HECTOR – Heartlands Elderly Care, Trauma & Ongoing Recovery Project. A service-level evaluation of a hospital enhanced care package designed to improve outcomes for older patients sustaining trauma injuries.

People over 65 now account for around two thirds of hospital admissions. This patient group are particularly vulnerable to trauma and it is well documented that older patients, especially when faced with trauma, have increased levels of mortality and often present with complex needs that require careful management.

The HECTOR pathway is a service-led intervention being undertaken at Birmingham Heartlands Hospital and it is designed to improve the outcomes of older patients, (age 65 years and over), admitted to hospital with significant traumatic injuries. The intervention utilises integrated care pathways and holistic patient-centred assessment on the back of a structured teaching programme to deliver enhanced care to this patient group.

Theme 4 of CLAHRC West Midlands are undertaking an evaluation of this care pathway utilising mixed methods to ascertain the impact of an enhanced care-pathway (HECTOR) for older trauma patients treated at Birmingham Heartlands Hospital and assess the feasibility of rolling out the pathway across other trauma units.

The pathway was implemented in September 2014 and the results from the evaluation should be available in early 2017.

Contact: Dr Sarah Flanagan CLAHRC West Midlands (Theme 4 – Chronic Disease)

 s.m.flanagan@bham.ac.uk

**Comorbidities in patients with gout prior to and following diagnosis: case-control study.**

Gout is the most common inﬂammatory arthritis worldwide, with a UK prevalence of 2.49%. Gout is associated with a number of important comorbidities that impair wellbeing and reduce life expectancy, including metabolic syndrome, cardiovascular disease and chronic renal impairment. Current guidance typically focuses on comorbidities that are seen as ‘complications’ of gout. However, many patients with gout suffer from comorbidities that are not necessarily directly related to gout, making management decisions difﬁcult due to a lack of guidelines for such scenarios.

A new study, led by researchers at the University of Nottingham and collaborating with Professor Christian Mallen (CLAHRC WM Theme 4 (Chronic Disease) based at Keele University), used a large primary care database in the UK to compare the burden of existing comorbidity at diagnosis in patients with gout with matched controls, and to estimate the risks of developing new comorbidities following diagnosis.

The study revealed that the prevalence of a number of conditions, including hypertension, cardiac arrhythmias, hypothyroidism, osteoarthritis, depression and anaemia were all signiﬁcantly higher in patients with incident gout than controls. In addition, all-cause mortality was higher in patients with gout. Overall, the burden of comorbidity is very high at diagnosis of gout and the risk of developing new comorbidity is also higher in patients with incident gout than in the general population. The authors recommend that a thorough search for a broad range of comorbidity and subsequent vigilant observation should be considered for all patients with gout from the date of ﬁrst diagnosis.

Kuo, C-F; Grainge, MJ; Mallen, C; Zhang, W; Doherty, M. Comorbidities in patients with gout prior to and following diagnosis: case-control study. Annals of Rheumatic Disorder. 2016;75:210-217.