

Game Changers

HEALTHCARE BEHIND BARS – COMMUNICATION IS THE KEY

Dr RT Kirk, Ms P Yates

Prison Healthcare, South Eastern H&SC Trust, Lagan Valley Hospital, Lisburn.

Over 4000 men and women are committed to prison each year in NI, often with numerous co-morbidities and complex needs. Historically information sharing between community healthcare providers and prison healthcare has been limited, for security and operational reasons. Therefore when a patient arrived in prison no medical record followed and no information was given to the community GP informing them their patient was now in prison.

The South Eastern Trust Prison Healthcare team identified this communication between community providers and prison healthcare as a unique opportunity to improve health, reduce risk for patients and ensure continuity of care is maintained during the transition in and out of custody. From a community perspective the benefits of reducing illicit medication supply are well documented as often medications continued to be dispensed in a patient's absence.

Following collaboration with the Health and Social Care Boards, the Business Services Organisation, Northern Ireland Prison Service and the South Eastern Health and Social Care Trust a letter was composed to send to the GPs of all patients in HMP Maghaberry on their entry into prison. This letter advised GPs that their patient was in prison, to de-authorise any repeat medication and requested a short medical summary of their patient.

In this UK first of its kind project, over 5000 letters have been sent to date with very positive feedback from community GPs. This has now become embedded in our system with huge gains in regard to patient safety and collaborative working. The project was recognised nationally with an RCGP 'Bright Idea Award- High Impact'¹ and has been shared and replicated in the Welsh Prison Service.

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SGLT2 INHIBITORS – SOMETHING IN THE WATER, OR THE HEART OF THE MATTER?

Dr S Esmonde, Dr D McCullagh, Dr B Kelly, Dr C McCann

Department of Cardiology, Royal Victoria Hospital, Belfast, BT12 6BA

Sodium-glucose co-transporter 2 inhibitors (SGLT2i) are an established therapy in the treatment of type 2 diabetes mellitus. Meta-analysis has recently shown them to have favourable outcomes in renal and cardiovascular disease.¹

Significant benefits have been shown in mortality, major adverse cardiovascular events, heart failure, and renal outcomes such as progression of kidney disease and albuminuria. For adverse events, rates of discontinuation are <5%, with diabetic ketoacidosis being the most serious raised risk, albeit with low event rates (<1 per 1000 patient-years). Previously reported increased risks of urinary tract infections, amputation and fractures have not been confirmed in meta-analysis.

This has resulted in guidelines recommending SGLT2i as first line therapy for patients with diabetes and atherosclerotic cardiovascular disease or high/very-high cardiovascular risk factors.²

SGLT2i mechanism of action is partly understood, with evident glycosuria and natriuresis, but there is still work to be done in this field. Other proposed mechanisms include vasodilatation, reduced intra-glomerular pressure and increased glucagon levels. The finding that dapagliflozin improved heart failure outcomes in patients without diabetes is fascinating.³ Additional mechanisms of action are being investigated, as are the effects on other conditions like heart failure with preserved ejection fraction (NCT03619213), and the results are eagerly awaited.

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