

WOLFSON INSTITUTE OF POPULATION HEALTH NEWSLETTER ISSUE 47: 14 DECEMBER 2023

In this final 2023 issue of our Wolfson Institute of Population Health Newsletter, we celebrate the achievements and work of staff and students through late November and the first half of December.

FROM OUR DIRECTOR

Dear Colleagues

It is difficult to believe that it is already nearly the end of 2023. We have had a very productive year, with new grants being brought into the Institute, and ever-increasing numbers of excellent publications. Although we are not quite yet at year end, our WIPH research publication output in 2024 is already 50% higher than in 2023. We have seen the launch of CPN, our sixth Centre, and with the arrival of Peter Sasieni and Jo Waller and their teams, we are developing the CCSPED as a centre of excellence for early cancer research. Our education strategy is rolling out, and we continue to achieve very good taught student numbers, and to deliver excellent teaching.

So thank you to all our academic and research staff for achieving such a successful year. Special and huge thanks too to our professional services staff, who support us all so well, particularly during the many adversities of the last few months. We are promised speedy resolution of our IT and heating issues - fingers crossed!

Sending you all very best wishes for happy holidays and a peaceful new year-please do take every opportunity to have a good rest.

I look forward to welcoming you all back in the New Year for a productive start to 2024.

Very best wishes

Fiona



MEET WIPH:

MEET LIBOR VLACH (Administrative Assistant/ Receptionist)

How would you describe your roles and responsibilities?

Based in the Yvonne Carter Building in Whitechapel, I am usually the first person you see when you come in, so I always try to welcome you with a smile. I greet, guide and take care of visitors and building users, and provide help where needed. I also make sure that any building-based queries are addressed as swiftly as possible, and offer administrative support to my Whitechapel-based colleagues.

What has been your greatest professional achievement?

A few years ago I was given the opportunity to work on a very interesting project for Apple Inc (to this day, I'm not allowed to talk about it in detail), which allowed me to travel the whole Europe while working on something from which I believe all iPhone users now benefit. It was a great opportunity for someone like me who, up until that point, had only visited two countries.

What aspects of your role do you enjoy the most?

That I get to meet and talk to a lot of interesting people on a daily basis. I have always loved being around people and I believe a good conversation goes a long way.

What would be your second choice as a profession?

If I could go back in time and choose a different career, I would probably be an architect or an archaeologist. I enjoy all things old. Whenever I get the opportunity, you'll either find me in an antique shop, or on a stroll in London admiring the strange mix of old and new buildings.

What do you enjoy doing outside work?

I like to keep healthy (unless it's a Saturday night), so I spend most of my time outside work at my local gym. If I'm not at the gym, I enjoy exploring new places - especially pubs!

Something about you that most people don't know?

I am obsessed with rocking chairs and have owned six up to now – though for some reason they keep breaking. Despite that, there is no better feeling than getting home after a long day at work and nodding off in one.



FROM OUR LEADERSHIP TEAMS:

Public Advisory Panel Theme News (Megan Clinch, Theme Lead)

Thanks to everyone who attended the December drop-in session and helped to review the draft PPIE pages for the Staff Zone. Your feedback will be integrated, and the pages will be launched in mid-January. If a member of the professional services team has experience of facilitating PPIE in an international context, please contact Meg Clinch so we can make sure we have good guidance on this activity. Invites for term 2 drop-ins will be circulated shortly. If anyone has a specific topic they would like us to focus on in a drop-in, please let Meg know.

Equality, Diversity and Inclusion News (Evangelos Katsampouris – EDI Lead)

The EDI Group encourages all WIPH colleagues, students and staff, to include the following (optional) note in their email signature/etiquette: 'If I am sending emails outside *standard* working hours, it is because I am able to work flexibly. Please be assured that I do not expect a response outside your working hours.'

Research News from Tor Kemp (Research Manager) and the Research Team

As we wind down towards Christmas, the research team reflect on some excellent sessions over the last month. We also give you a flavour of what's on the menu for January (once we've recovered from all the mince pies!).

At an excellent inaugural WIPH Whiteboard chaired by Claudia Cooper we welcomed colleagues from WIPH and the School of Electronic Engineering and Computer Science, for an interesting discussion on the use of AI in clinical psychological therapy. If you would like to present at our monthly Whiteboard in the new year please contact Tor Kemp, with a very brief outline of your embryonic idea.

We welcomed back Anika Knupel from *The Lancet Public Health*, who joined Liz Steed and Richard Hooper for the 4th instalment in the WIPH Publication Writing Series: 'Why the editor's perspective matters to you'. This great session, with useful and varied insights from our panellists, is available on demand on the staff zone <https://www.qmul.ac.uk/wiph/staff-zone/our-research/listen-and-learn/workshop-series-publication-writing/> The final session is right after the Christmas break, Tuesday 9 Jan.

The Research Team sat for the first WIPH research drop-in and we are very grateful to those who did drop-in with general queries and suggestions. Please look out for the next drop-in at the end of January; we'd particularly like to hear from anyone with thoughts on 'Research Integrity and Culture', and will send more information nearer the time.

We've delivered another successful Health Inequalities Grant Clinic thanks to the generosity of our HE Advisors, this time Sara Papparini and Rohini Mathur. This was a really interesting session discussing the health inequalities perspective for an

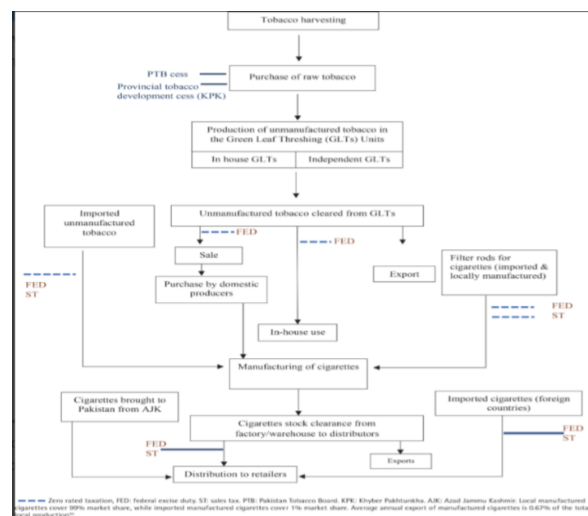
ethnographic study. There were a few key takeaway messages, not least ‘just because it’s a hard study to conduct, doesn’t mean we shouldn’t do it’; the supportive discussion to meet this particular challenge was great to see in action. If you’d like to present at our monthly clinic in the new year, please contact [Tor](#) - we’ve had excellent feedback from those who have presented to date!

GENERAL INSTITUTE NEWS

Analysis of tobacco taxation in Pakistan

24 November (Haleema Masud, Lola Oyeboode. Centre for Public Health and Policy)

Research comparing tobacco taxation and pricing policies with guidelines from the WHO Framework Convention on Tobacco Control concludes that there is no clear strategy on using taxation and prices as a public health tool in Pakistan. **Results** show that while Pakistan taxes tobacco products, controls fall below the WHO standards for uniform tax level, simple tax structure, and 70% share of excise tax per pack which, together with issues in tobacco tax administration (eg. lack of monitoring) lead to availability of highly affordable tobacco products. Authors identify a need to introduce multisectoral tobacco control policies in countries like Pakistan.



Priorities for implementation research on cancer diagnosis in primary care

27 November (Fiona Walter. Centre for Cancer Screening, Prevention and Early Diagnosis)



In the early diagnosis of cancer in primary care, gaps and delays exist in translating new research findings into routine clinical practice. From a survey of primary care physicians, patients and researchers to identify priorities for implementation research in early cancer diagnosis in primary care, a consensus panel supported 27 ranked suggestions. Highest rated suggestions concerned diagnostic support, interventions, organisation of the delivery of care, and understanding variations in care and outcomes. Authors say these suggestions should be considered in directing efforts and resources to improve population outcomes.

Microbiological data: prognostic value for respiratory tract infections

27 November (Beth Stuart. Centre for Evaluation and Methods)

The protocol for an individual patient data meta-analysis to investigate the prognostic value of microbiological data for respiratory tract infections describes outcomes of interest as duration/severity of disease, repeated consultation with new or worsening illness, and complications requiring hospitalisation. Researchers will obtain participant data from eligible studies and conduct multilevel regression analysis to determine key outcome measures for different potential pathogens and whether these offer any additional information on prognosis beyond clinical symptoms and signs.



Southern African School for Cancer Research

27 November-4 December (Fiona Walter, Suzanne Scott, Natalie Tegama, Stephen Duffy. Centre for Cancer Screening, Prevention and Early Diagnosis)

The second AWACAN-ED Southern African School for Cancer Research was held from 27 November - 1 December in Harare, Zimbabwe. The 5-day residential course focused on research methods in early cancer diagnosis, with attendees including Masters and PhD students, (9 of whom have been awarded AWACAN-ED PhD or Masters studentships), clinicians, and other health professionals with an interest in early cancer diagnosis. Sessions included quantitative and qualitative methods, health economics, and systematic reviews, alongside masterclasses on grant writing, presentations, and publishing research. Co-PI Prof. Jen Moodley (U. Cape

Town) gave an inspiring talk about her co-authorship of the Lancet commission on women, power and cancer, published in September.



Bringing together practice-based design researchers undertaking PhDs

28 November (Alison Thomson. Centre for Cancer Screening, Prevention and Early Diagnosis)

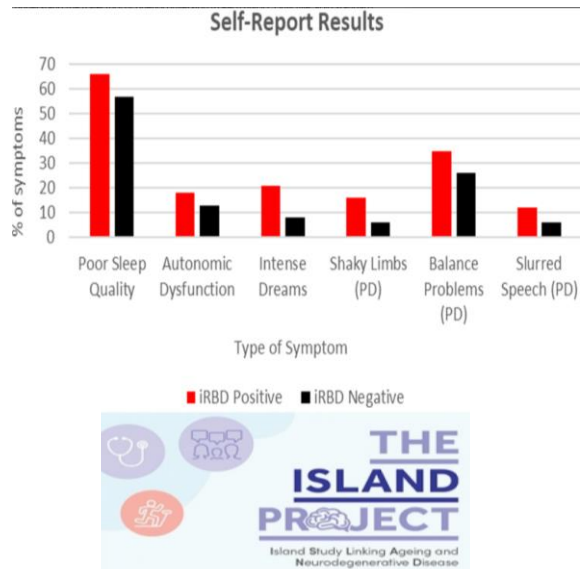


A published presentation to the 15th International PhD by Design conference discusses rethinking practices to bring together practice-based design researchers conducting PhDs. Noting that the PhD By Design initiative rethought traditional academic event structures and encouraged unique formats for collective knowledge sharing, promoting quick & wide experimentation without the preciousness that often surrounds academic research, this paper highlights the initiative's 3 main formats to facilitate dynamic engagement modes among participants: collaborative exploration, unique formats for collective knowledge sharing, and supportive engagement for the practice-based design research community.

The Island study: isolated REM sleep behaviour disorder

28 November (Al Noyce, Laura Pérez-Carbonel. Centre for Preventive Neurology)

More than 80% of people with isolated rapid eye movement (iRBD) sleep disorder, will develop Parkinson's disease, dementia with Lewy bodies, or multiple system atrophy. The published [protocol](#) for the ISLAND (Island Study Linking Ageing and Neurodegenerative Disease) study presents preliminary baseline results, and describes study aims to explore cognitive, motor, olfactory, autonomic, visual, tactile, and sleep profiles in people with iRBD to better understand which characteristics influence the progression of iRBD to α -synuclein-related neurodegenerative disease, and to investigate iRBD prevalence in the Australian island state of Tasmania.



Patient safety in remote primary care encounters

28 November (Sophie Spitters. Centre for Primary Care)



A study of the safety of remote triage and consultations in primary care [finds](#) that telephone and video encounters are occurring in high-risk (extremely busy and sometimes understaffed) contexts in which remote workflows may not be optimised. Safety incidents, characterised by inappropriate modality, poor rapport building, inadequate information gathering, limited clinical assessment, inappropriate pathways, and inadequate attention to social circumstances resulted in missed, inaccurate or delayed diagnoses, underestimation of severity or urgency, delayed referral, incorrect or delayed treatment, poor safety netting and inadequate follow-up. Authors say staff should be training in how to mitigate the causes of safety incidents.

Expert Comment: New CRUK manifesto to improve cancer outcomes

28 November (Stephen Duffy. Centre for Cancer Screening, Prevention and Early Diagnosis)

In an [article](#) in Forbes magazine about a new CRUK [manifesto](#) of proposals to improve cancer outcomes in the UK,



Stephen Duffy praises the recommendations as 'clearly worthwhile', but notes that addressing inequality itself should be a key tenet of any government cancer plans: 'More deprived people have worse cancer outcomes. When major investments in healthcare are proposed, there are always arguments about affordability. A good principle should be that if an intervention cannot be universally introduced, then at least introduce it where it is most needed, that is target those populations with poorest cancer outcomes first.'

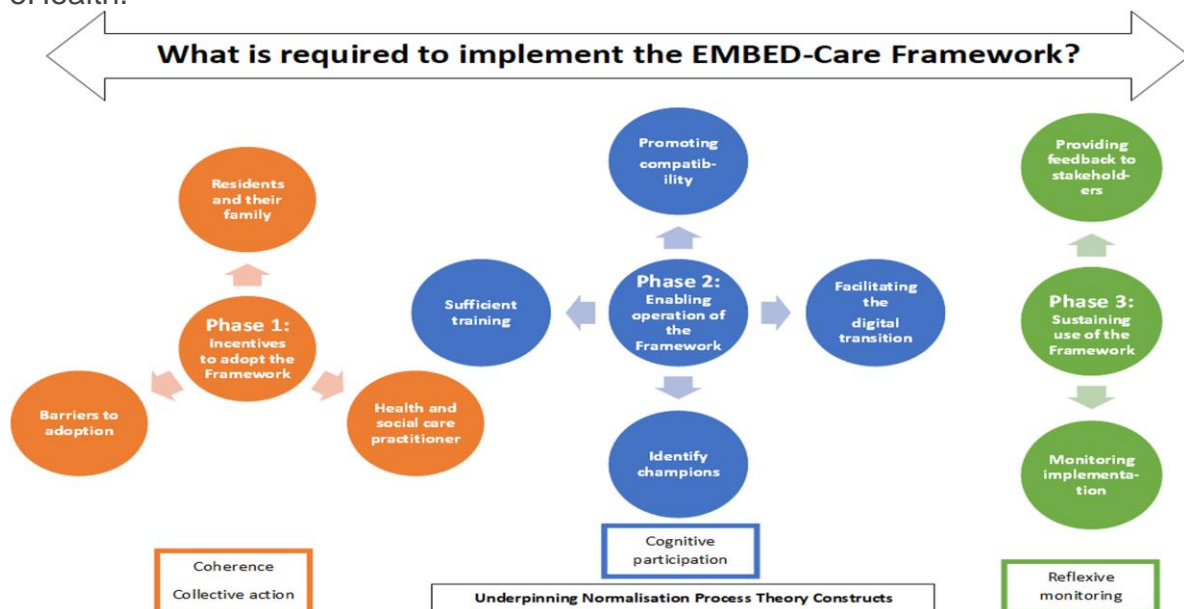
U.K. Can Stop 20,000 More Cancer Deaths A Year, Charity Says



EMBED-Care support framework for people with dementia in care homes

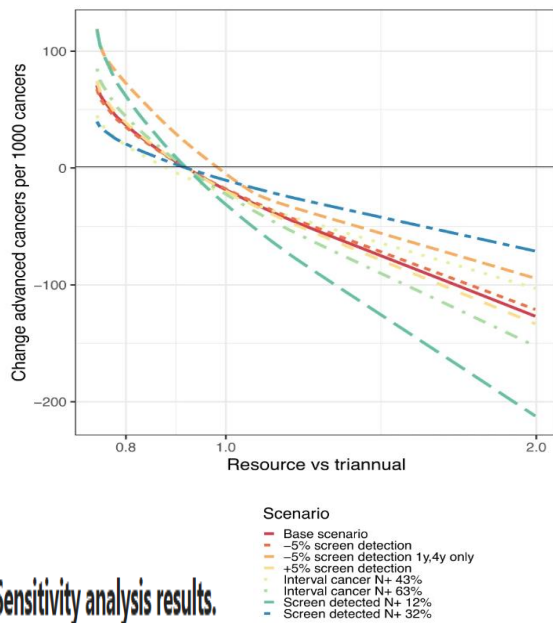
28 November (Jamie Ross. Centre for Primary Care)

A study to co-design strategies to implement an eHealth intervention, the EMBED-Care Framework, to support assessment and decision-making for people with dementia in care homes has included family carer, health and social care practitioners, and people with dementia in a series of workshops and meetings. Three phases of implementation were identified: incentivising adoption of the Framework, enabling its operation, and sustaining use of the Framework. Authors say that successful implementation of the multi-strategy, theoretically driven plan requires incentivisation to adopt, ability to operate and motivation to sustain use of eHealth.



Framework to guide choice of thresholds for risk-based cancer screening

28 November (Adam Brentnall Emma Atakpa, Ruggiero Santeramo, Celeste Damiani, Jack Cuzick, Stephen Duffy. Centres for Evaluation and Methods/Cancer Screening, Prevention and Early Diagnosis)



A framework developed to help define thresholds with the greatest chance of success for reducing the population health burden of cancer when used in risk-adapted screening is applied to guide breast cancer screening intervals using an AI model in a new study. **Results** show that re-screening in 1yr for the highest 4% AI model risk, in 3yrs for the middle 64%, and in 4yrs for the 32% of the population at lowest risk was expected to reduce the number of advanced cancers diagnosed by approximately 18 per 1000 diagnosed with triennial screening, for the same average number of screens in the population as triennial screening for all.

Co-Pics Study to tackle mental health inequalities

29 November (Georgina Hosang, Kam Bhui. Centre for Psychiatry and Mental Health)

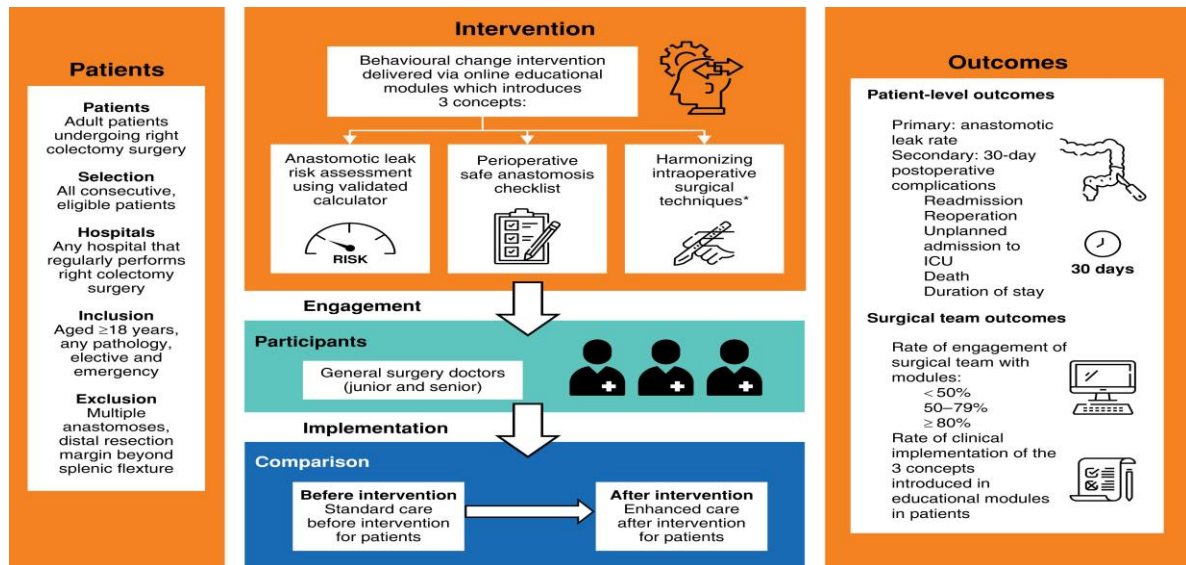
A new NIHR-funded study *Co-Pics* will work with diverse people living with psychosis and other long-term physical health conditions to learn more about how to tackle mental health inequalities. People with psychosis are more likely to also have long-term co-morbidities, with life expectancy 15-20yrs lower than average. People from black and minority ethnic communities are more likely to experience psychosis and also face greater social disadvantages and poorer access to care. QMUL is a partner on the £1.7million study, in which participants will share their experiences using the 'photo-voice' and other creative approaches. Using stories, participants will co-design resources for use in practice, training and policy, which will then be evaluated for use and impact at case study sites across the country.



EAGLE intervention to reduce anastomotic leak following right colectomy

29 November (Richard Hooper. Centre for Evaluation and Methods)

A pragmatic, batched stepped-wedge, cluster-randomized trial in 64 countries, the EAGLE study, has developed and tested an intervention to reduce anastomotic leaks, which affect 8% of patients after right colectomy, and lead to a 10-fold increased risk of postoperative death. The [study](#) of 332 hospital groups in 64 countries assessed an online educational module introducing risk stratification, an intraoperative checklist, and harmonized surgical techniques, against outcomes for 3039 patients. Leak rate decreased significantly (from 12.2% to 5.1% after intervention) in high-engagement centres, but not in low-engagement hospitals. Researchers conclude that completion of globally available digital training by engaged teams can alter anastomotic leak rates.



Clustering long-term health conditions in people with multimorbidity

29 November (Carol Dezateux. Centre for Primary Care)



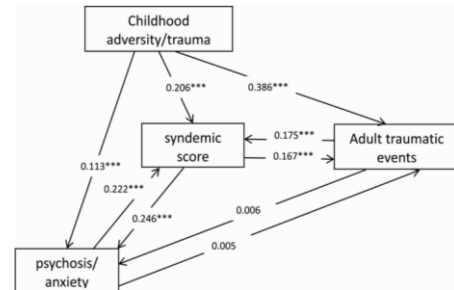
To address the gap in understanding how chronic conditions co-occur in patients with multimorbidity, researchers have examined demographic information and health records from 318,235 patients (67,728 with multimorbidity) in Scotland. The [study](#) identified 5 distinct clusters of conditions in the population with multimorbidity: alcohol misuse, cancer, obesity, renal failure, and heart failure. Clusters of long-term conditions differed by age, sex and socioeconomic deprivation, with some clusters not present for specific strata and others including additional conditions. Authors say the healthcare system may be better equipped to develop tailored interventions that address the needs of complex patients if demographic factors were taken into account.

Childhood adversity and psychotic outcomes in men

29 November (Jeremy Coid. Centre for Psychiatry and Mental Health)

A new theoretical approach to social determinants of psychosis explains through synergistic interactions why psychotic outcomes occur, instead of anxiety/depression in men. The [paper](#) identifies childhood adversity as the key determinant, though authors caution that 'in reality we are talking about child maltreatment, not merely inequalities'. The study suggests that 'psychosis' should be split into 2 cause groupings: social & biological/inherent.

Fig. 2. Proposed syndemic partial least squares path modeling (PLS-PM) for psychosis showing direct effects.



Keynote talk at RCGP conference on tackling health inequalities

29 November (Victoria Tzortziou Brown. Centre for Primary Care)

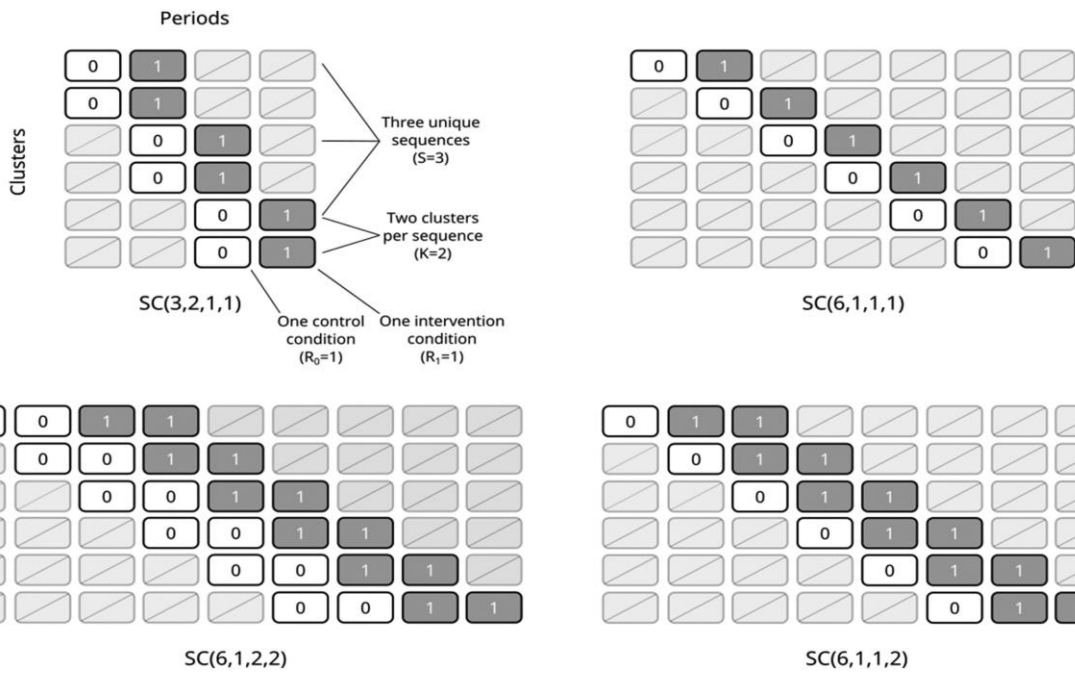


Victoria Tzortziou Brown presented the keynote opening address, *Health inequalities and general practice* to the RCGP Essex Tackling Health Inequalities [conference](#) at Anglia Ruskin University Medical School on 29 November. The conference aimed to highlight health inequalities in Essex and provide information to GPs and other health professionals in the community, to help create and deliver interventions and collaborative solutions to challenge inequalities faced by local residents.

The staircase cluster randomised trial design

30 November (Richard Hooper. Centre for Evaluation and Methods)

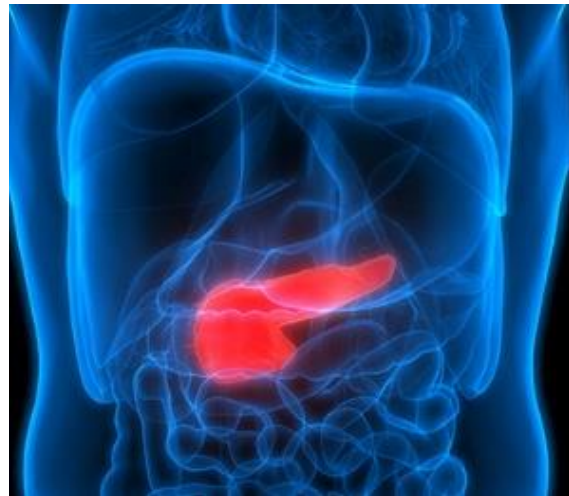
A pragmatic alternative to stepped wedge design, 'Staircase' design, derived from the zigzag pattern of steps along the diagonal of a stepped wedge design schematic where clusters switch from control to intervention conditions, is described in a new [paper](#). Unlike a complete stepped wedge design where all participating clusters must collect and provide data for the entire trial duration, clusters in a staircase design are only required to be involved and collect data for a limited number of pre- and post-switch periods. Authors say this could alleviate some of the burden on participating clusters, encouraging involvement in the trial and reducing the likelihood of attrition.



Editorial: Improving early diagnosis of pancreatic cancer

30 November (Garth Funston. Centre for Cancer Screening, Prevention and Early Diagnosis)

Only 15% of pancreatic cancer diagnoses in England are made via the urgent suspected cancer (USC) pathway, with almost half of diagnoses made via emergency department attendance, a diagnostic route associated with worse survival. An [editorial](#) considering new approaches to achieve earlier diagnosis and improve outcomes suggests use of CA 19-9 in new ways or in biomarker panels, devising imaging approaches that can be delivered with adequate volume for patients with common symptoms, and evaluating novel technologies such as Multicancer Early Detection tests to improve outcomes for patients.



The Times 19 best science and environment books of 2023

1 December (Jon Kennedy. Centre for Public Health and Policy)



Jon Kennedy's *Pathogenesis*, a 'reinterpretation of the history of the world seen through the lens of infections', continues to draw accolades, and is included in The Times [list](#) of best science and environment books of 2023.



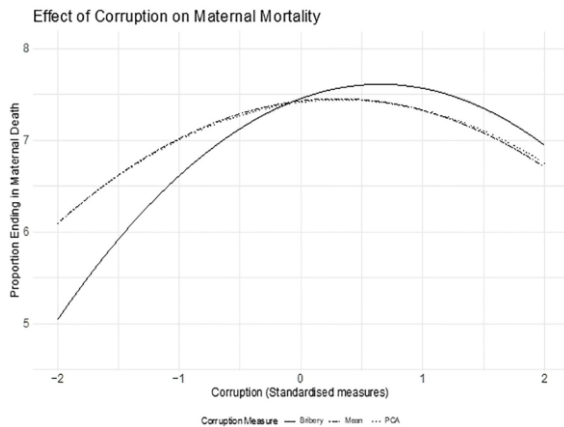
‘From bacteria in your gut to the immense power of the oceans’ these books ‘explain the world, big and small’.

COP28 - Climate justice: gender equality & sexual & reproductive health rights 3 & 4 December (Heather McMullen. Centre for Public Health and Policy)

From the COP28 site in Dubai, Heather McMullen has reflected on the first ever COP Health Day (3 December), and delivered an [address](#) (4 December) as a panel member at the ‘No climate justice without gender equality and sexual and reproductive health and rights’ event. Heather was part of a [team](#) sponsored by QMUL to attend COP28.



Does bribery increase maternal mortality in Sub-Saharan Africa? 4 December (Veronica Toffolutti. Centre for Evaluation and Methods)



In 2017, 2/3 of deaths during and following pregnancy and childbirth occurred in Sub-Saharan African countries. A [study](#) of how bribery affects maternal mortality in 17 Sub-Saharan countries finds that a 10 percentage point increase in the prevalence of bribery is associated with up to 41 additional deaths for every 1000 pregnancy related deaths. Results show that the healthcare system quality appear to be an important moderator.

COVID-19 vaccination in non-EU migrants/refugees in England 4 December (Dominik Zenner. Centre for Public Health and Policy)

Linking data on almost half a million non-EU migrants and resettled refugees to the national COVID-19 vaccination dataset in England, researchers estimate patterns in 2nd and 3rd dose delays and overdue doses in 2021-22 by age, visa type and ethnicity. [Results](#) show that 91.8% of migrants received a 2nd dose, and 51.3% received a 3rd. Migrants >age 65 were four times less likely to have received their 2nd or 3rd



dose than those of the same age in the general population in England

Germ Defence intervention for household infection control during the pandemic

4 December (Beth Stuart. Centre for Evaluation and Methods)



An RCT testing the effectiveness of a digital behavioural change intervention via English GP practices during the COVID-19 pandemic shows that rapid large-scale implementation of such interventions is possible, and can be evaluated with a novel efficient prospective RCT methodology. Practices randomised to the intervention arm disseminated the 'Germ Defence' intervention to patients via texts, email or social media, but no difference was seen in rate of presentations for respiratory tract infections.

Neighbourhoods and recovery from psychosis in Trinidad

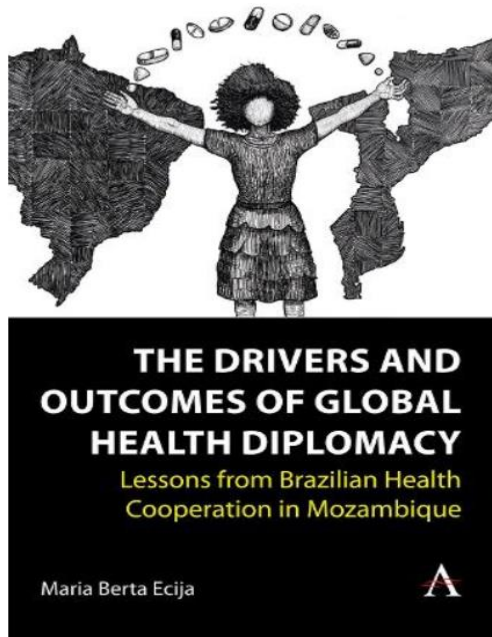
5 December (Tessa Roberts. Centre for Psychiatry and Mental Health)

Rates of psychosis in Trinidad are extremely high, with major variation by local area. A new study finds that people with psychosis in Trinidad perceive aspects of their neighbourhoods, including crime and safety, social connectedness or cohesion (linked with migration), and access to drugs (in particular, normalisation of use and easy access to cannabis) to be relevant to their recovery. Authors conclude that Community involvement is needed to design interventions targeting these factors.



New book on drivers and outcomes of global health diplomacy

5 December (Maria Berta Ecija. Centre for Public Health and Policy)



A new book by Maria Berta Ecija: "The Drivers and Outcomes of Global Health Diplomacy: Lessons from Brazilian cooperation in Health in Mozambique" has been published by Anthem Press. Maria investigates Brazilian health cooperation in Mozambique, with particular focus on HIV/AIDS and the implementation of a pharmaceutical factory in Maputo. Her book seeks to understand the profiles of these countries as global health actors, looking at their main security, economic and trade, and human rights interests, and provides a useful framework for researchers interested in understanding how health and foreign policy are related to each other in different contexts and power relations.

Oestradiol levels identify which women will benefit most from anastrozole

6 December (Jack Cuzick, Kim Chu, Adam Brentnall. Centres for Cancer Screening, Prevention and Early Diagnosis/Evaluation and Methods)

New research shows that blood oestradiol levels are an important indicator of which post-menopausal high-risk women will benefit from taking the recently licensed breast cancer prevention medication, Anastrozole. A case-control study of 212 women from the IBIS-II prevention trial showed a 55% reduction in risk of developing cancer in 75% of the women receiving anastrozole, but a much lower reduction in those in the bottom 25% of oestradiol levels. Authors say the preventive benefit of anastrozole could be improved if blood hormone levels were used to select the women best suited to take it. Professor Cuzick is now calling for routine hormone level assessments in post-menopausal women at high breast cancer risk before prescribing anastrozole, to identify those who are at greatest risk and will respond well. He presented the study results in his William L. McGuire Memorial Lecture at the San Antonio Breast Cancer Symposium in Texas.



Contribution of design to tackling challenges in health

6 December (Alison Thomson. Centre for Preventive Neurology)

A collaborative student project between The University of Dundee and the Multiple Sclerosis service at Ninewells Hospital in Dundee, 'Live design brief to improve MS care' has demonstrated the contribution design can make to tackling health challenges. Led by Alison Thomson and conducted in early December among 14 design students studying for an MSc in Design for Healthcare, the project produced innovative proposals across topics of AI and health, personalised risk communication and disease monitoring.



Barriers to uptake of research in health policy and practice in LMICs

6 December (Esubalew Assefa. Centre for Evaluation and Methods)

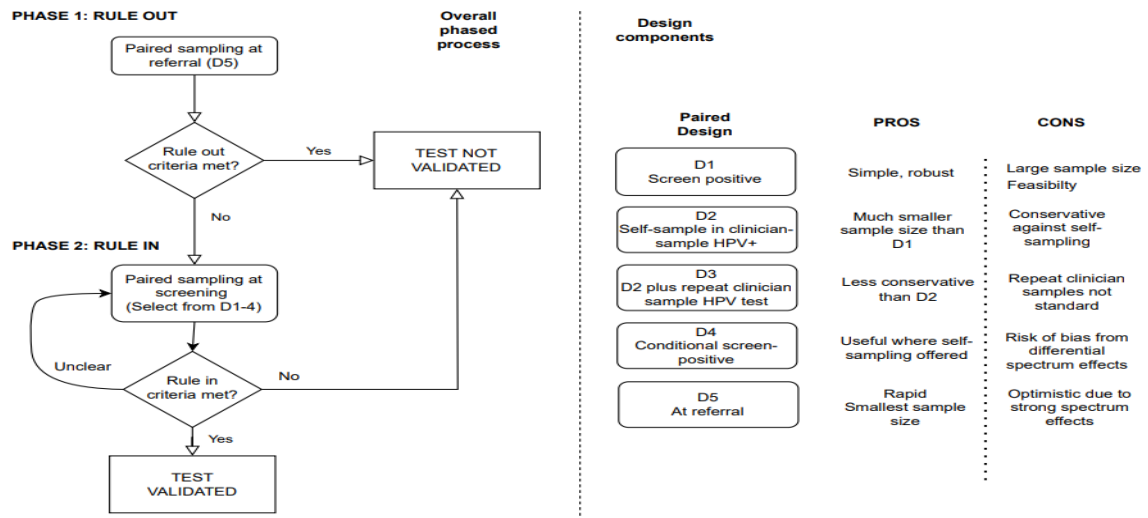


Investigating challenges to the uptake of research for health policy and practice in low- and middle-income countries (LMICs), researchers reviewing 142 publications have identified barriers related to lack of understanding of the local contexts, low political priority, poor stakeholder engagement and partnership, resource and capacity constraints, low system response for accountability, and lack of communication and dissemination platforms. Results show that research uptake for policymaking and practice in LMICs overall was very low.

Validating relative sensitivity of self-sample HPV tests for cervical screening

6 December (Adam Brentnall, Matejka Rebolj. Centres for Evaluation and Methods/Cancer Screening, Prevention and Early Diagnosis)

Aiming to ensure that emerging methods for human papillomavirus (HPV) testing on self-collected samples in cervical screening are evaluated robustly, researchers assess 5 study designs (D1-5) for relative sensitivity: (D1) both samples at screening, with clinical actions triggered by HPV positivity; (D2) offering a self-sample test to clinician-collected HPV-positive women; (D3) as D2 but using a repeat clinician-sample as comparator; (D4) offering a choice of self- vs. clinician-sampling, and the alternative test in HPV-positive women; (D5) paired samples at referral appointment. Authors recommend a flexible, staged, adaptive design for evaluation, with D5 as a gatekeeper for D1-D4.



FMD People Spotlight

8 December (Georgina Hosang. Centre for Psychiatry and Mental Health)

The final FMD People Spotlight for 2023 is described as a sharp, beautifully woven profile written by Dr Georgina Hosang: 'While navigating through my educational and career journey, I have been very conscious that I come from an underrepresented and disadvantaged background. At many stages I have felt that I did not belong, or that I was unworthy of the positions I have held, best described as impostor syndrome. I am a mixed-race woman with strong Jamaican roots. My Jamaican father had high ambitions for my future which helped me to fulfil my potential. I was the first in my family to go to university and complete a PhD...My passion for EDI has now moved into my research

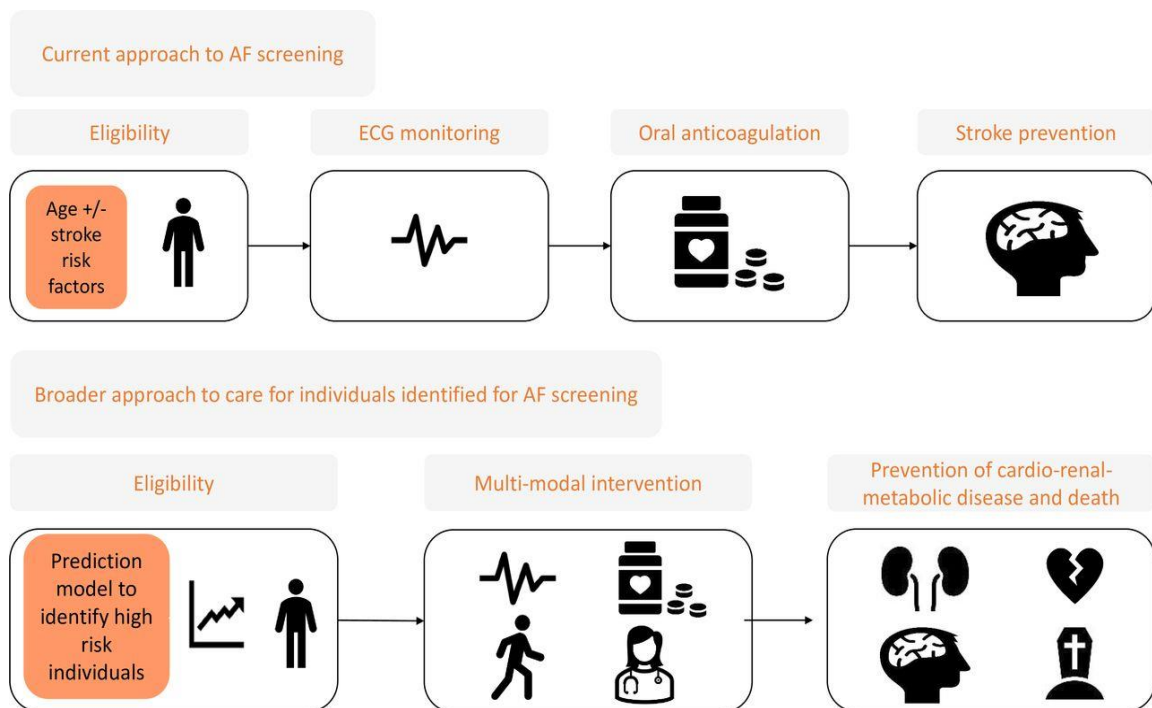


interests. I was recently awarded a NIHR grant to undertake a scoping review on ethnicity and bipolar disorder which will inform my future research endeavours.'

Protocol for study of prediction model for incident Atrial Fibrillation

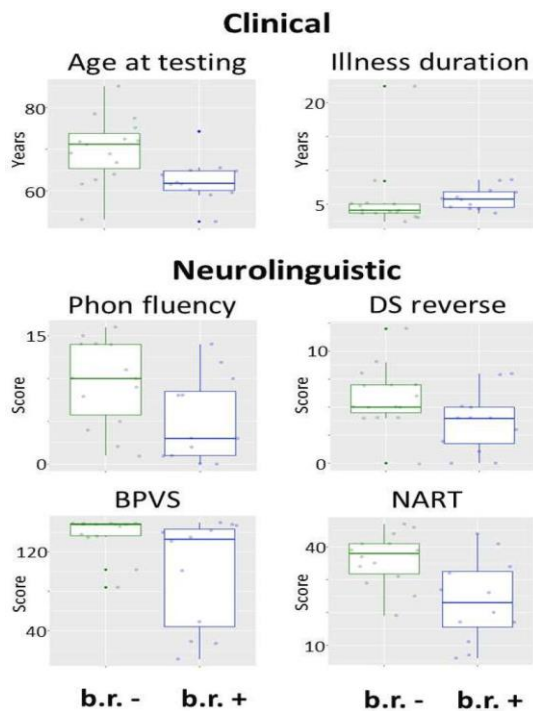
9 December (Jianhua Wu. Centre for Primary Care)

For Atrial Fibrillation (AF) screening to be clinically and cost-effective, the efficiency of identification of newly diagnosed AF needs to be improved. The protocol for a study to investigate application of random forest and multivariable logistic regression to predict incident AF within a 6-month horizon describes analyses to include metrics of prediction performance and clinical utility. Using nationwide e-health records in 2 countries, researchers will create Kaplan-Meier plots for individuals identified as higher and lower predicted AF risk, and derive the cumulative incidence rate for non-AF cardio-renal-metabolic diseases and death over the longer term, to establish how predicted AF risk is associated with a range of new non-AF disease states.



Binary reversals: a diagnostic sign in primary progressive aphasia

9 December (Charlie Marshall. Centre for Preventive Neurology)

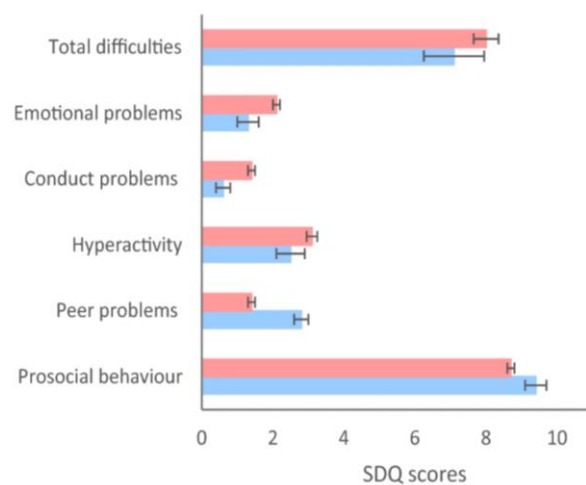


A retrospective cohort study examines the diagnostic value and phenotypic correlates of binary reversals (exemplified by 'yes'/'no' confusions) in patients representing all major primary progressive aphasia (PPA) syndromes. Analysing demographic, clinical, neuropsychological, linguistic and behavioural data, researchers compared the prevalence of binary reversals and behavioural abnormalities, illness duration, parkinsonian features and neuropsychological test scores with neurodegenerative syndromes. Result show that binary reversals are a sensitive (though not specific) neurolinguistic feature of non-fluent/agrammatic variant PPA (nfvPPA), and should suggest this diagnosis if present as a prominent early symptom.

Prevalence of Behavioural Symptoms/Psychiatric Disorders in Hadza Children

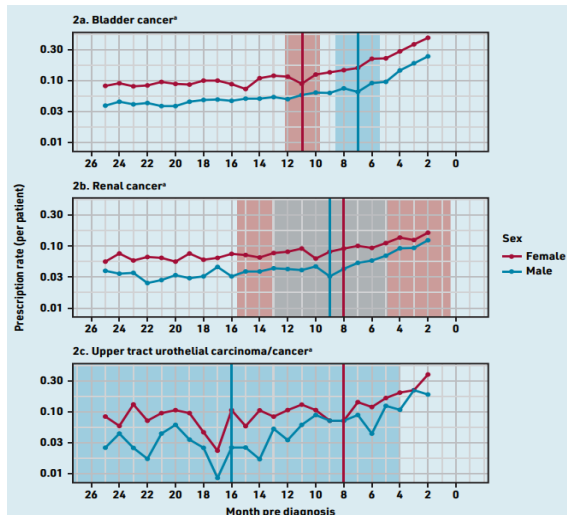
12 December (Dennis Ougrin. Centre for Psychiatry and Mental Health)

A comparison of the prevalence of behavioural symptoms and psychiatric disorders in Hadza (an indigenous ethnic group of mixed-subsistence foragers in Northern Tanzania) children aged 5-16 with a nationally representative sample from England finds that no child from the Hadza group met the criteria for an emotional, behaviour or eating disorder. Emotional and conduct problems and hyperactivity were lower in Hadza group, with 3.6% of the Hadza children meeting the criteria for a psychiatric disorder (v 11.8% of English children).



Pre-diagnostic prescription patterns in bladder and renal cancer

12 December (Garth Funston, Fiona Walter, Yin Zhou. Centre for Cancer Screening, Prevention, and Early Diagnosis)



A retrospective cohort study using electronic primary care and cancer registry data for 5322 patients with bladder and renal cancer in England finds that prescription rates for UTIs increased 9 months before bladder and renal cancer diagnoses. For bladder cancer, the change in prescription rates occurred 4 months earlier in females than males (11v7 months). Researchers conclude that there is potential to expedite diagnosis of these cancers with the greatest opportunity for this in females with bladder cancer.

Single- versus multiple-handed general practices in England

13 December (Adam Harvey Sullivan, Victoria Tzortziou Brown, John Ford. Centre for Primary Care)

A study investigating the performance of single-handed practices compared with practices with multiple doctors in England finds that single-handed practices are associated with high patient satisfaction, but perform slightly less well on selected clinical outcomes. Outcomes were GP patient survey scores, diabetes and hypertension outcomes, and emergency department presentation rates and cancer detection. Single-handed practices were more commonly found in areas of high deprivation.



Patient self-referral and direct access: Impact on health inequalities

13 December (Adam Harvey-Sullivan, Heidi Lynch, John Ford. Centre for Primary Care)



Using data from 7 countries and 6 healthcare services, a systematic review finds that, while patient self-referral and direct access pathways typically tend to widen health inequalities, their impact on inequalities is mixed, suggesting that the relationship is dependent on patient and system factors. White, younger, educated women from less deprived backgrounds are more likely to self-refer, exacerbating existing health inequalities.

Many thanks to all who so enthusiastically contribute. Please send any news items for the next newsletter to j.a.mackie@qmul.ac.uk