

## Living Better information bulletin

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### REPORTS / POLICY / LEGISLATION

#### **Scotland: Mental Health in Scotland: Improving the Physical Health of those with a Mental Illness Draft Consultation**

Scottish Government consultation on improving the physical health of those with a mental illness. The consultation comments on matters such as service users, stigma and discrimination, equity of access of care, and management and treatment of physical health. Recommendations are made for Community Health Partnerships, General Practices and mental health services. Deadline: 14/05/08  
For the consultation paper:

<http://www.scotland.gov.uk/Publications/2008/02/15090926/0>

#### **Scotland: Community health profiles published for CHCPs in Greater Glasgow and Clyde**

The Glasgow Centre for Population Health has created a new set of community health profiles building on the success of similar health profiles produced by NHS Health Scotland in 2004. Ten community profiles have been constructed, one for each Community Health (and Care) Partnership within the NHS Greater Glasgow and Clyde area. The indicators used in the profiles are based on a socioecological model of health and include a combination of health outcomes (e.g. deaths, hospitalisations) and health determinants (e.g. behaviours, socioeconomic factors). The profiles are available to download from

<http://www.gcph.co.uk/content/view/85/72/>

#### **UK: New NICE guidelines on diabetes in pregnancy published**

Published this month, this guidance covers the care and treatment of pregnant women with diabetes in the NHS in England and Wales. It also covers the care of their newborn babies.

<http://www.nice.org.uk/CG063>

#### **Europe: An update on regional variation in cardiovascular mortality within Europe**

Britons are three times more likely than the French to die from heart disease, according to a new European league table. The figures, published in the European Heart Journal, show a clear north-east to south-west gradient in mortality from IHD. With regard to CVD, there appears to be a 'green' circle of reduced mortality in the centre of Western Europe including countries such as France or the northern regions of Italy and Spain. Countries with higher mortality rates, such as the Central and East European countries as well as some Mediterranean countries including Greece, Portugal, and certain regions in Southern Spain and Italy, surround this circle. For the full article:

<http://eurheartj.oxfordjournals.org/cgi/content/full/ehm604v1>

### JOURNAL ARTICLES

#### **Scotland: Breakthrough in heart disease testing**

Researchers at Glasgow University have found certain proteins can be detected in urine samples from people suffering coronary heart disease (CHD). It is hoped this "signature" pattern will be usable in a test to allow diagnosis in the early stages of heart disease. Study co-author Professor Anna Dominiczak, director of the University of Glasgow BHF Cardiovascular Research Centre, said earlier

intervention could prevent the need for treatments such as major surgery. "The idea is to pick up disease before symptoms appear," Dominiczak said. "Modern medicine interferes quite late, but I think the future of cardiovascular medicine is in prevention." Dominiczak said the study, which was published in the February issue of the journal of Molecular and Cellular Proteomics, proved the concept worked, but she said further research would have to be undertaken before it could be used by medics. Abstract available from:

<http://www.mcponline.org/cgi/content/abstract/7/2/290>

**UK: New Clinical Review: Management of Depression in Adults**

Review of the presentation and assessment of depression in primary care and discussion of the options for its effective treatment and management. Published in BMJ <http://www.bmj.com/cgi/content/extract/336/7641/435?etoc> - full article attached.

**UK: Analysis of published and unpublished trials concludes SSRIs no better than placebo**

The researchers obtained data on all the clinical trials submitted to the FDA for the licensing of fluoxetine, venlafaxine, nefazodone, and paroxetine. They then used meta-analytic techniques to investigate whether the initial severity of depression affected the HRSD improvement scores for the drug and placebo groups in these trials. Findings suggest that, compared with placebo, the new-generation antidepressants do not produce clinically significant improvements in depression in patients who initially have moderate or even very severe depression, but show significant effects only in the most severely depressed patients. The findings also show that the effect for these patients seems to be due to decreased responsiveness to placebo, rather than increased responsiveness to medication. Given these results, the researchers conclude that there is little reason to prescribe new-generation antidepressant medications to any but the most severely depressed patients unless alternative treatments have been ineffective. Full article available from:

<http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0050045>

**UK: Identifying undiagnosed diabetes: cross-sectional survey of 3.6 million patients' electronic records**

Doctors examined medical records of more than 3.6 million patients at 480 surgeries in the UK and found 3,758 cases of probable diabetes that had not been diagnosed and another 32,785 whose glucose readings were borderline. A team led by Dr Tim Holt at Warwick University checked patients' blood tests for signs for high glucose levels, a known indicator of diabetes. "If the same survey was extended to all UK GP surgeries we estimate that 60,000 people would be identified with evidence of undiagnosed diabetes. In addition, over half a million people nationally would require further tests to rule out diabetes," Holt said. The survey was published yesterday in the British Journal of General Practice.

Abstract available from:

<http://rcgp.publisher.ingentaconnect.com/content/rcgp/bjgp/2008/00000058/0000548/art00010;jsessionid=16cv7aotpr8u0.victoria>

**UK: Type 1 diabetes raises mortality five-fold in younger people**

Young people with type 1 diabetes are almost five times more likely to die than young people without the disease, according to data from a Yorkshire disease register. Mortality rates and causes of death were studied in 4,246 people with diabetes aged under 30, followed up for just over 12 years. Overall they had a 4.7 fold excess mortality risk but the increase was especially high - at 6.2 - in the 15 to 29 age group. Results suggest 44% of the deaths were due to disease complications but 22% were attributed to accidents or violence including six per

cent who had committed suicide. Sixteen per cent of deaths were related to drug misuse including insulin.

Abstract available from:

<http://care.diabetesjournals.org/cgi/content/abstract/dc07-2029v1>

## **NEWS**

### **UK: Increase in number of GPs prescribing exercise for depression**

A survey by the Mental Health Foundation of 200 GPs across England has shown that 22% of GPs surveyed now suggest exercise to patients as a way of treating their depression, compared with 5% in a similar survey three years ago. Almost two-thirds of GPs (61%) now believe a supervised programme of exercise to be 'very effective' or 'quite effective' in treating mild to moderate depression, in comparison to 41% three years ago. And two thirds of GPs (66%) who currently do not have access to an exercise referral scheme say they would use one if it were available. The Mental Health Foundation is now working to expose the barriers that prevent exercise therapy from being offered universally. The research programme, partly funded by the Department of Health, involves the charity working with six sites across England that run exercise referral schemes. The research findings will be published in early 2009, in addition to a toolkit that will include practical advice on setting up and delivering an exercise referral scheme, as well as training packages for referrers in primary care and industry staff involved in exercise therapy delivery. For the full article:

<http://www.mhf.org.uk/media/news-releases/news-releases-2008/8-february-2008/>

### **UK: NHS makes progress in managing cardiovascular disease**

The Department's target of reducing deaths from cardiovascular disease (CVD) for people under 75 by 40 percent has been met five years early. The Coronary Heart Disease (CHD) National Service Framework (NSF) Progress Report published today, 18 February, states that the early delivery of the target has been made possible due to various outcomes. The report also reflects on the considerable success of the £735 million Capital Programme in providing world class facilities for treating patients with CHD.

For the full article: [http://www.dh.gov.uk/en/News/Recentstories/DH\\_083065](http://www.dh.gov.uk/en/News/Recentstories/DH_083065)

### **UK: NHS launches online CHD information pathway**

NHS has launched a new guide aimed to help people understand the different stages of CHD - from avoiding CHD right through to living with the condition. Based on NHS accredited information, the information pathway enables users to learn more about CHD in seconds. It provides them with clinically approved guidance to help them either change their lifestyle and lower their risk of getting the disease, or - for those diagnosed with CHD - become an expert on its management. This pathway is the latest addition to the NHS Choices' Health A-Z index. <http://www.nhs.uk/pathways/coronaryheartdisease/Pages/landing.aspx>

### **US: Intensive glucose lowering arm of diabetes trial is stopped after excess deaths**

The National Heart, Lung, and Blood Institute, part of the US National Institutes of Health, has stopped the intensive glucose lowering arm of a major trial in type 2 diabetes after more patients died than in the standard treatment group. The action to control cardiovascular risk in diabetes (ACCORD) study involved 10 251 adults aged 40-82 years with type 2 diabetes who had two or more additional risk factors for heart disease or who already had a diagnosis of heart disease. The ACCORD researchers were surprised by the higher number of deaths in the glucose lowering arm, for which they have no reason so far. They say that it

could be due to the adverse effects of lowering blood glucose concentrations too much in older diabetic people with heart disease or the adverse effects of a particular drug or drug combination or that it could be a spurious observation that might have disappeared with longer follow-up.

<http://www.bmj.com/cgi/content/extract/336/7641/407?etoc>

## **TRAINING & EVENTS**

### **Scotland: Launch of long term conditions and mental health collaborative programmes**

The formal launch of the long term conditions and mental health collaborative programmes will take place on 24th April at Dunblane Hydro. The event will present the aims and scope of the programmes and give participants the opportunity to discuss different roles of individuals involved in the programmes. Further information, including how to book is available from:

<http://conventions.nss.scot.nhs.uk/>

## **INITIATIVES**

### **Scotland: The PATH project**

The aim of the PATH project is to: 'Explore how health, social care, community justice and voluntary sector partners in local Community Health Partnerships can work together to develop services responsive to a variety of users with multiple and complex needs.' Key points:

- PATH is working with three CHPs (Community Health Partnerships) in Lothian and Highland.
- The study CHPs cover both urban and rural areas.
- Existing good practice in each CHP will be identified.
- Each study CHP will then identify how it wishes to improve access to services for those with multiple and complex needs, based on existing good practice and local issues.
- The learning generated from this will then be disseminated to other CHPs.

<http://www.pathproject.scot.nhs.uk/default.asp>