Discussion

Births to women with records of fertility problems have significantly increased between 1991 and 2013. Changes in maternal age explain much of the population-level trends, but less of the observed increase among first-time mothers. Declining births after the 2011 prescribed in primary care may reflect changing management of patients.

Medical advice must continue to highlight the effects of age on fertility, and the implications for secondary infertility. GPs and service commissioners should be aware that time trends indicate continuing growth in demand for fertility treatment in England.

Health services research

A SYSTEMATIC REVIEW OF COST-EFFECTIVENESS EVALUATIONS OF PSYCHOLOGICAL THERAPIES FOR SCHIZOPHRENIA AND BIPOLAR DISORDER

Methods

Electronic searches of PsycINFO, MEDLINE and Embase identified economic evaluations relating incremental cost to outcomes in an Incremental Cost-Effectiveness Ratio (ICER) published in English since 2000. Studies had to include: probability of cost-effectiveness of psychological interventions, determine robustness of the current evidence base, and identify evidence gaps. The key research question is: which psychological interventions are cost-effective, compared to usual care/alternative interventions, in schizophrenia or BD?

Results

Prospective analysis of studies revealed significant uncertainty in the data as a limitation. All studies were descriptive; only a minority used cost-effectiveness analysis (intervention is cost-saving AND more effective) to £18 844 per QALY; the probability of cost-effectiveness ranged from 50% to 99.5% at chosen thresholds. The two studies deemed not cost-effective involved art/body psychotherapy and noted significant uncertainty in the data as a limitation. All studies had limitations, including missing data, sample sizes and challenges controlling for other medications/treatments received outside the trial intervention.

Conclusion

Although recommended in clinical guidelines, there was limited evidence about the cost-effectiveness of psychological therapy for schizophrenia/BD. Most included studies concluded psychological interventions for schizophrenia/BD are cost-effective. However policy implications are unclear due to methodological limitations and heterogeneity in populations and settings between studies. The review had some limitations including potential for English-language bias and limited time-horizon.

LONG TERM OUTCOMES AND MORTALITY AMONG PATIENTS ENROLLED IN A STRUCTURED PRIMARY CARE-LED DIABETES PROGRAMME

Background Limited data exists, internationally and in Ireland, on long-term outcomes among people with diabetes who are managed in primary care. The Midlands Diabetes Structured Care Programme encompasses evidence-based strategies to structure diabetes management within general practice: patient registration and recall, regular diabetes review visits, active role of the practice nurse in ongoing management, multidisciplinary specialist access, professional education, and remuneration. Our aim was to examine clinical outcome targets, complications and mortality among patients with diabetes enrolled in the programme since its establishment in 1998.

Methods

Data were collected in 1999, 2003, 2008 and 2016, on outcomes (clinical parameters, complications and mortality) among patients with diabetes (≥18 years) registered with participating practices. Data were extracted from patient notes by clinical nurse specialists using a paper-based data collection form. Cause and date of death were obtained from national death records. Using Stata, chi-square tests were used to test differences in clinical outcomes over time. Cox proportional hazards regression was used to examine the association of baseline factors and mortality.

Results

Patients from 1999 (n=376), were followed up in 2003 (n=229), 2008 (n=96) and 2016 (n=376). The proportion of patients with a recommended blood pressure target (<130/80 mmHg) increased from 9% in 1999 to 26% in 2016 (p<0.001), as did the proportion with a total cholesterol of <4.5 mmol/L (22% vs. 71%, p<0.001), and triglycerides<2.0 mmol/L (47% vs. 81%, p<0.001). The percentage declines in the SMR=2.2, 95% CI 1.9, 2.6). Only 25% (n=46) had cause of death recorded in the programme since its establishment in 1998.