Evidence to back dementia screening is still lacking, national advisory committee says

Zosia Kmietowicz | THE BMJ

GP have again raised the question of why NHS England persists in promoting dementia “case finding” after the UK advisory body on screening reiterated its view that the current test for dementia was not accurate enough for routine use.

After reviewing the evidence on screening people aged over 65 for dementia, the UK National Screening Committee concluded that none of the tests currently used in practice distinguished well enough between people with dementia and those without. It also said that for it to recommend screening there would need to be effective treatments to slow or prevent the condition but that at the moment these did not exist.

The committee said that current tests showed that between seven and 17 in every 100 people over the age of 65 had mild cognitive impairment but that each year only about 5-10% of these would develop dementia. With use of current tests, 18 in 100 people estimated to have dementia. At that time figures showed that only 42% of people with dementia had a formal diagnosis. NHS England said that currently 375 000 (55%) people in England have been given a diagnosis of dementia of the 683 000 estimated to have the condition.

But many doctors have criticised the payment to GPs, including Simon Wessely, president of the Royal College of Psychiatrists, who said that the money would be better spent on investing in social care and research to find new treatments.

Martin Brunet, a GP in Surrey, said that paying GPs to make a diagnosis “crossed the ethical line.” In November last year Brunet and others wrote to NHs leaders calling for the scheme to be withdrawn. Brunet has described the latest update on dementia screening from the National Screening Committee as “very helpful.”

He said, “Unfortunately, despite the fact that there has never been a recommendation to screen for dementia, NHS England policy has been to introduce screening programmes in primary and secondary care by using the term ‘case finding’, to circumvent [National Screening Committee] guidance.

“This updated recommendation needs to serve as an urgent reminder to policy makers that such schemes contravene best evidence and that the emphasis in dementia care needs to be on better access to a diagnosis for those who seek it and better care for those already diagnosed.”

Jeremy Hughes, chief executive at Alzheimer’s Society, acknowledged that the committee was right that screening all people aged over 65 was inappropriate. “However, given that little more than half of the 850 000 people with dementia in the UK currently have a diagnosis, programmes that identify and work with people at risk of developing dementia are essential,” he said.

Alistair Burns, NHS England’s national clinical director for dementia, said that he supported the National Screening Committee’s decision on dementia but that more people with dementia needed to be identified “so that they can get the tailored care and support they need.”

Cite this as: BMJ 2015;350:h295

IN BRIEF

Doctor faces prosecution for carrying out FGM: A doctor accused of performing female genital mutilation (FGM) on a woman after delivering her baby has gone on trial in the UK’s first FGM prosecution. The jury heard that the woman had undergone infibulation at age 6 in Somalia and that Dhanuson Dharmaasena had partially sewn her labia together again after she gave birth at the Whittington Hospital in north London.

Botox doctor is suspended from practice: A Harley Street Botox doctor who was caught in a BBC sting has been suspended from practice for 12 months. The Medical Practitioners Tribunal Service found that Mark Harrison (pictured) had committed “serious breaches of good medical practice” and had acted dishonestly.

Complaints lead to depression: Doctors with a current or recent complaint against them are more likely to report severe depression or anxiety and to harbour suicidal thoughts than those with no complaints, a study reported in the online journal BMJ Open has found. It also found that most doctors—whether they have a complaint against them or not—are changing the way they practise medicine by taking on defensive behaviours because of the complaints process.

GPs are advised to cut back on extra work: GPs should decline unfunded additional work if it interferes with their ability to deliver safe and high quality core services to patients, the BMAs General Practitioners Committee has advised in new guidance designed to help practices cope with an escalating workload.
IN BRIEF

Special measures will be imposed on poorly rated surgeries: General practices rated “inadequate” by Care Quality Commission inspectors will be immediately placed into special measures and offered a package of support to improve their services, the regulator has announced. The proposals were developed after consultation with NHS England and the Royal College of General Practitioners. The CQC began rating practices in October 2014 and recently published reports on the standard of care provided by 50 general practices across England. None of these practices were judged to be “inadequate,” the lowest rating on the four point scale.2

Welsh infant deaths linked to household smoking: Smoking was found to be a major risk factor in 25 of 45 unexplained sudden infant deaths in Wales, in a review undertaken by the Child Death Review Programme and the All Wales Perinatal Survey.1 Four of the other 20 deaths were in non-smoking families, and in 16 cases the smoking status of the households was not known. The report calls for more effective ways to deliver guidance about the risk of sudden deaths of newborns and for better efforts to reduce smoking, especially among young women and parents. Provision of social housing should also be reviewed to ensure conditions are adequate for families with vulnerable babies.

Diclofenac tablets to be prescription only: Diclofenac tablets will no longer be available for sale in pharmacies without a prescription because of a small but increased risk of serious cardiac side effects in some patients, the UK Medicines and Healthcare Products Regulatory Agency has said after a European review. Topical products such as gels will remain available for purchase from pharmacies. Doctors should review cases before prescribing diclofenac to patients, the agency said.

New cases of Middle East coronavirus reported: Five new cases of Middle East respiratory syndrome coronavirus infection have been reported in Saudi Arabia and Oman this month, the World Health Organization has reported. Two of three patients in Saudi Arabia are stable and in isolation, and one is critically ill in intensive care. One 32 year old man from Oman, who farmed sheep, camels, and goats, died on 7 January. A household contact of this man is infected with the virus and is in a stable condition. Public Health and NHS England countered that move by writing to GPs to clarify what they perceived to be the evidence for the use of oseltamivir. GPs from the area described this letter on thebmj.com as “threatening in its tone.”3 “This exercise has done little more than drive a divisive wedge between front-line GPs and PHE/NHS England,” the GPs said.

To try to shed light on the issue the BMA’s Green told GPs, “If a doctor genuinely believes that it is not in the best interests of a patient to prescribe, then not only can no other doctor compel them to do so, they actually have an ethical duty not to issue that prescription.”

Paul Cosford, director of health protection and medical director at Public Health England, told The BMJ that its guidance fell into line with that of NICE. He said, “Public Health England has considered the best available evidence on the use of antivirals for treatment and prophylaxis in those at risk of severe outcomes of influenza, including the Cochrane review [and] observational and other study data outside the scope of their review.” He added, “We are committed to scientific discussion with peers, experts, and others, including ongoing dialogue with the Cochrane authors. However, we conclude that our current guidance reflects the latest balance of evidence.”

Cite this as: BMJ 2015;350:h365

BMA tells GPs to follow own judgment in prescribing antiflu drugs after heated row

Paul Cosford (left) of Public Health England and GP leader Paul Roblin disagree over evidence for Tamiflu

Deborah Cohen THE BMJ

“Prophylactic antiviral prescribing for flu? Nobody can compel you to do it, but nobody can advise you not to either,” Andrew Green, chair of the BMA General Practitioners Committee’s clinical and prescribing subcommittee has told GPs.

The BMA’s intervention in the use of oseltamivir (Tamiflu) to prevent flu in elderly people in nursing homes comes after heated discussions between GPs and Public Health England over the evidence base for the drug.

Public Health England is recommending the prophylactic use of oseltamivir, particularly among elderly residents of nursing homes.

However, Paul Roblin, chief executive officer of the medical committee representing GPs in Berkshire, Buckinghamshire, and Oxfordshire, wrote to GPs in his area to warn of insufficient evidence for use of the drug in people without symptoms.1

Last week, representatives of Public Health England and NHS England countered that move by writing to GPs to clarify what they perceived to be the evidence for the use of oseltamivir. GPs from the area described this letter on thebmj.com as “threatening in its tone.”3 “This exercise has done little more than drive a divisive wedge between front-line GPs and PHE/NHS England,” the GPs said.

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England continues to lag behind Europe in cancer survival, despite £6.7bn budget

Zosia Kmietowicz THE BMJ

Despite some improvement in cancer services in England in the past three years, survival is still 10% lower than the European average, with older and poorer patients faring worse than other groups, a report by the public spending watchdog has said.1

The National Audit Office said that there was still variable access to cancer services around the country, which if tackled could improve overall survival. For example, it said that there would be nearly 20000 fewer deaths from cancer a year if death rates in all socioeconomic groups were the same as that in the least deprived.

The audit office last looked at cancer services in 2010 and was asked by the House of Commons Committee of Public Accounts last year to update the progress since
Head of Cancer Drugs Fund regrets its establishment, London conference hears

Nigel Hawkes LONDON

The chairman of England’s Cancer Drugs Fund does not believe that it should have been set up and regrets that it has undermined the National Institute for Health and Care Excellence (NICE). So why did he take the job? “I got involved to sort it out,” Peter Clark, a consultant in oncology from Clatterbridge Centre for Oncology in northwest England, told a Westminster Health Forum seminar in London on 15 January.

“Did I agree to it being set up? No,” he said. “And I regret it’s undermined NICE. But the first reason I wanted to get involved was that patients in the north of England were then only half as likely to get access to cancer drugs that hadn’t been approved by NICE as those in the south.” This had now changed, he said.

The second reason was that cancer had “a special place in the psyche” and therefore a special right to funding, recognised by NICE in its end of life criteria invoked only for cancer drugs. “NICE recognised it, and [prime minister] Mr Cameron expressed it,” he said. The fund had been “a political creation.”

He added that none of the groups of patients who might have complained that they had been excluded had “jumped up and down” when it was set up. They were doing so now but hadn’t before, he said.

The fund was now becoming stacked with drugs with no long term future, he said, and was being used by the drug industry as a “get out of jail” card for drugs that would not be approved by NICE and—in the case of 25 of the 85 currently on the fund’s list—that had not even been submitted for appraisal.

Commissioning for cancer drugs in England was “broken and neither rational nor robust” as it stood. “NHS England has got to sort it out,” he said. As chairman of NHS England’s Chemotherapy Clinical Reference Group, that meant him.

Cite this as: BMJ 2015;350:h270

First successful organ donation from newborn

Zosia Kmietowicz THE BMJ

Doctors at Hammersmith Hospital in London have reported the UK’s first successful organ donation from a newborn baby who had died shortly after birth. One recipient with renal failure received kidneys, and another was given a transfusion of hepatocytes, the doctors wrote in the Archives of Disease in Childhood Fetal and Neonatal Edition.1

The donor was born at term after an emergency caesarean section. She weighed just over 3 kg but was very sick.

When it became clear that she would not survive, her parents and clinicians discussed the possibility of organ donation. Six days after she was born death was confirmed, and the kidneys and cells were retrieved.

Cite this as: BMJ 2015;350:h348

Tuberculosis cases in England will outnumber US in two years unless trends are reversed

Ingrid Torjesen LONDON

Public Health England and NHS England have launched a joint strategy that aims to eliminate tuberculosis as a public health problem in England.

The five year £11.5m strategy, launched on Monday 19 January, is expected to achieve year on year decreases in tuberculosis incidence, to eventually end the transmission of tuberculosis in England’s communities.1

In 2013, 7290 cases of tuberculosis were reported in England—an incidence of 13.5 per 100,000 and a rate more than four times higher than that in the United States. Unless trends are reversed England is expected to have more cases of tuberculosis than the whole of the US within two years.

The plan also aims to nationally expand London’s outreach “Find and Treat” service, which takes diagnostic services directly to under-served populations.

The Find and Treat service is run by University College London (UCL) Hospitals. For several years it has been run using a single mobile x ray unit that visits under-served groups at homeless hostels, drug units, and prisons, but this week UCL launched its new “TB” bus which has x ray equipment and a rapid polymerase chain reaction (PCR) testing machine to test sputum samples.

Mobile units screening for tuberculosis were a common sight in the 1950s and ‘60s. Jonathan Fielden, medical director of UCL Hospitals, said, “Some other countries, [such as] our colleagues in the Netherlands, kept their crews going, kept their vans out and about. They now have the lowest rates of TB.”

Cite this as: BMJ 2015;350:h355

No of times cancer patients see GP before referral to consultant (2009-10)

This increased focus has led to a fall in the number of deaths from cancer in England, from 295 per 100,000 people in 2009 to 290 per 100,000 in 2012. Five year survival in England rose from 65% of people whose cancer was diagnosed in 2003 to 69% of those whose cancer was diagnosed in 2008. But this was still lower than the European average five year survival rate of 54.6%, and well below the best performing country, Sweden, where five year survival was 64.2%.

Late diagnosis and delays in getting treatment continue to be a problem, said the report. The annual number of urgent referrals for suspected cancer from GPs rose by 51% from 2009-10 to 2013-14, from 900,000 to 1.36 million, but a fifth of cancer diagnoses are still made only after an emergency admission, when cancer is usually more advanced. Also a concern is the fact that more patients were waiting for treatment, with targets beginning to slip at the start of 2014.

Cite this as: BMJ 2015;350:h264

Five year survival in England rose from 65% of people whose cancer was diagnosed in 2003 to 69% of those whose cancer was diagnosed in 2008.
**Kidney lite: four doctors with only four kidneys**

**Annabel Ferriman** THE BMJ

Altruistic kidney donation, the donation of a kidney by a living donor to a stranger, reached a record level last year, with 110 people donating, taking the total number of donations to 369 since altruistic donation became possible in 2006.

Four doctors who have each donated a kidney to a stranger attended the third annual conference at the weekend of the charity Give a Kidney, which was set up to promote altruistic donation. The doctors are (left to right) Paul Sigston, a consultant anaesthetist from Tunbridge Wells Hospital, Pembury, Kent; Teresa and Paul van den Bosch, GPs from Pirbright, Surrey; and Chris Burns-Cox, a consultant physician from Gloucestershire.

*Cite this as:* BMJ 2015;350:h323

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**Hospital acquired infections are falling, CDC reports, but have not yet met targets**

**Michael McCarthy** SEATTLE

US hospitals saw significant reductions in nearly all hospital associated infections at the national level in 2013, including a 46% reduction in central line associated bloodstream infections, the US Centers for Disease Control and Prevention reported on 14 January.1

But hospitals’ infection control efforts failed to hit the five year reduction targets set in 2009 by the Department of Health and Human Services.

“More action is needed at every level of public health and health care to improve patient safety and eliminate infections that commonly threaten hospital patients,” the report said. The CDC estimates that on any given day one in 25 US hospital patients has at least one infection contracted during the course of their hospital care.

The 46% decline in central line associated bloodstream infections and a 19% decline in surgical site infections were closest to the 2013 goals set in the National Action Plan to Prevent Health Care-Associated Infections2: a 50% reduction in central line associated bloodstream infections and a 25% reduction in surgical site infections.

But catheter associated urinary tract infections actually rose 6% since 2009; and an 8% reduction in meticillin resistant *Staphylococcus aureus* (MRSA) bloodstream infections and a 10% reduction in hospital onset *Clostridium difficile* infections fell well short of the 2013 targets.

*Cite this as:* BMJ 2015;350:h296

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**Three men infected with hepatitis C through contaminated blood start legal proceedings**

**Clare Dyer** THE BMJ

Three men who became infected with hepatitis C through NHS treatment with contaminated imported blood have begun a legal challenge to the lawfulness of the UK government’s compensation scheme.

They argue that the scheme breaches anti-discrimination laws because people infected with a different virus, HIV, get substantially higher payments.

The roots of the legal claim lie in what has been called “the worst treatment disaster in NHS history.”

Thousands of patients, mainly those with haemophilia, became infected from blood imported from the United States in the 1970s and 1980s, much of it from high risk donors such as prisoners.

A public inquiry, led by the former solicitor general and Labour peer Peter Archer, blamed the government for “lethargic” progress in achieving self sufficiency in blood products.

In 2009 the government doubled payments to people with haemophilia who were infected with HIV but made no increases to people infected with hepatitis C.

Leigh Day, the firm of solicitors for the three men, who are pursuing their case anonymously, have written a letter before action asking the health secretary for England, Jeremy Hunt, to correct the anomalies. Unless the government takes action, the letter says, it will face High Court judicial review proceedings on the basis of disability discrimination.

A Department of Health spokesperson said, “This is a very serious issue, and we are looking at possible improvements to the system of providing support to those affected.”

*Cite this as:* BMJ 2015;350:h302

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**More doctors should be trained in identifying female genital mutilation in children, says judge**

**Clare Dyer** THE BMJ

The senior family judge for England and Wales has called for better paediatric knowledge of female genital mutilation (FGM) and a more rigorous approach to examining children, in the first UK case of suspected FGM to reach the family courts.

James Munby, president of the High Court’s family division, said that he was not persuaded that a 3 year old girl had been subjected to FGM in this “unusual and complex” case, although two of three expert witnesses thought that she had.

Leeds City Council argued that the girl from an African Muslim family, who was not named, had experienced significant harm from undergoing the practice and that she should be adopted.

The child, who is living with a foster carer, came to the council’s notice after her mother had apparently abandoned the girl in the street.

After her foster carer reported her “irregular genitalia,” expert reports were prepared by a community paediatrician, a midwife specialising in FGM, and Sarah Creighton, an obstetrician and gynaecologist who runs the country’s only paediatric FGM clinic, at University College Hospital in London.

The judge said that he found it “quite impossible” to rely on the evidence of the paediatrician and the midwife as proving the local council’s case, because of their limited experience. He accepted the evidence of Creighton, who had seen a video of the earlier examination, that the genitalia were broadly normal.

The judge said that important lessons should be learnt; more medical knowledge of FGM was needed, particularly paediatric, and understanding of FGM classification was vital. Examinations should be planned carefully, he added, with referral to a specialist FGM clinic if possible. Detailed notes should be kept, said Munby.

*Cite this as:* BMJ 2015;350:h273
RESEARCH NEWS

**C O L O R E C T A L  C A N C E R**

**Less surgery for colon cancer, but more patients survive**

The number of patients with stage IV colorectal cancer who undergo primary tumour resection in the United States has decreased significantly and patient survival rates have improved, a retrospective cohort study published in *JAMA Surgery* has shown.

The study included data from the National Cancer Institute’s registry of 64,157 patients in whom stage IV colon or rectal cancer had been diagnosed from January 1988 to December 2010. Two thirds of these patients (67.4%) had undergone primary tumour resection. The researchers found that the annual rate of resection decreased from 74.5% in 1988 to 57.4% in 2010. A trend toward nonsurgical management was noted from 2001, which coincided with the availability of new chemotherapeutic and biological treatment options, the authors noted.

Patients who underwent surgery were more likely to be under 50, female, and married, and to have a higher tumour grade and colon tumours. Elderly patients were less likely to undergo surgery.

The results also showed that the median relative survival rate improved from 8.6% in 1988 to 17.8% in 2009 (P<0.001). The results also showed that the median relative survival rate improved from 8.6% in 1988 to 17.8% in 2009 (P<0.001). The researchers defined relative survival as the ratio of observed survival to expected survival in a cohort of the general population matched for age, sex, and ethnicity.

The authors acknowledged that the decreasing rate of primary tumour resection could have been the result of more effective systemic therapy or of greater reluctance by surgeons to operate on patients with asymptomatic stage IV colorectal cancer.

But they warned that despite the availability of effective chemotherapeutic options, many patients with stage IV colorectal cancer continue to undergo surgery.

Cite this as: BMJ 2015;350:h224

**LIFESTYLE CHANGES**

**Partners help each other to make lifestyle changes**

People are more likely to make a positive health change if their partner does too, research published in *JAMA Internal Medicine* has shown.

Analysis of data on 3722 married or cohabiting couples over the age of 50 from the English Longitudinal Study of Ageing showed that over the four year study period 17% of smokers quit, 44% of inactive people became active, and 15% of overweight people lost at least 5% of their baseline body weight.

Half of the women in the study who smoked were able to quit if their partner quit at the same time, compared with 17% of women whose partners were non-smokers and 8% of those whose partners were regular smokers. For men, 48% stopped smoking if their partner did at the same time compared with 8% of those whose partner continued to smoke.

For physical activity, 67% of men and 66% of women became active if their partner did, compared with 26% and 24% of those whose partner stayed inactive. And 26% of men and 36% of women lost at least 5% of their weight if their partner also did, compared with 10% and 15% whose partner did not lose weight.

Cite this as: BMJ 2015;350:h301

**H Y P E R K A L A E M I A**

**Two drugs show promise as treatment for hyperkalaemia**

Jacqui Wise LONDON

Two new oral medications show some promise for the treatment of hyperkalaemia, the *New England Journal of Medicine* has reported. Hyperkalaemia is defined as a plasma potassium level of greater than 5.0 mmol/L.

The first trial assessed a drug called patiromer in patients with chronic kidney disease who were receiving RAS inhibitors and who had potassium levels of 5.1 to 6.5 mmol/L. In the initial treatment phase 237 patients received patiromer at an initial dose of 4.2 g or 8.4 g, twice a day for four weeks. At the end of this phase 76% had normal potassium levels of 3.8 to 5.1 mmol/L.

Next, 107 of these patients were randomly assigned to patiromer or placebo for an eight week withdrawal phase. A recurrence of hyperkalaemia occurred in 60% of the placebo group and in 15% of the patiromer group.

The second trial was a two stage double blind trial that randomly assigned 753 patients with hyperkalaemia to receive sodium zirconium cyclosilicate (ZS-9) at varying doses or placebo, three times daily for 48 hours. Patients whose potassium levels normalised (3.5 to 4.9 mmol/L) at 48 hours were randomly assigned to receive the drug or placebo once daily on days 3 to 14.

The results showed that the decline in the potassium level was dose dependent. After 48 hours the mean serum potassium decreased from 5.3 mmol/L at baseline to 4.9 mmol/L in the group that received the 2.5 g dose of the drug, decreased to 4.8 mmol/L with the 5 g dose, and decreased to 4.6 mmol/L with the 10 g dose. This compared with a rate of 5.1 mmol/L in the groups that received either the placebo or 1.25 g of the active drug.

In the second phase of the study the patients who received a 5 g or 10 g dose maintained serum potassium at levels of 4.7 and 4.5 mmol/L, respectively, during days 3 to 15, compared with a level of more than 5.0 mmol/L in the placebo group.

Cite this as: BMJ 2015;350:h278

**EPILEPSY**

**Sleeping prone is linked to sudden death in epilepsy**

People with epilepsy who sleep on their stomach may be at higher risk of sudden unexpected death, indicates a systematic review published in *Neurology*.

The researchers reviewed 25 studies on sudden death in epilepsy published up to 23 October 2013 that included information on patients’ body position.

Body position was documented in 253 cases of sudden death in epilepsy. Nearly three quarters of these patients died in the prone position (73.3% (95% confidence interval 65.7% to 80.9%)). The remainder (26.7% (16.3% to 37.1%)) died sleeping in other positions.

Cite this as: BMJ 2015;350:h333