

WOLFSON INSTITUTE OF POPULATION HEALTH NEWSLETTER ISSUE 65: 31 OCTOBER 2024

In this issue of our Wolfson Institute of Population Health Newsletter, we celebrate the achievements and work of staff and students in October.

FROM OUR DIRECTOR

Dear Colleagues

It's half term week, so I hope that many of you are enjoying these glorious autumnal days as trees turn golden and leaves gently fall.

I'm delighted that this week's newsletter introduces Helen Golding, new manager of our Director's Office. She's already making a huge difference to our office workflow and organisation, so please make her very welcome when you meet her around.

Another member of our Director's Office, Jan Mackie, has shared a fun fact for the week: PUBMED records show that by the end of October, WIPH had registered 461 publications, exceeding the 2023 end of year total of 453. Congratulations to every member of the Institute for all this productivity.

Finally, a reminder that everyone is very welcome to join us for Sarah Finer's Inaugural Lecture, to be held on Tuesday 12 November in the Perrin Lecture Theatre at Whitechapel, starting at 5.30pm.

See the Forthcoming Events section below for details and to register.

With best wishes

Fiona



MEET WIPH

MEET – HELEN GOLDING (Manager, Director's Office)

How would you describe your roles and responsibilities?

My role is supporting the Director's Management team in implementing and maintaining any new procedures and policies, and ensuring the WIPH Director's office runs smoothly. I am also responsible for managing committees such as the WIPH Executive Board, and inaugurations and similar events.

What has been your greatest professional achievement?

During the initial outbreak of Covid, I was working at the Francis Crick Institute. They worked closely with various initiatives in researching the disease, testing for local hospitals, and opening up as a vaccine centre. I worked in the office alongside the researchers, organising operations and supporting meetings (my first experience of many in setting up hybrid meetings!). I'm proud I was able to be part of their work during a difficult time.

What aspects of your role do you enjoy the most?

I enjoy the variety of tasks that I face, and the challenge of adapting to changing scenarios. Also interacting with people across not just the Institute, but the University.

What would be your second choice as a profession?

My second choice would be something in gardening or landscaping, though I have to admit I would probably change my mind during the colder months.

What do you enjoy doing outside work?

One of my most favourite things is food! I enjoy going out to restaurants to try new things, and recreate them (the easier ones at least) at home.

Something most people don't know about you?

I go hiking and camping with my husband every year. We recently finished the Southwest Coastal path (or as it is often known now, the Salt Path) and are already discussing where to go next.

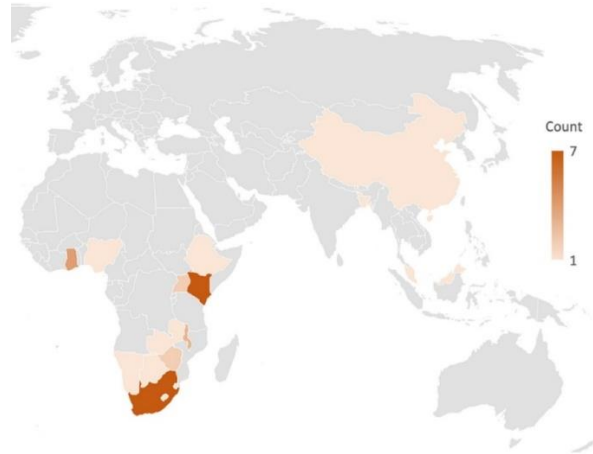


GENERAL INSTITUTE NEWS

Sexual and reproductive health education barriers in Asia and Africa

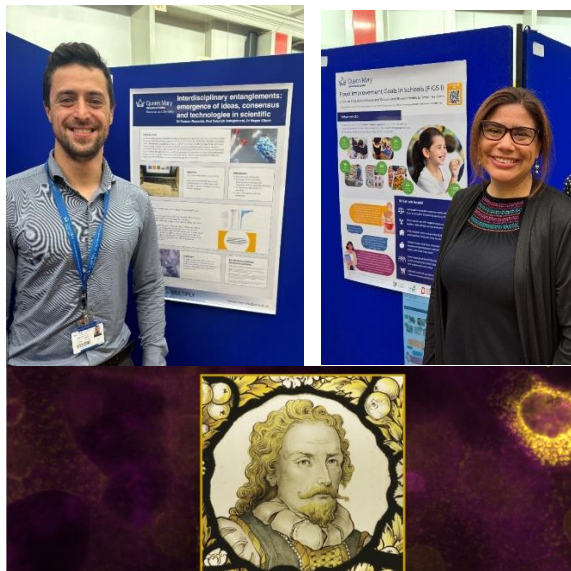
8 October (Victoria Tzortziou Brown. Centre for Primary Care)

A scoping review of 24 papers on sex and reproductive education policy implementation in primary and secondary schools in Asia and Africa identifies barriers to implementation including policy/curriculum issues, societal opinions, teaching discomfort, and lack of educator training and sufficient economical support. Authors say that the limited evidence suggests that a cultural shift is necessary, alongside teacher and student involvement in policy formulation.



William Harvey Day Scientific Poster Competition

10 October (Natalia Concha, Duncan Reynolds. Centre for Primary Care)



Congratulations to WIPH early career researchers Natalia Concha and Duncan Reynolds on being awarded the ‘Best poster’ prizes in their respective categories of Population Health and Digital Health & Data Science at William Harvey Day. Natalia’s poster was entitled *Supporting Children’s Health: Universal Free School Meals and School Food Environments in Tower Hamlets*, and Duncan’s was *Interdisciplinary entanglements: emergence of ideas, consensus and technologies in scientific practice*. Duncan’s poster was also awarded the Worshipful Society of Apothecaries Prize.

Breast Cancer in Users of Levonorgestrel-Releasing Intrauterine Systems

16 October (Mangesh Thorat. Centre for Cancer Screening, Prevention and Early Diagnosis)

Commenting on a study by the Danish Cancer Society showing a link between a hormonal contraceptive coil and higher breast cancer risk, Mangesh Thorat said that the results were similar to those from a 2023 British study (Fitzpatrick et al), and showed a small increase in the risk of breast cancer associated with the use of such coils, similar to that with oral contraceptives: ‘It is worth noting that this association has been known for at least a few years and a broad consensus



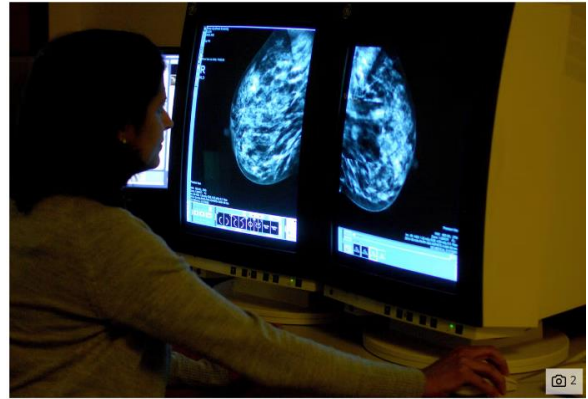
exists among the medical fraternity that the overall benefits of hormonal contraception outweigh the harms like such small increase in the risk of developing breast cancer.’ His comments in the Independent, were widely syndicated.

News > Science

Study links coil to increased risk of breast cancer

Prolonged use of the contraceptive pill slightly increases breast cancer risk

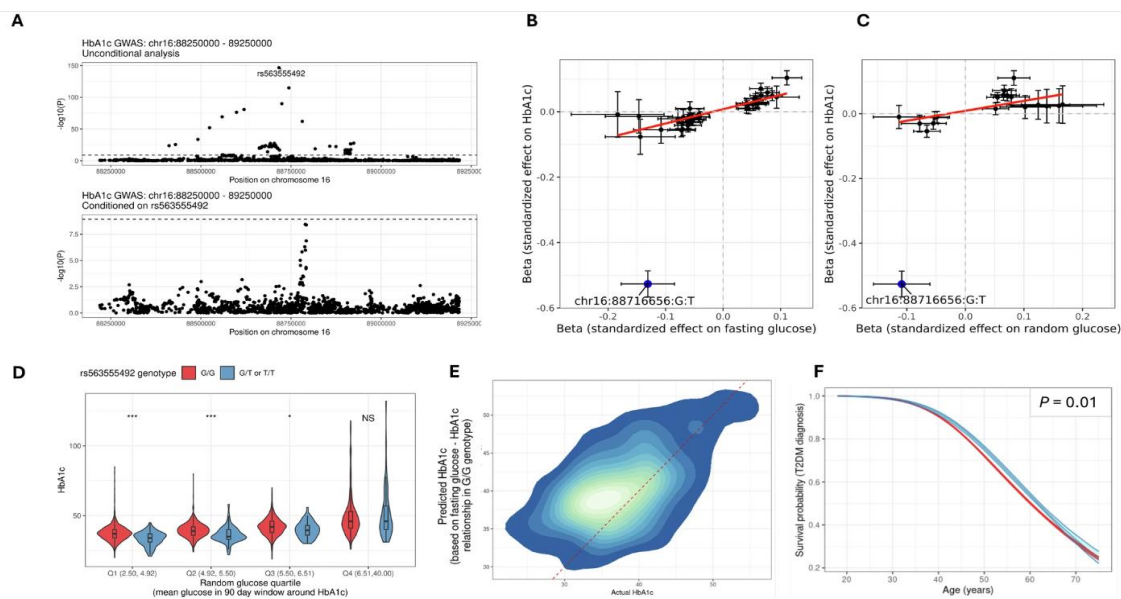
Nina Massey • 1 day ago



Genetic architecture of blood tests from a British South Asian cohort

16 October (Ben Jacobs, Daniel Stow, Sam Hodgson, Julia Zöllner, Miriam Samuel, Saeed Bidi, Ruth Dobson, Sarah Finer, Caroline Morton, Moneeza Siddiqui, Rohini Mathur. Centres for Preventive Neurology/Primary Care)

A genome-wide association study of 42 blood test traits, defined using Electronic Healthcare Records (EHRs) of ~50,000 British Bangladeshi and British Pakistani adults, demonstrates a causal variant within the *PIEZO1* locus, associated with alterations in red cell traits and glycated haemoglobin. This signal is driven by a missense variant (chr16-88716656-G-T), common in S. Asian ancestries (MAF 3.9%) but ultra-rare in others. Carriers of the T allele had lower mean HbA1c values, lower HbA1c values for a given level of random or fasting glucose, and delayed diagnosis of Type 2 Diabetes. Authors say their results shed light on the genetic basis of clinically-relevant traits in an under-represented population, and emphasise the importance of ancestral diversity in genetic studies.



Policy Insights Series event: Addressing the Pandemic agreement

16 October (Jonathan Filippou, Ben Verboom, Aida Hasan. Centre for Public Health and Policy)

The first of this academic year's Policy Insights Series discussions, which are jointly hosted by the QM Global Policy Institute and WIPH, featured Clare Wenham (LSE) and Mark Eccleston-Turner (KCL) discussing the WHO proposed Pandemic Agreement. The speakers warned that the agreement overlooks political barriers and vaccine inequities that could hinder its effectiveness in future pandemics. The event was hosted by Jonathan Filippou, with the theme introduced by Ben Verboom, who provided context for the audience. The panel was ably moderated by final year PhD candidate Aida Hasan, who also ran the administration and orchestration for the event. This collaboration aims to connect postgraduate students, academics, and policymakers, providing a space for reflection, idea-sharing, and discussion on policy research and impact.



Cancer Vaccines a 'totally new paradigm for fighting cancer'

17 October (Peter Sasieni. Centre for Cancer Screening, Prevention and Early Diagnosis)

Progress

Autumn 2024

Stopping cancer
The research that will help us prevent cancer from even taking hold.

Talking tech
The scientists who are bringing engineering solutions to cancer research.

Reaching further
The global approach we're taking to tackle children's cancers.



The Autumn issue of the CRUK philanthropy magazine *Progress* includes an article on 'The Path to Prevention' in which Peter Sasieni is quoted as saying that cancer vaccines represent a 'totally new paradigm for fighting cancer'. The article notes that their potential lies not only in stopping tumours from growing and spreading, or coming back after surgery and other treatments, but in primary prevention of cancer. Peter said: *I recently bumped into someone I hadn't seen for 15 years, who said, '25 years ago you kept saying you were trying to eliminate cervical cancer.'* And now, thanks to Cancer Research UK and scientists all over the world, it's really happening.'

Thinking In Between podcast: new episode

17 October (Iona Hindes. Centre for Public Health and Policy)

In a new [episode](#) of the *Thinking In Between* podcast, Iona Hindes presents work on *Feminist curiosity, intersectionality, and the health disparities research industrial complex*. Iona Hindes is an anthropologist studying the unequal impacts of Covid-19 policies on maternity healthcare experiences, and in this episode introduces three ideas, how they have challenged her, and what they have allowed her to see differently.



Australian Ageing Agenda

18 October (Nathan Davies. Centre for Psychiatry and Mental Health)

AUSTRALIAN Ageing Agenda

Tools address palliative dementia care challenges

© Natasha Egan © October 18, 2024

International expert Dr Nathan Davies highlights the user-friendly tools he and his team have developed to help professional and informal carers navigate and break down complexities.

In an [article](#) for the online news site, Australian Ageing Agenda, Nathan Davies discusses the challenges encountered in developing the palliative dementia care tools he and his team have designed to support healthcare professionals and carers to navigate and break down complexities in providing care for people with dementia. The suite of user-friendly tools takes into account consideration for inequalities in culture, ethnicity and geography, and includes



the 'End of life care for people with dementia' guide, designed to be used for training, to support decision-making, and to help have discussions with family members and advocates in providing support for people with dementia at the end of life.

Menopause Priority Setting Partnership Workshop

18 October (Matina Iliodromiti. Centre for Public Health and Policy)

A consensus workshop, organised by the Menopause Priority Setting Partnership (MAPS) and the James Lind Alliance, brought together health care professionals, including Matina Iliodromiti, and people with lived experience, to determine the top 10 priorities for menopause research. The top 2 priorities identified at the meeting in Melbourne were: What are the safest and most effective non-hormone treatments for perimenopause/menopause in people who cannot or do not wish to take hormone therapy, and What lifestyle changes benefit people at different stages of the menopause. MAPS was established to identify gaps in research and unanswered questions on menopause.

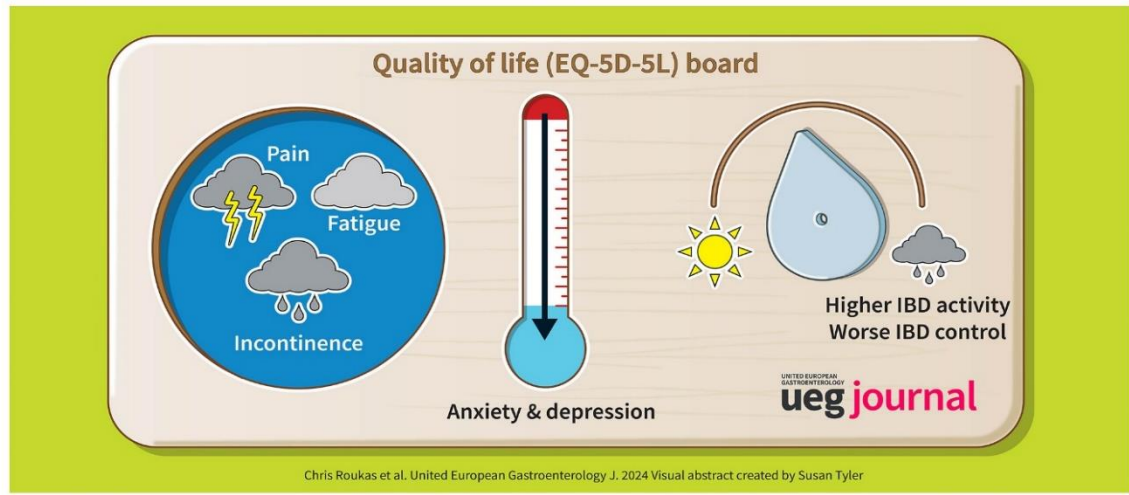


Impact of pain, fatigue and bowel incontinence in people with IBD

19 October (Chris Roukas, Laura Miller, Fionn Cléirigh Büttner, Thomas Hamborg, Vladimir Gordeev, Boby Mihaylova. Centre for Evaluation and Methods)

Assessing the impact on health related quality of life (QoL) of pain, fatigue and bowel incontinence among people with inflammatory bowel disease (IBD), researchers analysed 8486 participant responses from the IBD-BOOST survey. Pain was associated with the largest QoL decrement, followed by fatigue, and bowel incontinence. Co-occurrence of pain and fatigue, depression and anxiety, and worse IBD control and higher IBD activity were associated with lower QoL. Researchers say that these estimates could inform future IBD management interventions.

Impact of pain, fatigue and bowel incontinence on the quality of life of people living with Inflammatory Bowel Disease: a UK cross-sectional survey



Alzheimer's Society Doctoral Training Centres Meeting

21 October (Claudia Cooper, Nathan Davies, Danielle Wyman. Centre for Psychiatry and Mental Health)



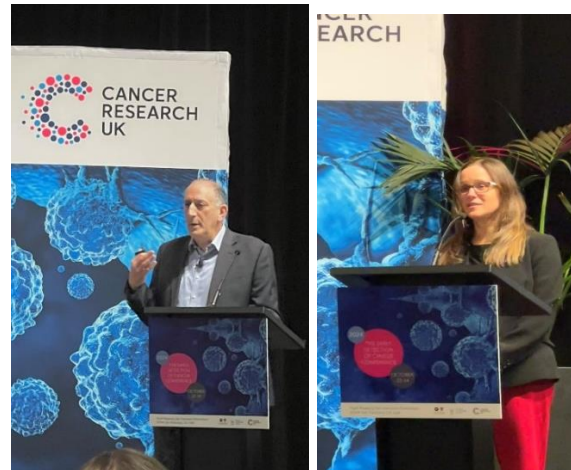
Alzheimer's Society Doctoral Training Centres

Co-leads of the Alzheimer's Society Doctoral Training Centre for Integrated Care (ICare-DTC), Claudia Cooper and Nathan Davies, with Programme Manager Danielle Wyman, attended a meeting for new Alzheimer's Society-funded DTCs across the UK. The meeting focused on how to work together across organizations and learn from each other in attracting early career researchers into the field of dementia research and supporting them to build a career through the new DTCs. The ICare-DTC is funded by a £9 million grant and will host 29 PhD students, who will explore how to deliver high-quality joined-up care from diagnosis to end of life.

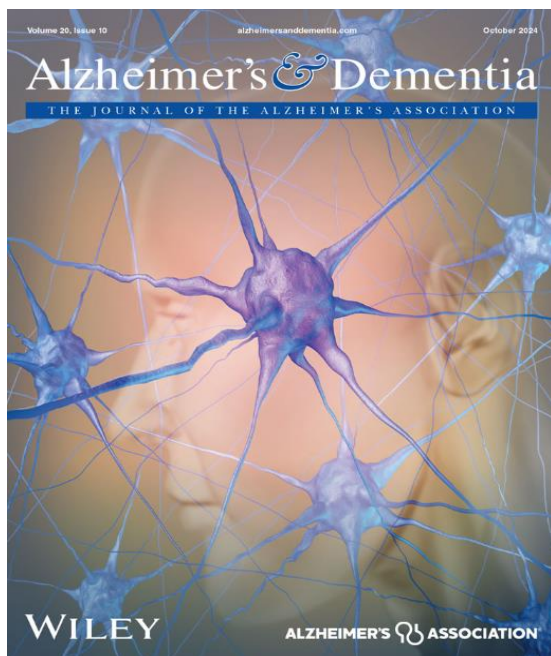
Early Detection of Cancer Conference

22/23 October (Peter Sasieni, Rhian Gabe, Adam Brentnall. Centres for Cancer Screening, Prevention and Early Diagnosis/Evaluation and Methods)

A team of WIPH researchers presented and participated in panel discussions at the Early Detection of Cancer Conference in San Francisco, with Peter Sasieni delivering the keynote speech: Revolutionising cancer screening. Rhian Gabe presented work from the TRANSFORM trial in a session on Insights from Early Detection Trials, and Adam Brentnall was a panel member in a discussion on The Future of Evaluation of Cancer Screening Technologies.



Psychological therapies for depression and anxiety in atypical dementia 23 October (Claudia Cooper. Centre for Psychiatry and Mental Health)



Addressing a lack of evidence on the effectiveness of psychological therapies for depression or anxiety in atypical dementia, researchers used e-health records of people attending psychological therapy in England to compare outcomes in 523 people with atypical dementia with a cohort without dementia, and 1157 people with typical dementia. Results suggest that talking therapies for depression and anxiety may be beneficial for people with atypical dementia. Being younger and a lower socioeconomic background were associated with poorer outcomes. Receiving more treatment sessions and shorter waiting times were associated with better outcomes.

'Ask Me About PrEP' HIV Pre-Exposure Prophylaxis Awareness Programme 23 October (Sara Papparini. Centre for Public Health and Policy)

Despite the success of HIV Pre-Exposure Prophylaxis (PrEP) in reducing HIV transmission, many people who could benefit do not know about it or how to access it. Findings from a 5-month peer-to-peer diffusion model pilot programme in England to disseminate information about PrEP show that 96 trained mobiliser volunteers engaged peers in 11,889 conversations about PrEP through individual conversations, online group conversations, online workplace educational events, and social media. Project evaluation focus groups identified 4 key themes: motivations to mobilise and recruitment experiences; training, learning, and materials; mobilisation activity; and support and social networking. The study shows that peer-to-peer diffusion models used to increase HIV PrEP awareness in key unreached groups are an acceptable public health intervention model for volunteers and project staff.



Time to stop relying on verbal safety netting?

23 October (Georgia Black. Centre for Cancer Screening, Prevention and Early Diagnosis)



Addressing the vexed question of managing clinical uncertainty in consultations, an editorial notes that safety netting is frequently delivered as ‘*come back and see me if this does not get better*’, without clear instructions on how or when. Georgia Black likens it to asking patients to be careful when crossing a wet floor: the environment remains risky and we know that some patients will slip. While safety netting is financially incentivised as part of contracting in English NHS primary care, and can be coded in electronic patient record systems, safety netting remains a way to transfer responsibility, with the ball in the patient’s court. The editorial calls for systems to support patients monitoring symptoms over time, and development of community-based support systems (eg. patient navigators or helplines), to offer real-time guidance to help patients interpret and act on safety netting advice.

Collaborative working between general practice and community pharmacies


23 October (Nina Fudge, Deborah Swinglehurst. Centre for Primary Care)

This review investigates how arrangements between GPs and community pharmacists can achieve effective communication, decision-making, and collaborative and integrated (C+I) working. Findings from 136 sources highlight the importance of mutually beneficial remuneration models, supportive organisational cultures and values, flexible and agile IT systems, physical infrastructure and space design to support multidisciplinary teamworking, establishing patient trust in GP-pharmacist collaborative processes, and the need to acknowledge, support and utilise effective triadic relationships. Authors say the results can inform future policy, research and clinical practice guidelines for designing and delivering C+I care.



Comments on House of Lords report on the broken food system

24 October (Kawther Hashem. Centre for Public Health and Policy)



HOUSE OF LORDS

Food, Diet and Obesity Committee

Report of Session 2024–25

**Recipe for health:
a plan to fix our
broken food system**

Ordered to be printed 15 October 2024 and published 24 October 2024

In comments published in the Telegraph and The Grocer on the new report from the House of Lords Food, Diet and Obesity Committee, Kawther Hashem said that a salt and sugar tax is ‘essential, given that voluntary sugar and salt reduction programmes have proven less effective.’ *Recipe for health: a plan to fix our broken food system* finds that obesity and diet-related disease are causing a public health emergency costing society £billions each year in healthcare and lost productivity. The report includes multiple references to written evidence submitted by CASSH (the WIPH-based Consensus Action on Salt, Sugar and Health research and advocacy group), including the call for an independent group (the Food Standards Agency) to oversee nutrition - one the primary recommendations in the final report.

European Association of Cardiothoracic Anaesthesiology & Intensive Care Congress

24-25 October (Megan Tjasink. Centre for Psychiatry and Mental Health)

On day 2 of the EACTAIC 34th Annual Congress in Freiburg, Megan Tjasink delivered a presentation entitled ‘Visual art strategies to decrease burnout’, in which she talked about specified art therapy as an evidence-based treatment for burnout in cardiothoracic anaesthetists and intensivists. On day 3, Megan was also a co-leader facilitating a workshop on visual thinking strategies. The theme of this year’s congress was enhancing the importance of Diversity, Equity and Inclusion in modern medicine.



Pioneering Alzheimer’s drug Donanemab rejected by NICE

25 October (Charles Marshall. Centre for Preventive Neurology)

Explainer

Which disease-modifying Alzheimer's drugs are the most promising?

Many drugs in development aim to delay, slow or reverse symptoms, but which are causing the biggest stir?

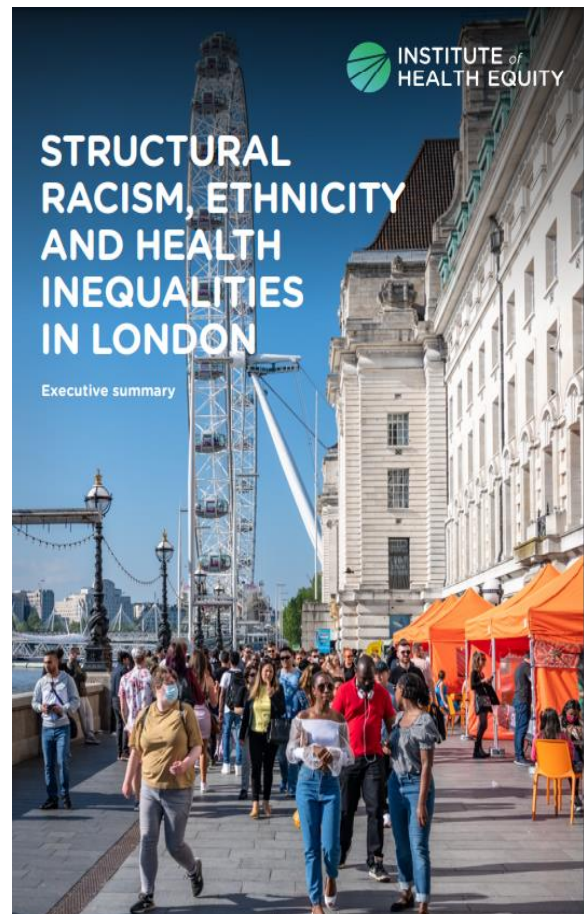


Commenting on the news that NICE has rejected the pioneering Alzheimer's drug Donanemab, on grounds that it does not demonstrate value to the NHS, Charles Marshall said that the news was disappointing. He said what is needed is 'investment in modernised dementia clinics that can deliver diagnosis and treatment appropriately, as well as evidence that Donanemab continues to slow Alzheimer's disease over a longer time period, which could make it cost effective. We need NHS patients to be involved in generating this evidence so that we can see how effective Donanemab might be if used widely in the UK.'

Tackling structural racism in health for London

25 October (Dipesh Gopal. Centre for Primary Care)

In a [BMJ editorial](#) commenting on a [report](#) on structural racism and health inequalities in London (Marmot et al), Dipesh Gopal and colleagues say that the recommendations are based on principles of proportionate universalism and aim for equity rather than just equality. The report takes a life course approach, and rightly roots the causes of ethnic health inequalities in racism and other intersecting forms of disadvantage, rather than biology, acknowledging that racism affects physical and mental health directly and indirectly through the social determinants of health, the healthcare system, and other public services. The editorial notes that the report fails to address the activism of medical students and healthcare professionals to decolonise healthcare curriculums, but also that no further reports are needed: *'It is time to give leaders and grassroots workers with demonstrable track records of driving change the opportunity and funding to dismantle structural racism.'*



PhD Success!

25 October (Saskia Eddy. Centre for Evaluation and Methods)



Well done to Saskia Eddy, who passed her PhD viva on 'The sample size of external randomised controlled pilot trials' on Friday 25 October. Her supervisors were Clare Robinson, Sandra Eldridge, and Gill Lancaster from the University of Keele. Congratulations from us all.

BMI-restrictive policies for women seeking NHS-funded IVF

28 October (Rebecca Muir, Meredith Hawking. Centre for Primary Care)

Investigating the consequences experienced by women with a BMI >30, who are restricted from accessing NHS-funded IVF, researchers analyse posts from an online fertility forum. Users discussed struggling to lose weight, and time pressures to meet BMI thresholds, and shared knowledge on how to comply or appear compliant with BMI cut-offs. Results showed that moralising discourses exist around body weight, emphasizing that women have personal control over their bodies and must 'work' to change their bodies to show deservingness for treatment. Authors conclude that NHS-IVF policies overlook the emotional and moral burdens placed on individuals due to rigid BMI criteria.



Perspectives on 2-monthly HIV-1 therapy injections in the ILANA study

28 October (Rosalie Hayes, Joanne Haviland, Yuk Lam Wong, Vanessa Apea, Sara Papparini. Centres for Public Health and Policy/Evaluation and Methods)

Results from an evaluation of delivering on-label 2-monthly cabotegravir and rilpivirine (CAB+RPV) injections for HIV-1 therapy in clinics and community settings in the ILANA (Implementing Long-Acting Novel Antiretrovirals) study show that the injections were considered highly feasible, acceptable, and appropriate, but only 27/114 participants chose community delivery over clinic settings. Community settings offered included home visits, HIV support organisations, and community clinics. Concerns about stigma, inconvenience, and losing access to trusted clinicians negatively influenced perceptions of receiving injections at community settings, amongst other factors. Authors conclude that exploration of CAB+RPV delivery in alternative community sites not offered (eg. primary care or pharmacies) is warranted.

BACKGROUND: The equity-focused ILANA study evaluated feasibility, acceptability, appropriateness of delivering on-label two-monthly cabotegravir and rilpivirine (CAB+RPV) injections for HIV-1 therapy in clinics and community settings.

PARTICIPANTS: Of 114 participants, 54% were female, 70% racially minoritised and 40% aged >50. 24% chose to receive injections in community settings. The two groups were broadly similar, although a larger proportion of community participants were white, aged <50, employed, and more financially secure.

METHODS
At six UK sites, injections were delivered in clinic (months 1-6), and in clinic or community settings (patient choice, months 6-12). Community settings included: home visits (at 3 sites), HIV support organisations (at 2 sites), community clinic (at 1 site). Surveys were completed at baseline, M4 and M12, and 14 participants completed interviews at baseline and M12.

- ✓ Adult aged 18+
- ✓ Virally suppressed (VL<50 copies/mL) for 6+ months
- ✗ No resistance to NNRTIs or INSTIs
- ✗ Not co-infected with HBV

Implementation outcomes	Only attended CLINIC	Attended COMMUNITY at least once	p-value
Agree attending community setting is feasible at M12 (FIM=/>4) (%)	24/69 (34.8)	21/26 (80.8)	<0.01
Agree attending community setting is acceptable at M12 (AIM=/>4) (%)	23/69 (33.3)	19/26 (73.1)	<0.01
Agree attending community setting is appropriate at M12 (IAM=/>4) (%)	24/69 (34.8)	21/26 (80.8)	<0.01
Treatment Satisfaction (HIV-TSQs) (mean difference MO-12, SD)	+4.65 (SD 11.15)	+11.46 (SD 10.66)	0.01

CONCLUSION: When offered the choice to receive CAB+RPV injections in the community, most participants declined. Key concerns identified in interviews related to anticipated stigma, inconvenience, and loss of access to their trusted healthcare provider. However, those who chose community delivery found it highly acceptable.

Low glycaemic index diet in pregnancy and child asthma

28 October (Mohammad Talaei, Seif Shaheen. Centre for Preventive Neurology)

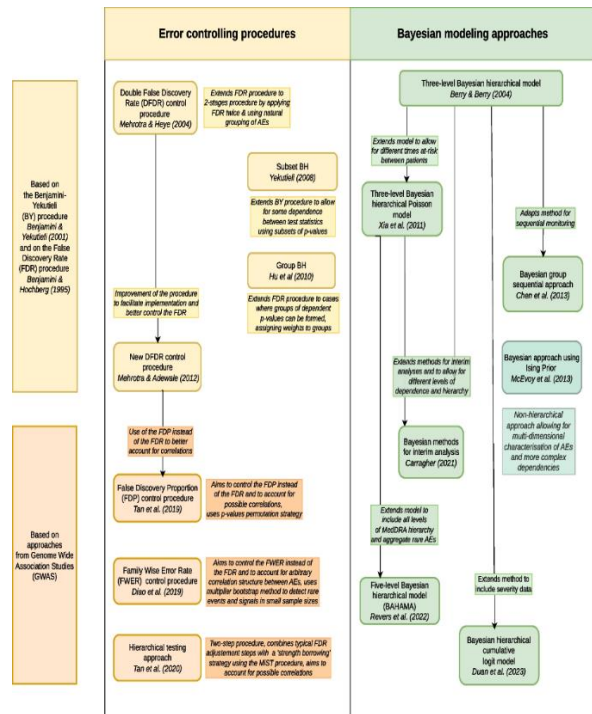


A secondary analysis of 514 children from the ROLO trial (Randomised cONTrol trial of a LOW glycaemic index diet in pregnancy to prevent macrosomia) finds that a low glycaemic index (GI) diet in pregnancy may reduce the risk of developing asthma in childhood. Mothers of children in the trial reported asthma in their children at ages 5 (*n* 357) and 9-11 (*n* 391). The intervention was associated with a reduced risk of asthma at age 5 in children born to mothers with incomplete tertiary level education, but not in those with complete tertiary level education.

Leveraging hierarchical structure of adverse events for signal detection

28 October (Laetitia Abreu Nunes, Richard Hooper. Centre for Evaluation and Methods)

In RCTs with efficacy-related primary outcomes, adverse events are collected to monitor potential intervention harms. Addressing the complexities of adverse events analysis, authors propose statistical methods that leverage existing structures within the data. From a methodological scoping review of the literature, researchers identified 18 different methods from 14 sources, concluding that continuous methodological developments in this area highlight the growing awareness that better practices are needed. They say that while the results of their review may help statisticians to identify suitable methods for data analysis, further research is needed to determine which methods are best suited and create adequate recommendations.



Improving Community-based care of people with severe mental illness

29 October (Victoria Bird. Centre for Psychiatry and Mental Health)

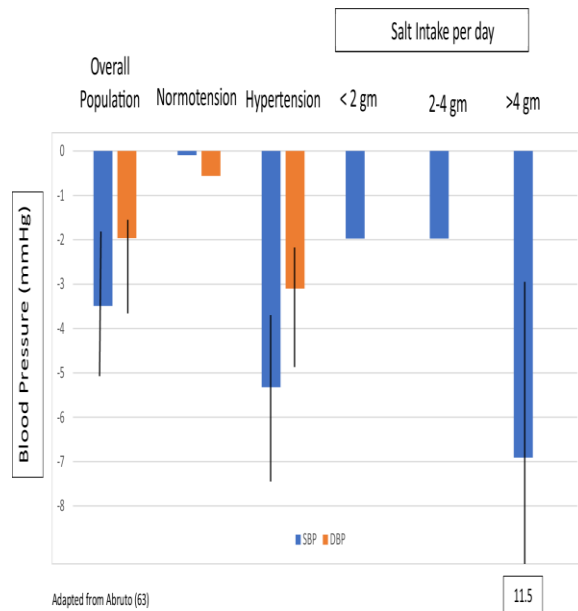
At a seminar on 'Improving community-based care of people with Severe Mental Illness', co-organised by the Unit for Social and Community Psychiatry and QMUL People's Palace Projects, teams working on the ground in India and Pakistan presented the pathways for building community resilience, improving dialogue between healthcare systems and service users, and implementing innovative methods for tackling severe mental illness in lower-and-middle income countries. The event followed the Pieces Research General Meeting held in London on 28 October, which brought together researchers on the programme from the UK (QMUL and U. Warwick), India (Schizophrenia Research Foundation), and Pakistan (IRD global and Aga Khan University).



Dietary potassium and salt substitution in prevention of hypertension

29 October (Feng He. Centre for Public Health and Policy)

Preventing hypertension through blood pressure (BP) control is a global problem, commonly due to non-adherence to medications, and failure to make dietary changes. This review notes that while reducing dietary salt intake (currently double the recommended 2g/day) is important in lowering BP, potassium intake is only half the daily recommended intake (3500mg). A lower sodium to potassium ratio is known to be associated with lower BP, but most guidelines do not target potassium intake. Authors call for the focus of dietary changes to lower BP to shift from reduction of salt intake alone, to include increased potassium intake.



Health Catch-UP! Multi-disease screening and vaccination tool for migrants

29 October (Dominik Zenner, Jessica Carter. Centre for Public Health and Policy)

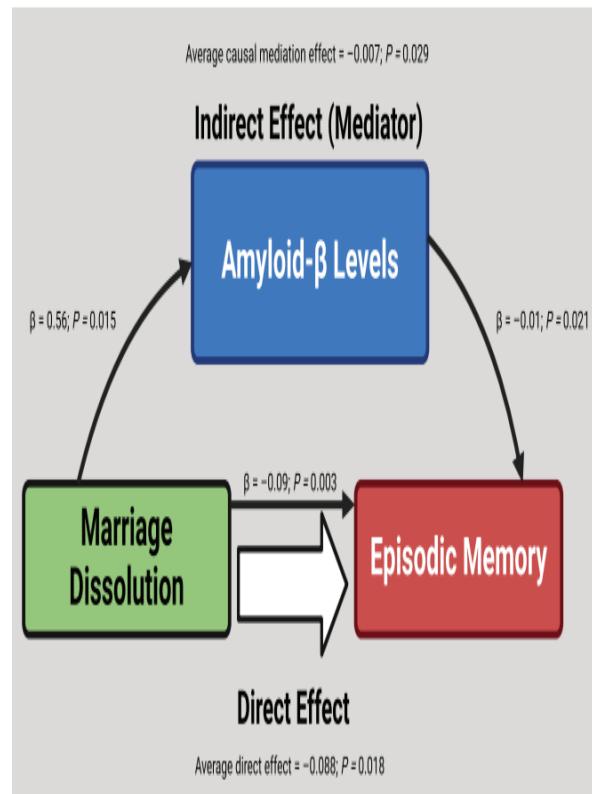


Migrants to the UK have disproportionate risk of disease and under-immunisation, compounded by healthcare access barriers. A realist evaluation was undertaken of a digital clinical decision support system (Health Catch-UP!) that provides primary care professionals with individualised multi-disease screening and catch-up vaccination prompts for migrant patients. In two urban primary healthcare practices, 99 migrants were assessed by Health Catch-UP!, with qualitative participant interviews to explore acceptability and feasibility. Results showed that 61.6% of participants were eligible for screening for at least one condition, uptake of screening was 86.9%, 12 new conditions were identified including hep-C, hypercholesteraemia, pre-diabetes, and diabetes. Qualitative data supported acceptability and feasibility of Health Catch-UP! from staff and patient perspectives, and recommended Health Catch-UP! integration into routine care.

Marital dissolution and cognition: The mediating effect of A β neuropathology.

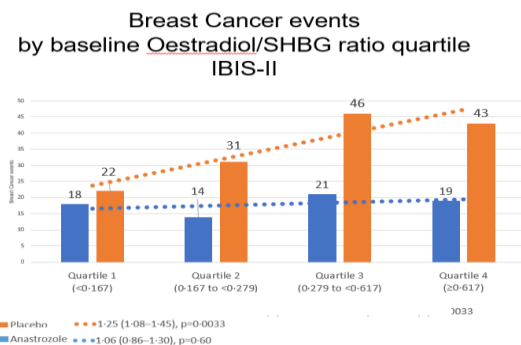
29 October (Avi Chandra, Rifa Anjum, Sheena Waters, Petra Priotsi, Laura Smith, Charlie Marshall. Centre for Preventive Neurology)

Amyloid beta ($A\beta$) load may explain influences of chronic stress, commonly seen in disruptive marital transitions, on cognitive decline. To examine whether $A\beta$ mediates associations between marital dissolution and executive functioning and episodic memory performance, researchers used data from 543 cognitively normal (CN) participants from the Alzheimer's Disease Neuroimaging Initiative. Results showed that marriage dissolution was associated with increased $A\beta$ burden and worse memory performance, and that $A\beta$ levels were a significant mediator for the relationship between marriage dissolution and memory. Authors say that their findings suggest that stressful life events, such as the dissolution of marriage, might exert an effect on Alzheimer's disease proteinopathy, which may subsequently influence poor cognition.



Serum Oestradiol and Breast Cancer Prevention

30 October (Jack Cuzick. Centre for Cancer Screening, Prevention and Early Diagnosis)



Presenting at the 4th International Conference on Cancer Prevention in Heidelberg, Jack Cuzick spoke about his work showing that testing for increased oestradiol levels and treating these women with a low dose of an aromatase inhibitor, such as anastrozole, offers the possibility to minimise the risk of breast cancer in a substantial number of women, with minimal side effects. The conference is a flagship event series hosted by the German National Cancer Prevention Centre.

Respectful maternity care training for health workers in sub-Saharan Africa

30 October (Judith Yargawa. Centre for Cancer Screening, Prevention and Early Diagnosis)

A scoping review of studies about the content and design of respectful maternity care training packages for health workers in sub-Saharan Africa finds that most training is conducted in-service, with 2 broad categories of training: workshop-based and action-based. While most focused on impacts on maternal health and care, many did not appear to have feedback mechanisms for implementing change. Authors identify missed opportunities in training with respect to study populations, training topics, cadres, and feedback mechanisms.



Two-child limit in the UK: where policy meets poverty

30 October (Jatinda Hayre. Centre for Primary Care)



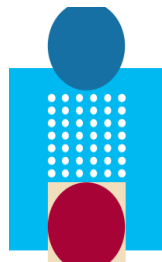
A viewpoint article in *BMJ Paediatrics Open* suggests that the 2-child limit in the UK Universal Credit (UC) welfare system, introduced in 2017 at the height of the austerity agenda, is the antithesis of health creation, and serves as a lesson in the fallacy of political short-termism. The policy restricts financial support for families to 2 children, with no additional welfare assistance for 3rd or subsequent children. In its first year the limit directly affected over 71,000 families, plunging many into poverty. The author argues for the imperative of early childhood investment, calling for abolition of the limit, reform of the 5wk wait for UC, increased investment in early childhood education, expansion of housing support, and strengthening of health and social services. She concludes: *It is time to cut the limit; not children's futures.*

Lancet Public Health Commentary: Mandatory salt targets a key policy tool

31 October (Monique Tan. Centre for Public Health and Policy)

Reflecting on new work quantifying the potential impacts in Australia and India of mandating the 2013 WHO benchmark of 30% average salt intake reduction by 2025, an invited commentary for Lancet Public Health concludes that enforcing salt targets

could produce substantial health and economic benefits. The studies suggest that meeting the WHO benchmarks could prevent 43971 incident cardiovascular disease (CVD) events and save A\$223 million in Australia, and avert 1.7 million incident CVD events and save US\$0.8 billion in India, in just the first 10yrs of implementation. Monique Tan's commentary cites 2 threats to success - difficulties governments face in making salt targets mandatory (eg: industry lobbying, and absence of nutrition and consumption/sales data), and the global rise in unhealthy food consumption, because any reduction in salt content in foods would be offset if consumed in larger quantities. No WHO benchmarks have been set to limit calorie and harmful nutrient intake in out of home foods. She argues that setting targets per-serving (rather than per 100g) is indispensable, and says that '*Further delays in strong and decisive policy action to reduce salt intake are costing our societies both money and lives.*'



WHO global sodium benchmarks for different food categories



Improving the diagnosis experience for people with type 2 diabetes

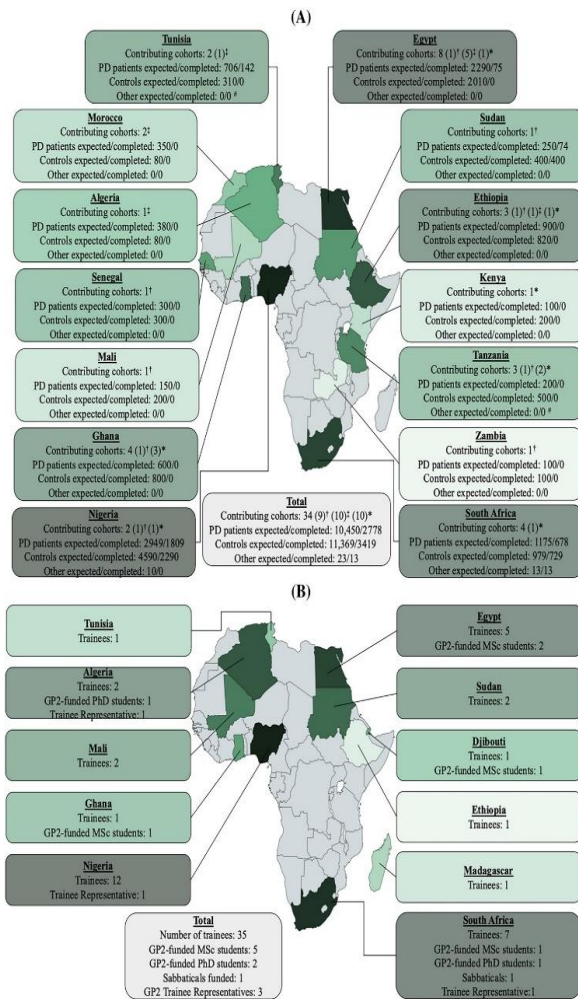
31 October (Jamie Ross. Centre for Primary Care)

An editorial for the British Journal of General Practice by members of the Diabetes UK Research Steering group raises concerns that diabetes patients are not receiving the care required at the point of diagnosis, a key moment in the patient's journey and life-long relationship with the health service. Primary care teams play a key role in the diagnosis and management of this condition, and how people present, options for lifestyle interventions, therapeutic choices, and the possibility of remission, have substantially changed how primary care teams should be discussing a new diagnosis of T2DM with patients. The editorial explores the current context of T2DM care and why conversations at the point of diagnosis are crucial for both patients and clinicians.



Advancing Parkinson's Disease Research in Africa

31 October (Alastair Noyce, Sumit Dey. Centre for Preventive Neurology)



African populations are significantly underrepresented in PD research, with only a fraction of their extensive genetic diversity being surveyed. This [report](#) details progress on a Global Parkinson's Genetics Program strategic training framework for Africa. GP2 has 22 active projects involving African trainees and collaborators, and is working with 34 study cohorts from 14 African countries. In collaboration with GP2, the Transforming Parkinson's Case in Africa (TRaPCAf-GP2) study is underway across 7 African countries and is expected to contribute 1000 PD patients and 2000 controls to GP2, and the *International Parkinson's Disease Genomics Consortium - Africa* plans to expand its recruitment to 12 French-speaking countries. GP2 aims to perform whole genome sequencing on all African PD patients to help identify novel PD variants. Authors say that building strong partnerships with African institutions and encouraging their active involvement are crucial for the long-term sustainability of the initiative.

FORTHCOMING EVENTS

Inaugural Lecture: Sarah Finer

Tuesday 12 November, 5:30pm, Perrin Lecture Theatre, Whitechapel

In her inaugural lecture, "Looking east to discover the finer things in life and diabetes", Sarah will take us on a journey from her family's radical past in Whitechapel, to her career as a diabetes doctor and researcher firmly rooted in our local east London communities. All are welcome to hear this celebration of all the wonderful colleagues, friends and family who have supported her along a long and sometimes bumpy road to becoming a Professor. Register [here](#).



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