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Kamran Abbasi, Parveen Ali, Virginia Barbour, Kirsten Bibbins-Domingo, Marcel Gm Olde Rikkert, Andy Haines, Ira Helfand, Richard Horton, Robert Mash, Arun Mitra, Carlos Monteiro, Elena N. Naumova, Eric J. Rubin, Tilman Ruff, Peush Sahni, James Tumwine, Paul Yonga and Chris Zielinski (2023) **Reducing the risks of nuclear war-The role of health professionals** *Biomolecules & biomedicine* **Abstract**: **Full Text Check:** [**https://libkey.io/libraries/1656/10.17305/bb.2023.9533**](https://libkey.io/libraries/1656/10.17305/bb.2023.9533)

Mohammad Abu-Ain, Raed Shatnawi, Ibrahim Shehadeh and Mohammad Irfan Khan (2023) **Long-Term Visual Acuity and Optical Coherence Tomography Changes After Vitrectomy for Idiopathic Epiretinal Membranes** *Clinical ophthalmology (Auckland, N.Z.)* 17(p.693-700

**Abstract**: Objective: To evaluate the long-term visual acuity and retinal thickness changes after pars plana vitrectomy (PPV) for idiopathic epiretinal membranes (ERM)., Methods: We performed a retrospective analysis of 72 patients who underwent PPV for idiopathic ERM in a tertiary hospital over 5 consecutive years. The main outcome measurement was change in visual acuity and macular thickness as recorded with optical coherence tomography (OCT)., Results: Medical records of 239 patients with a diagnosis of ERM who underwent PPV with or without internal limiting membrane (ILM) peeling were reviewed; of these, 72 patients with idiopathic ERM were included in the final analysis. All patients completed at least one year of follow-up, and 23 patients (30%) had 5 or more years of follow-up. The mean preoperative best corrected visual acuity (BCVA) was 20/65, and mean preoperative central macular thickness (CMT) on OCT was 434 microns (microm). Mean postoperative BCVA and CMT at one year were 20/40 and 303 microm, respectively (p<0.0001). A total of 42 patients (58%) improved by 2 or more lines; BCVA and CMT continued to improve postoperatively for up to 5 years of the follow-up period. There was no significant difference in BCVA or CMT between phakic and pseudophakic patients, and ILM peeling was performed in 67% of patients. Improved BCVA at 1 year was associated with younger age (p<0.0001) and ILM peeling (p=0.020)., Conclusion: PPV is an effective treatment for idiopathic ERM, and ILM peel may be of benefit. BCVA continues to improve up to 2 years and beyond after surgery regardless of the duration of symptoms. Copyright © 2023 Abu-Ain et al.

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Adam Al-Hakim, Austin Kulasekararaj, Mohsen Norouzi, Ruth Medlock, Fraser Patrick, Catherine Cargo and Sinisa Savic (2023) **S56F UBA1 variant is associated with haematological predominant subtype of VEXAS** *British journal of haematology* **Abstract**: **Full Text Check:**

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Ameer Aldarragi, Nima Farah, Christian M. Warner, Ali M. Ghasemi, Oghenetega T. Ekakitie, Yamen Jabr and Shafiq Rahman (2023) **The Duration of Postoperative Antibiotics in Autologous Breast Reconstruction: A Systematic Review and Meta-Analysis** *Cureus* 15(6) p.e40631

**Abstract**: Although prophylactic antibiotic use following autologous breast reconstruction post-mastectomy is a common practice, there is no consensus in the literature regarding its duration. Antibiotic stewardship is important to minimise multi-resistant organisms as well as mitigate the associated side effects. Currently, there are no published guidelines regarding the duration of prophylactic antibiotics in autologous breast reconstruction surgery following mastectomy. The authors searched the online literature regarding the administration of antibiotics for autologous breast reconstruction surgery post-mastectomy. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis guidelines were followed. The primary outcome measure was the incidence of surgical site infections (SSIs). Three studies met the inclusion criteria and included a total of 1,400 patients. Overall, 101 (7.2%) SSIs were observed. There was no significant difference in the rate of SSIs when comparing the use of antibiotics for less than or longer than 24 hours postoperatively (odds ratio = 1.434, p = 0.124). There is no significant difference between SSIs with the use of antibiotics for longer than 24 hours when compared to less than 24 hours. Further studies in the form of randomised controlled trials are required to assess the effects of prophylactic antibiotic duration in autologous breast reconstruction following mastectomy. Copyright © 2023, Aldarragi et al.

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Ahmed Alghamdi, Sanjeev Madan, Farag Shuweihdi and Amaka C. Offiah (2023) **"The accuracy of the EOS imaging system to assess hip abnormalities in adolescents and adults:" a systematic review and meta-analysis** *Skeletal radiology* **Abstract**: OBJECTIVES: To determine the accuracy of the EOS imaging system compared to the gold standard computed tomography (CT) scan, for the measurement of native and postoperative/prosthetic hip parameters in adolescents and adults., METHODS: Medline, Cochrane Systematic Review, and Web of Science databases were searched to obtain relevant articles published between January 1964 and February 2021. All articles published in English. Inclusion and exclusion criteria were developed according to the Population, Intervention, Comparator, Outcome (PICO) framework. Three reviewers independently assessed the quality of included studies using the Quality Assessment of Diagnostic Accuracy Studies (QUADAS-2) checklist. A narrative synthesis of the articles and a meta-analysis were conducted. The heterogeneity exhibited by the effect sizes was obtained using a forest plot, the Q statistic and the I2 index. Reliability coefficients were transformed into Fisher's Z to normalise their distribution and stabilise the variances. For each meta-analysis, an effect size (average reliability coefficient) and a 95% confidence interval were calculated and presented in a forest plot. The amount of radiation dose between modalities was compared., RESULTS: The search retrieved 75 articles, six of which met inclusion and exclusion criteria. The meta-analysis included five of these six studies (sample size from 20 to 90). Comparing EOS and CT, the estimated average correlation (effect size) for combined studies was significantly high (r = 0.84, 95% CI = 0.78 to 0.88, p-value < 0.001). With respect to Pearson's correlation between EOS and CT, the estimated average correlation for combined studies was significantly high (r = 0.86, 95% CI = 0.80 to 0.90, p-value < 0.001). Average radiation dose for EOS was 0.18 +/- 0.05 mGy for the anteroposterior view (AP) and 0.45 +/- 0.08 mGy for the lateral view; and for CT was 8.4 to 15.6 mGy., CONCLUSION: The EOS imaging system has a high correlation with CT for preoperative and postoperative/prosthetic hip measurements, with considerably lower irradiation of patients. Copyright © 2023. The Author(s).

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Parveen Ali and Tracey McDonald (2023) **Pamela Mitchell, BSN, PhD, FAHA, FAAN-WSNA** *International nursing review* 70(3) p.258-259

**Abstract**: **Full Text Check:** [**https://libkey.io/libraries/1656/10.1111/inr.12865**](https://libkey.io/libraries/1656/10.1111/inr.12865)

Sadie Bennett, Martin Stout, Thomas E. Ingram, Keith Pearce, Timothy Griffiths, Simon Duckett, Grant Heatlie, Patrick Thompson, Judith Tweedie, Jo Sopala, Sarah Ritzmann, Kelly Victor, Judith Skipper, Shaun Robinson, Andrew Potter, Daniel X. Augustine and Claire L. Colebourn (2023) **Correction: Clinical indications and triaging for adult transthoracic echocardiography: a statement by the British Society of Echocardiography** *Echo research and practice* 10(1) p.5

**Abstract**: **Full Text Check:** [libkey.io/libraries/1656/10.1186/s44156-022-00014-5](https://libkey.io/libraries/1656/10.1186/s44156-022-00014-5) **Correction**

Romina Istratii and Ali Parveen (2023) **A Scoping Review on the Role of Religion in the Experience of IPV and Faith-Based Responses in Community and Counseling Settings** *Journal of Psychology and Theology* 51(2) p.141-173

**Abstract**: Research on religion and intimate partner violence does not appear to have integrated well the current evidence on religion/spirituality, marital functioning, and mental health and lacks a cross-sectoral perspective that bridges psychology, public health, international development, anthropology, and sociology. A better integration could reveal how religious experience could be leveraged resourcefully in developing faith-based interventions engaging religious leaders and when counseling victims/survivors and perpetrators in religious contexts. The current scoping review explored (a) the influence of religious experience on the rationalizations, behaviors and mental state of victims/survivors and perpetrators, and (b) the approaches and effectiveness of faith-based interventions to respond to domestic violence engaging religious leaders, communities, and psychologists. In pursuing these questions, we aimed to overcome the dominance of Western definitions of intimate partner violence and religion by combining evidence from sectors that are more international-looking and studies from low-and middle-income societies that historically received less attention. The review suggests the need to move toward more diversified and holistic understandings of religion and more context-specific approaches to designing faith-based interventions and counseling responses that are theologically grounded and trauma-informed and embedded in the sociological realities of the individuals and communities they seek to support.

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Hussain Jaafari, Lesley A. Houghton, Robert M. West, Anurag Agrawal, Imran Aziz, Christopher J. Black, Maura Corsetti, Shuweihdi Farag, Maria Eugenicos, Peter A. Paine, Alexander C. Ford, Peter J. Whorwell, Shrikant I. Bangdiwala, Olafur S. Palsson, Ami D. Sperber and Dipesh H. Vasant (2023) **The national prevalence of disorders of gut brain interaction in the United Kingdom in comparison to their worldwide prevalence: Results from the Rome foundation global epidemiology study** *Neurogastroenterology and Motility* 35(6) **Abstract**: BackgroundThere are minimal epidemiological data comparing the burden of disorders of gut brain interaction (DGBI) in the UK with other countries. We compared the prevalence of DGBI in the UK with other countries that participated in the Rome Foundation Global Epidemiology Study (RFGES) online.MethodsParticipants from 26 countries completed the RFGES survey online including the Rome IV diagnostic questionnaire and an in‐depth supplemental questionnaire with questions about dietary habits. UK sociodemographic and prevalence data were compared with the other 25 countries pooled together.Key ResultsThe proportion of participants with at least one DGBI was lower in UK participants compared with in the other 25 countries (37.6% 95% CI 35.5%–39.7% vs. 41.2%; 95% CI 40.8%–41.6%, p = 0.001). The UK prevalence of 14 of 22 Rome IV DGBI, including irritable bowel syndrome (4.3%) and functional dyspepsia (6.8%), was similar to the other countries. Fecal incontinence, opioid‐induced constipation, chronic nausea and vomiting, and cannabinoid hyperemesis (p < 0.05) were more prevalent in the UK. Cyclic vomiting, functional constipation, unspecified functional bowel disorder, and proctalgia fugax (p < 0.05) were more prevalent in the other 25 countries. Diet in the UK population consisted of higher consumption of meat and milk (p < 0.001), and lower consumption of rice, fruit, eggs, tofu, pasta, vegetables/legumes, and fish (p < 0.001).Conclusions and InferencesThe prevalence and burden of DGBI is consistently high in the UK and in the rest of the world. Opioid prescribing, cultural, dietary, and lifestyle factors may contribute to differences in the prevalence of some DGBI between the UK and other countries.

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W. S. Leong, S. Gowda, R. Jackson, E. Chabrillac and O. Edafe (2023) **Superficial versus total parotidectomy for metastatic cutaneous squamous cell carcinoma and melanoma of the head and neck: a systematic review** *The Journal of Laryngology and Otology* 137(6) p.592-598

**Abstract**: ObjectiveThe extent of parotidectomy in the management of regional metastatic disease is controversial. This systematic review aimed to appraise data from studies evaluating superficial and total parotidectomy in metastatic cutaneous squamous cell carcinoma and cutaneous malignant melanoma of the head and neck.MethodA systematic search of PubMed, Embase and Cochrane Library was performed. The protocol was registered with Prospero (CRD42020217962).ResultsA total of five studies evaluated cutaneous malignant melanoma. Only one compared outcomes of superficial and total parotidectomy: they found higher parotid area recurrence following superficial parotidectomy. Seven studies reported outcomes following cutaneous squamous cell carcinoma; some studies found higher regional recurrence and reduced survival in total parotidectomy, but there was likely selection bias in these studies. Others found no difference in survival between superficial and total parotidectomy.ConclusionThe effect of the extent of parotidectomy on outcomes is unclear in cutaneous malignant melanoma and cutaneous squamous cell carcinoma. This systematic review highlights the need for well-designed studies to direct better care.

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Mark D. Russell, Mrinalini Dey, Julia Flint, Philippa Davie, Alexander Allen, Amy Crossley, Margreta Frishman, Mary Gayed, Kenneth Hodson, Munther Khamashta, Louise Moore, Sonia Panchal, Madeleine Piper, Clare Reid, Katherine Saxby, Karen Schreiber, Naz Senvar, Sofia Tosounidou, Maud van de Venne, Louise Warburton, David Williams, Yee Chee-Seng, Caroline Gordon and Ian Giles (2023) **BSR pregnancy GL WG response to EMA HCQ response** *Rheumatology (Oxford, England)* **Abstract**: **Full Text Check:** [**https://libkey.io/libraries/1656/10.1093/rheumatology/kead384**](https://libkey.io/libraries/1656/10.1093/rheumatology/kead384)

Robert D. Sandler, Edward M. Vital, Khaled Mahmoud, Athiveeraramapandian Prabu, Claire Riddell, Lee-Suan Teh, Christopher J. Edwards and Chee-Seng Yee (2023) **Revision to the musculoskeletal domain of the BILAG-2004 index to incorporate ultrasound findings** *Rheumatology (Oxford, England)* **Abstract**: OBJECTIVES: To improve the definitions of inflammatory arthritis within the musculoskeletal (MSK) domain of the BILAG-2004 index by incorporating imaging findings and clinical features predictive of response to treatment., METHODS: The BILAG MSK Subcommittee proposed revisions to the BILAG-2004 index definitions of inflammatory arthritis, based on review of evidence in two recent studies. Data from these studies were pooled and analysed to determine the impact of the proposed changes on the severity grading of inflammatory arthritis., RESULTS: The revised definition for severe inflammatory arthritis includes definition of "basic activities of daily living". For moderate inflammatory arthritis, it now includes synovitis, defined by either observed joint swelling or MSK ultrasound evidence of inflammation in joints and surrounding structures. For mild inflammatory arthritis, the definition now includes reference to symmetrical distribution of affected joints and guidance on how ultrasound may help re-classify patients as moderate or no inflammatory arthritis.Data from two recent SLE trials were analysed (219 patients). 119 (54.3%) were graded as having mild inflammatory arthritis (BILAG-2004 C). Of these, 53 (44.5%) had evidence of joint inflammation (synovitis or tenosynovitis) on ultrasound. Applying the new definition increased the number of patients classified as moderate inflammatory arthritis from 72 (32.9%) to 125 (57.1%), while patients with normal ultrasound (n = 66/119) could be recategorised as BILAG-2004 D (inactive disease)., CONCLUSIONS: Proposed changes to the definitions of inflammatory arthritis in the BILAG 2004 index will result in more accurate classification of patients who are more or less likely to respond to treatment. Copyright © The Author(s) 2023. Published by Oxford University Press on behalf of the British Society for Rheumatology. All rights reserved. For permissions, please email: journals.permissions@oup.com.

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S. Shah, H. Morris, N. Nicolaou, S. MacInnes, P. Haslam, S. Shahane, F. Ali and J. Garcia (2023) **The carbon footprint of arthroscopic procedures** *Annals of the Royal College of Surgeons of England* **Abstract**: INTRODUCTION: The healthcare sector contributes the equivalent of 4.4% of global net emissions to the climate carbon footprint; between 20% and 70% of healthcare waste originates from a hospital's operating theatre and up to 90% of waste is sent for costly and unneeded hazardous waste processing. This study aimed to quantify the amount and type of waste produced during an arthroscopic anterior cruciate ligament reconstruction (ACLR) and an arthroscopic rotator cuff repair (RCR), calculate the carbon footprint and assess the cost of the waste disposal., METHODS: The amount of waste generated from ACLR and RCR procedures was calculated across a range of hospital sites. The waste was separated primarily into clean and contaminated, paper or plastic. Both carbon footprint and cost of disposal across the hospital sites was subsequently calculated., RESULTS: RCR generated 3.3-15.5kg of plastic waste and 0.9-2.3kg of paper waste. ACLR generated 2.4-9.6kg of plastic waste and 1.1-1.6kg of paper waste. The cost to process waste varies widely between hospital sites, waste disposal contractors and method of waste disposal. The annual burden of the included hospital sites for the arthroscopic procedures undertaken was 6.2 tonnes of carbon dioxide., CONCLUSIONS: The data collected demonstrated a significant variability in waste production and cost for waste disposal between hospital sites. At a national level, consideration should be given to the procurement of appropriate products such that waste can be efficiently recycled or disposed of by environmentally sustainable methods.

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Walter P. Weber, Oreste Davide Gentilini, Monica Morrow, Giacomo Montagna, Jana de Boniface, Florian Fitzal, Lynda Wyld, Isabel T. Rubio, Zoltan Matrai, Tari A. King, Ramon Saccilotto, Viviana Galimberti, Nadia Maggi, Mariacarla Andreozzi, Virgilio Sacchini, Liliana Castrezana López, Julie Loesch, Fabienne D. Schwab, Ruth Eller and Martin Heidinger (2023) **Uncertainties and controversies in axillary management of patients with breast cancer** *Cancer Treatment Reviews* 117(p.N.PAG-N.PAG

**Abstract**: **Full Text Check:** [**https://libkey.io/libraries/1656/10.1016/j.ctrv.2023.102556**](https://libkey.io/libraries/1656/10.1016/j.ctrv.2023.102556)

Martha Zuluaga Quintero, Buddhike Sri Harsha Indrasena, Lisa Fox, Prakash Subedi and Jill Aylott (2023) **Upstreamist leaders: how risk factors for unscheduled return visits (URV) to the emergency department can inform integrated healthcare** *Leadership in Health Services (1751-1879)* 36(3) p.354-373

**Abstract**: Purpose: This paper aims to report on research undertaken in an National Health Service (NHS) emergency department in the north of England, UK, to identify which patients, with which clinical conditions are returning to the emergency department with an unscheduled return visit (URV) within seven days. This paper analyses the data in relation to the newly introduced Integrated Care Boards (ICBs). The continued upward increase in demand for emergency care services requires a new type of "upstreamist", health system leader from the emergency department, who can report on URV data to influence the development of integrated care services to reduce further demand on the emergency department. Design/methodology/approach: Patients were identified through the emergency department symphony data base and included patients with at least one return visit to emergency department (ED) within seven days. A sample of 1,000 index visits between 1 January 2019–31 October 2019 was chosen by simple random sampling technique through Excel. Out of 1,000, only 761 entries had complete data in all variables. A statistical analysis was undertaken using Poisson regression using NCSS statistical software. A review of the literature on integrated health care and its relationship with health systems leadership was undertaken to conceptualise a new type of "upstreamist" system leadership to advance the integration of health care. Findings: Out of all 83 variables regressed with statistical analysis, only 12 variables were statistically significant on multi-variable regression. The most statistically important factor were patients presenting with gynaecological disorders, whose relative rate ratio (RR) for early-URV was 43% holding the other variables constant. Eye problems were also statistically highly significant (RR = 41%) however, clinically both accounted for just 1% and 2% of the URV, respectively. The URV data combined with "upstreamist" system leadership from the ED is required as a critical mechanism to identify gaps and inform a rationale for integrated care models to lessen further demand on emergency services in the ED. Research limitations/implications: At a time of significant pressure for emergency departments, there needs to be a move towards more collaborative health system leadership with support from statistical analyses of the URV rate, which will continue to provide critical information to influence the development of integrated health and care services. This study identifies areas for further research, particularly for mixed methods studies to ascertain why patients with specific complaints return to the emergency department and if alternative pathways could be developed. The success of the Esther model in Sweden gives hope that patient-centred service development could create meaningful integrated health and care services. Practical implications: This research was a large-scale quantitative study drawing upon data from one hospital in the UK to identify risk factors for URV. This quality metric can generate important data to inform the development of integrated health and care services. Further research is required to review URV data for the whole of the NHS and with the new Integrated Health and Care Boards, there is a new impetus to push for this metric to provide robust data to prioritise the need to develop integrated services where there are gaps. Originality/value: To the best of the authors' knowledge, this is the first large-scale study of its kind to generate whole hospital data on risk factors for URVs to the emergency department. The URV is an important global quality metric and will continue to generate important data on those patients with specific complaints who return back to the emergency department. This is a critical time for the NHS and at the same time an important opportunity to develop "Esther" patient-centred approaches in the design of integrated health and care services.

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