a small beneficial effect to reduce stroke. However, death due to all-causes and heart attack were not reduced and withdrawals due to side effects were increased. The overall evidence was graded as low or very low quality.

**The comparative efficacy of angiosome-directed and indirect revascularisation strategies to aid healing of chronic foot wounds in patients with co-morbid diabetes mellitus and critical limb ischaemia: a literature review.**

Incorporating an angiosome-directed approach in the lower limb revascularisation strategy could be a very useful adjunct to a solely indirect approach, which could increase the
likelihood of wound healing. With the limited data currently available, findings appear promising and merit from further investigation.

Freely available online

Guidelines

The following new guidance has recently been published:

UpToDate What’s New: Evaluation of Occult Cancer in Unprovoked Venous Thromboembolism.

UpToDate; 20/09/2017.

https://www.uptodate.com/contents/evaluating-patients-with-established-venous-thromboembolism-for-acquired-and-inherited-risk-factors?source=see_link&sectionName=First%20episode%20of%20uncomplicated%20unprovoked%20VTE&anchor=H526918550&mkt_tok=eyJpIjoiT1RSaU56ZzRPVFpsWTJRNSIsInQiOiJYVlFSeHdncmNGK2hwUTJHQmsrcGxrRDNsWEFMXC9aRmdqbkVZdWNEeWRTtR1RiZzBod1IoEJLU2xQblNvdBHbkeEF4QWXFeWYc4YXGTTN2RG1IN1cxWVlVhZFNMYml5ZVwvS1VOMWtxZ1NZWGxRGdoak8zNnVzZzgwcm1xTExhIn0%3D#H526918550

[UpToDate suggest evaluating patients with a single episode of unprovoked VTE using a limited strategy (clinical examination, routine laboratory studies, chest radiography, and age-appropriate screening) for the detection of occult cancer. See "Evaluating patients with established venous thromboembolism for acquired and inherited risk factors", section on "First episode of uncomplicated unprovoked VTE".]

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