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.

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.

**Niacin for primary and secondary prevention of cardiovascular events.**
Schandelmaier S. *Cochrane Database of Systematic Reviews* 2017;(6):CD009744.
[Niacin did not reduce the number of deaths, heart attack or stroke. Many people (18%) had to stop taking niacin due to side effects. The results did not differ between participants who had or had not experienced a heart attack before taking niacin. The results did not differ between participants who were or were not taking a statin (another drug that prevents heart attack and stroke). The overall quality of evidence was moderate to high.]
*Freely available online*

**Repetitive peripheral magnetic stimulation for activities of daily living and functional ability in people after stroke.**
[Available trials provided inadequate evidence to permit any conclusions about routine use of rPMS for people after stroke. Additional trials with large sample sizes are needed to determine an appropriate rPMS protocol as well as long-term effects. We identified three ongoing trials and will include these trials in the next review update.]
*Freely available online*

**Stroke rates vary substantially across cohorts of patients with atrial fibrillation**
[Harmonised, reliable and permanent worldwide clinical AF registries comprising low-risk patients (CHA2-DS2-Vasc <1 in men and <2 women) are needed to identify specific risk factors associated with higher ischaemic stroke risk, warranting oral anticoagulation. Meanwhile, the decision to anticoagulate in this category should be based on tailored and innovative approaches, according to individual patients' characteristics and attitudes]
towards risk.]
Available with an NHS OpenAthens password for eligible users

Guidelines

The following new guidance has recently been published:

**Risk estimation and the prevention of cardiovascular disease.**
Scottish Intercollegiate Guidelines Network (SIGN);2017.

[SIGN 149. This guideline deals with the management of cardiovascular risk, both primary prevention, defined as the potential for intervention prior to the disease presenting through a specified event (any incident linked to critical disruption of blood flow that may cause damage to the heart, brain or peripheral tissues), and secondary prevention, defined as the potential for intervention after an event has occurred.]
Freely available online

Reports

The following report(s) may be of interest:

**NIHR Signal: Better prescribing might prevent thousands of strokes in the UK.**
NIHR Dissemination Centre; 2017.
https://discover.dc.nihr.ac.uk/portal/article/4000659/better-prescribing-might-prevent-thousands-of-strokes-in-the-uk

[One third of people who had a first stroke in the UK between 2009 and 2013 had known risk factors and were not taking the drugs that might have prevented their stroke.]
Freely available online

Dave