



NUFFIELD DEPARTMENT OF
PRIMARY CARE
HEALTH SCIENCES



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Your Weekly Update from Simon de Lusignan, Director of RCGP RSC



Living With Long COVID

Our colleague, Meredith Leston recently featured in an enlightening video short from [Indeed.com](https://www.indeed.com), where she discussed her experience of living with Long COVID, its impact on her ability to work and the need for this long-term health condition to be better understood by employers and the wider public.

Click the link below to check out our Twitter page @ORCHID_Oxford and watch the video. You can also read more about Merri's story and her work as a Trustee and Board Member of [Long Covid Kids](https://www.longcovidkids.org), a UK based international charity supporting families, children and young people living with Long COVID.

[ORCHID on Twitter: "Check out our own Meredith Leston sharing her experience with #LongCovid @IndeedUK #BeBrave #Covid https://t.co/UK095I6sGv" / Twitter](https://twitter.com/OrchidOxford/status/1491111111111111111)

Publication Of The Week



[Sodium-glucose co-transporter-2 inhibitors in type 2 diabetes: Are clinical trial benefits for heart failure reflected in real-world clinical practice? A systematic review and meta-analysis of observational studies - PubMed \(nih.gov\)](#)

Aim:

To determine the absolute risk reduction (ARR) of heart failure events in people treated with sodium-glucose co-transporter-2 (SGLT2) inhibitors.

Materials and methods:

We searched PubMed, EMBASE, CINAHL and ISI Web of Science for observational studies published to 9 May 2022 that explored the association between SGLT2 inhibitors and any indication for heart failure (including new diagnosis or hospitalization for heart failure) in type 2 diabetes.

Identified studies were independently screened by two reviewers and assessed for bias using the Newcastle-Ottawa scale. Eligible studies with comparable outcome data were pooled for meta-analysis using random-effects models, reporting hazard ratios (HRs) with 95% confidence intervals (CIs).

The ARR per 100 person-years was determined overall, and in subgroups with and without baseline cardiovascular disease (CVD).

Click the link above to read more about our results and conclusions.