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## Tom Nolan's research reviews—7 April 2022

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### Biliary no mates

Sodium-glucose co-transporter-2 (SGLT2) inhibitors seem to be the talk of the town for type 2 diabetes at the moment, as they may help with weight loss and reduction in cardiovascular risk. Spare a thought for the glucagon-like peptide-1 (GLP-1) receptor agonists (liraglutide, semaglutide, etc), which were probably feeling left out even before this latest paper confirming an increase in the risk of gallbladder and biliary diseases with the use of GLP-1 agonists, with an overall relative risk of 1.37. These are the findings of a systematic review and meta-analysis, which found 76 relevant randomised controlled trials and rated the overall quality of evidence as high. But not all people taking GLP-1 agonists seem to be at risk. Trials of liraglutide and dulaglutide found an increased risk, but not those of oral semaglutide. Using GLP-1 agonists at higher doses (as recommended for weight loss) and for longer duration of treatment (over 26 weeks) also increased the risks of gallbladder and biliary diseases.

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### Any old iron?

In 2013, the Medicines and Healthcare products Regulatory Agency (MHRA) released a warning about intravenous iron products and the risk of fatal anaphylactic reactions. Infusions should be given only where trained staff and facilities for managing anaphylaxis are available, and patients should be monitored for 30 minutes after each infusion. A new retrospective cohort study aimed to assess the comparative risks of anaphylaxis between different intravenous iron products. Iron dextran had the highest rates of anaphylaxis, at 9.8 cases per 10 000 doses. Ferric carboxymaltose had the lowest, at 0.8 cases per 10 000 doses. However, ferric carboxymaltose has a separate MHRA warning about risk of hypophosphataemia leading to osteomalacia and fractures, advising monitoring phosphate levels in those needing multiple high dose administrations, on long term treatment, or with pre-existing risk factors for hypophosphataemia.

*Ann Intern Med* doi:10.7326/M21-4009

### Baricitinib for alopecia

Alopecia areata has been in the spotlight recently after what happened at the Oscars. Two trials of baricitinib, a once-daily oral Janus kinase inhibitor, have just reported outcomes at 36 weeks. The BRAVE AA1 and BRAVE AA2 studies recruited 1200 patients in total. They each had a SALT score—a measure of percentage hair loss (range 0 to 100)—of over 50 and an episode of alopecia areata without recent improvement lasting over six months. Around 35% of those taking baricitinib 4 mg reached the

predefined primary endpoint of a SALT score under 20, compared with about 5% of those taking placebo. Acne and raised LDL and HDL cholesterol levels are common adverse events—the studies remain blinded and will continue for up to four years.

*N Engl J Med* doi:10.1056/NEJMoa2110343

### Incision decisions

This new randomised control trial finds that single-incision mini-slings are non-inferior to standard mid-urethral slings for female stress urinary incontinence in terms of patient reported success at 15 months. The mini slings are associated with less postoperative pain and shorter recovery time than the more widely used mid-urethral slings. An important difference in terms of adverse effects in this study was dyspareunia, reported by 11.7% of those who responded to a questionnaire in the mini-sling group and 4.8% in the mid-urethral sling group. More studies with longer follow-up are needed to answer the questions around long term safety that were raised by the Cumberlege report.

*N Engl J Med* doi:10.1056/NEJMoa2111815

### Bills, bills, bills

If I had to spend hours each day billing insurance companies (or the NHS) for everything I do, I think it would be the last straw. A new cross-sectional survey of office based physicians in the US, where billing is the norm, asked: “On average, how many hours per day do you spend outside of normal office hours documenting clinical care in your medical record system?” The 1524 respondents said they spent a mean of 1.77 hours per day on this. The authors of the research letter discuss that billing-related tasks have a big part to play, and are likely a major factor for why previous research suggests US physicians spend four times longer documenting outpatient notes than in other countries.

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