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Delivery and impact of the NHS Health Check

Martin and colleagues must be congratulated for their hard work in seeking to assess the delivery and impact of the NHS Health Check programme.¹ However, although they have identified some positive outcomes from the programme, these are, at best, marginal.

But I would not wish to see the initiative dropped as, unlike the various national NHS Screening Programmes, it promotes a much more patient-centred and risk-oriented approach. Coverage is also higher among older people and those living in the most deprived areas. What is needed now is a careful re-assessment of the programme in order to seek to deliver better value.

Based on my own review² I would argue that the current exclusions are too broad and the scope is too narrow. For example, individuals on treatments for high blood pressure or elevated cholesterol should also be checked. Moreover, bowel cancer screening (using FIT) or diabetes risk assessment (using HbA1c) are additional areas to consider alongside the current cardiovascular focus.

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Adrenaline auto-injector prescribing may be putting patients at risk

Dr Baily's letter¹ uses the guidelines for prescribing adrenaline in an emergency situation. This is not the guideline that

prescribers should use when deciding the dosage of adrenaline auto-injectors (AAI) to give to an adult or child for self-administration. Both age and weight can have a bearing on what dosage of AAI to prescribe an individual.

The British Society for Allergy and Clinical Immunology state that the correct guidelines for routine dosage are as follows: adult or child >12 years at 0.5 mg (with 0.3 mg more appropriate for a smaller child aged >2 years); adult, adolescent, or child >30 kg at 0.3 mg; children 15–30 kg at 0.15 mg (with 0.3 mg more appropriate for some children, such as those >25 kg) and children <15 kg (unlicensed) at 0.15 mg.² The correct age/weight-adjusted dose can also be found in the *BNF*.

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Older patients with malnutrition

While Murphy *et al* are clear in their findings and robust in their recommendations,¹ they appear to regard malnutrition (and particularly undernutrition) as a diagnosis to be treated in its own right, rather than a clinical sign with potential resolvable causes. Context is all!

While I would agree that weight measurement is under-recognised and

under-used by practitioners as a diagnostic tool, serial weights from first presentation being particularly useful, it is vital to appreciate the causes of weight loss, which may extend across physical, psychological, and social parameters, many remediable. A much neglected cause of malnutrition in the elderly is ill-fitting dentures, which may cause pain, gum erosions, and inevitably poor intake. Poor fitting is exacerbated by further weight loss. A vicious circle ensues; the remedy is clear.

We would not expect ideal mobility from a patient with ill-fitting, painful shoes.

Let's not embrace more protocols (with possible inappropriate treatment) to the exclusion of sound clinical assessment, diagnosis, and patient management.

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1. Murphy J, Mayor A, Forde E. Identifying and treating older patients with malnutrition in primary care: the MUST screening tool. *Br J Gen Pract* 2018; DOI: <https://doi.org/10.3399/bjgp18X697853>.

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Corrections

In the June 2018 editorial by Alastair D Hay, *et al*. Managing infectious disease in primary care: using real-time syndromic and microbiological surveillance. *Br J Gen Pract* 2018; DOI: <https://doi.org/10.3399/bjgp18X696293>, the article incorrectly refers to 'QResearch' when it should have referred to 'QSurveillance'. The online version has been corrected.

DOI: <https://doi.org/10.3399/bjgp18X698297>

In the June 2018 editorial by Clare J Taylor, *et al*. Atrial fibrillation and stroke prevention: where we are and where we should be. *Br J Gen Pract* 2018; DOI: <https://doi.org/10.3399/bjgp18X696257>, reference 4 in the article is incorrect; it should be Robson J, Homer K, Ahmed Z, Antoniou S. Variation in anticoagulation for atrial fibrillation between English clinical commissioning groups: an observational study. *Br J Gen Pract* 2018; DOI: <https://doi.org/10.3399/bjgp18X697913>. The online version has been corrected.

DOI: <https://doi.org/10.3399/bjgp18X698309>