

# What's New

November 2019

## NEW BOOKS ON CK Coming soon in November

*Art and Science of Facelift Surgery, The*, 1<sup>st</sup> ed.  
(Niamtu)

*Atlas of Reconstructive Breast Surgery*, 1<sup>st</sup> ed.  
(Pu)

*Community Pharmacy*, 4<sup>th</sup> ed. (Rutter)

*Current Surgical Therapy*, 13<sup>th</sup> ed. (Cameron)

*Disorders of the Rotator Cuff and Biceps Tendon*, 1<sup>st</sup> ed.  
(Provencher)

*Essential Obstetrics and Gynaecology*, 6<sup>th</sup> ed.  
(Symonds)

*Global Reconstructive Surgery*, 1<sup>st</sup> ed.  
(Chang)

*Green's Skeletal Trauma in Children*, 6<sup>th</sup> ed.  
(Mencio)

*Kidney Transplantation: Principles and Practice*, 8<sup>th</sup> ed. (Knechtle)

*Musculoskeletal MRI*, 3<sup>rd</sup> ed. (Major)

*Onco-Nephrology*, 1<sup>st</sup> ed.  
(Finkel)

*Peters' Atlas of Tropical Medicine and Parasitology*, 7<sup>th</sup> ed.  
(Nabarro)

*Problem Solving in Chest Imaging*, 1<sup>st</sup> ed.  
(Digumarthy)

*Rheumatology Secrets*, 4<sup>th</sup> ed. (West)

*Workbook of Practical Neonatology*, 6<sup>th</sup> ed.  
(Polin)

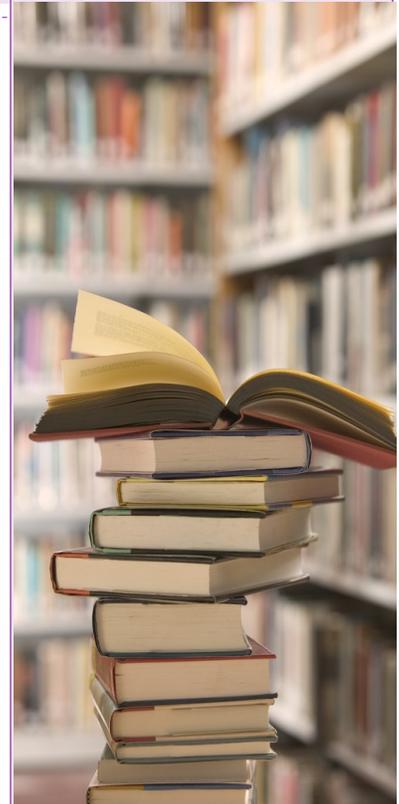
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## NEW AND UPDATED TOPICS ON UPTODATE

### Dapagliflozin for heart failure with reduced ejection fraction

Sodium-glucose cotransporter 2 (SGLT2) inhibitors reduce hospitalization for heart failure (HF) in patients with type 2 diabetes



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mellitus (DM), but whether they improve outcomes for nondiabetic patients with HF has not been known. The DAPA-HF trial evaluated the SGLT2 inhibitor dapagliflozin in nearly 5000 patients with symptomatic heart failure with reduced ejection fraction (HFrEF) and an elevated natriuretic peptide level on optimal drug and device therapy [1]. Compared with placebo, all-cause mortality and the primary composite outcome (worsening HF or cardiovascular death) was reduced with dapagliflozin, with similar effects in patients with and without type 2 DM. The frequency of adverse effects was generally similar in the dapagliflozin and placebo groups. Given these findings, we now recommend dapagliflozin for patients with HFrEF with persistent symptoms and an elevated serum natriuretic peptide level despite optimal drug and device therapy (including a mineralocorticoid receptor antagonist and/or cardiac resynchronization therapy, if indicated). Dapagliflozin is contraindicated in patients with symptomatic hypotension or systolic blood pressure <95 mmHg, estimated glomerular filtration rate (eGFR) <30 mL per minute per 1.73 m<sup>2</sup>, or rapidly declining renal function.

### **Maintenance PARP inhibition in advanced ovarian cancer**

The role of poly(adenosine diphosphate-ribose) polymerase (PARP) inhibitors as maintenance therapy in advanced epithelial ovarian cancer (EOC) is under active investigation. In several randomized trials enrolling women with advanced ovarian cancer whose disease responded to frontline platinum-based chemotherapy, maintenance treatment with one of the PARP inhibitors veliparib, niraparib, or olaparib improved progression-free survival [2-5]. The greatest improvements were observed among those with BRCA-associated or homologous recombinant deficient tumors, but some data also suggest benefit for those who lacked these mutations. We now suggest PARP inhibitor maintenance therapy for women with advanced EOC who respond to frontline platinum-based therapy, regardless of their BRCA status.

### **Expert recommendations on screening for asymptomatic bacteriuria**

The Infectious Diseases Society of America (IDSA) recently released updated guidelines on asymptomatic bacteriuria, which include discussion of populations not previously addressed [6]. These guidelines recommend against screening for or treating asymptomatic bacteriuria in most children and adults, even those with underlying conditions such as diabetes mellitus, spinal cord injury, or immunosuppression. Exceptions include pregnant women and individuals undergoing urologic procedures with expected mucosal trauma, among whom screening and targeted therapy for positive cultures are recommended. The US Preventive Services Task Force (USPSTF) also recently reiterated its recommendations for screening in pregnant women and against screening among nonpregnant adults [7]. Our recommendations are largely consistent with the recommendations from both groups.

### **New biologic agents for plaque psoriasis**

For patients with moderate to severe plaque psoriasis, efficacy data for new biologic therapies are increasing.



- In one trial, risankizumab (an anti-IL-23p19 drug) was more effective than adalimumab, an older agent that targets tumor necrosis factor [1]. In addition, patients who switched to risankizumab after an intermediate response to adalimumab were more likely to achieve significant clinical improvement than patients who continued adalimumab. Adverse effect rates for risankizumab and adalimumab were similar.
- A separate trial found guselkumab (an anti-IL-23p19 drug) more effective than secukinumab (an anti-IL-17A drug) at 48 weeks [2]. Although the proportion of patients who experienced adverse events was similar in both groups, Crohn disease occurred in the secukinumab group, but not with guselkumab, and more nonmelanoma skin cancers occurred in the guselkumab group.

Although these trials support anti-IL-23 agents for plaque psoriasis, factors such as tolerance of treatment risks, cost, and drug availability also influence the selection of a biologic therapy for psoriasis.

### Prednisolone for mild croup

Glucocorticoid therapy is a standard part of croup management, and dexamethasone is the agent most commonly used in emergency department and inpatient settings. Whether prednisolone, more widely available in outpatient settings, is equally effective is uncertain, and earlier trials have reported higher rates of return visits for children treated with prednisolone. In a recent randomized trial involving >1200 children with mild croup, symptom improvement was similar in patients treated with a single dose of oral prednisolone or dexamethasone, and an increased risk of symptom recurrence with prednisolone was not detected [3]. Based on these findings, either agent is acceptable for treatment of mild croup. For children with moderate to severe croup, we continue to suggest dexamethasone.

### Supplementation with n-3 fatty acids and preterm delivery

Although a 2018 meta-analysis of randomized trials found that supplementing the diet of pregnant women with n-3 long-chain polyunsaturated fatty acids (n-3 LCPUFA) reduced the risk for preterm birth, limitations of the included trials precluded a widespread change in clinical practice. Now, the largest randomized trial specifically comparing daily supplementation with fish oil (intervention) versus vegetable oil (control) from 14 to 34 weeks of gestation found that the intervention did not reduce preterm birth <34 weeks, but showed a trend toward reduction of preterm birth <37 weeks; maternal and neonatal outcomes were generally similar for both groups [4]. An updated meta-analysis including the results of this trial needs to be done. We continue to suggest that pregnant women consume fish or, if this is not possible, consume a supplement or fortified food source of n-3 LCPUFA to achieve an intake of at least 200 to 300 mg/day docosahexaenoic acid beginning around the time of conception, or early in pregnancy, as the fetus depends on transplacental transfer of DHA for optimal visual and cognitive development.

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