Fellowship of Postgraduate Medicine Centenary Conference at the Royal College of Physicians, London

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Speaker abstracts

1 MARKING THE CENTENARY OF THE FELLOWSHIP OF POSTGRADUATE MEDICINE

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The Fellowship of Postgraduate Medicine (FPM) is a British non-profit organisation that was founded after the First World War, with as its first president pioneering clinician and medical educator Sir William Osler, the Oxford Regius Professor of Medicine. The FPM supported the development in London of postgraduate educational programmes in all branches of medicine. The FPM today continues its interest in supporting national and international postgraduate medical education through its two international journals the *Postgraduate Medical Journal* (founded in 1925) and *Health Policy and Technology* (founded in 2012) and by organizing conferences and workshops. Ways in which the FPM is marking its anniversary include hosting a session at the May 2018 Hong Kong Medical Forum, a Centenary Conference on the 7th December 2018 at the Royal College of Physicians in London, providing updates on excellence in clinical practice, introduction of a new Associate Member category for the FPM, and the launch of new international awards for excellence in medical writing by doctors in social media.¹

The *Postgraduate Medical Journal* (PMJ) is a monthly journal with a global reach and is widely read online, with nearly 2 million page views in 2017 from North America, Europe and Asia and the most frequent recent articles coming from the UK, USA, China and India. The PMJ aims to support junior doctors and their teachers and contribute to the continuing professional development of all doctors by publishing papers on a wide range of topics relevant to the practising clinician and teacher. In 2017, the journal received 666 manuscripts with an acceptance rate of 20%. With increasing readership and quality of its articles, the journal's impact factor was 2.078 in 2017, exceeding 2 for the first time. The PMJ will be publishing articles on updates in clinical medicine from the December 2018 FPM centenary symposium at the Royal College of Physicians in London. The PMJ will also have a special issue in 2019 on Sir William Osler, founding President of the FPM. In addition the PMJ will publish papers from other FPM meetings, including the FPM-PMJ session and other sessions at the 2018 Hong Kong Medical Forum, which provides clinical updates for around 2,500 physicians in the South East Asia Region, and will also publish papers from future FPM meetings, including 2019 conferences planned on neuropsychiatry and on vascular disease.

Health Policy and Technology (HPT) is a new quarterly journal, focusing on development and implementation of health policy and the role of technology in clinical and non-

clinical national and international health environments. HPT aims to educate and inform all stakeholders in health policy and technology, from researchers to clinicians, health economists, health policy leaders and experts in the biotechnology and pharmaceutical sectors. There was a 34% increase to 117 manuscript submissions in 2017 over the previous year, with an acceptance rate of 38%. The journal's impact factor was 1.013 in 2017. As expected for an international journal, articles published in HPT in 2017 came from a wide range of countries from around the world: Austria, Canada, China, Cyprus, Germany, Greece, India, Ireland, Israel, Italy, the Netherlands, Norway, the Republic of Korea, Pakistan, Slovenia, Spain, Sweden, Turkey, the United Kingdom, and the United States. Pending theme issues for HPT will consider the impact of Brexit on health care, progress on heart health policy, including papers from a recent FPM symposium on health policy for preventing heart disease, and special issues on Big Data for health and on interoperability.

The new Associate Member category for the FPM will be open to doctors in established postgraduate training posts, to senior doctors in established posts and to other experts who are interested in postgraduate medicine. The FPM will shortly launch new international awards to recognise best social media writing on medical themes. Articles should aim to increase understanding by the public and health professionals of important health-related issues. Up to 5 awards will initially be made – one for each major geographical region: the Americas; Europe; Africa; South Asia; South East Asia and Australia/New Zealand. Winning writers will have the opportunity to publish their award-winning article in HPT or the PMJ. The FPM has in recent years been a major supporter of the the medical humanities initiative, the Hippocrates Prize for Poetry and Medicine,² which has attracted interest from over 70 countries, with recent awards presented in the UK, at Harvard Medical School and in Chicago, and the 10th annual awards due to be presented at the Centre for Life in Newcastle-upon-Tyne.

REFERENCES

1. Singer DRJ. Marking the centenary of the Fellowship of Postgraduate Medicine. *Postgraduate Medical Journal* 2018. doi:10.1136/postgradmedj-2018-136150
2. Website for the Hippocrates Initiative: hippocrates-poetry.org

2 PRESCRIBING CHALLENGES IN MODERN PRACTICE

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Prescribing is the most common patient-level intervention within healthcare. The growth in number of licensed medicinal products over the last century through an 'age of excitement' in clinical pharmacological and pharmaceutical research means that prescribing is an increasingly complex task. The complexity is increased further by increasing multimorbidity in an ageing population, which can lead to potentially inappropriate polypharmacy.

Providing medication without harm is a challenge to modern society and the World Health Organisation has set a challenge to reduce medication-related harm by 50% globally by 2022.¹ A key aim in the UK is to provide support to all prescribers to reduce prescribing errors through a variety of

interventions including education and training, interprofessional communication and support, and digital technologies (incorporating clinical decision support).

Comprehensive therapeutic care involves the assessment of the utilization, quality, clinical appropriateness and ongoing cost of prescribed medications. An important skill of the modern prescriber is knowing when not to prescribe or indeed withdrawing inappropriate medication under supervision, with the goal of managing inappropriate polypharmacy and improving outcomes: the process of 'Deprescribing'.²

Modern practice requires prescribers to be able to provide holistic therapeutic care in a patient-centred approach. This can be challenging when patients are receiving care from a variety of specialists. The prescribing itself may be devolved to other colleagues (junior doctors or family practitioners) from the original decision maker. Communication and collaboration between healthcare practitioners and patients is essential if important pharmaceutical care guidance is followed according to best practice.

REFERENCES

1. World Health Organisation. *Medication without harm: WHO's third global patient safety challenge* 2017. Available at: <http://www.who.int/patientsafety/medication-safety/en/> (Accessed: 20/05/2018).
2. Reeve E, Thompson W, Farrell B. Deprescribing: A narrative review of the evidence and practical recommendations for recognizing opportunities and taking action. *Eur J Intern Med* 2017 March;**38**:3–11.

3 WHAT TO DO ABOUT DIFFICULT HYPERTENSION?

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10.1136/postgradmedj-2018-fpm.3

Hypertension is one of the most important risk factors for cardiovascular disease, which is a significant cause of morbidity and mortality worldwide. Resistant (or difficult) hypertension is thought to affect 1 in 6 patients with treated hypertension and carries an increased risk of death and cardiovascular disease. It is generally defined as uncontrolled clinic blood pressure (>140/90 mmHg) after treatment with three or more antihypertensives to include optimal doses of an ACE inhibitor (or an angiotensin receptor blocker), a calcium channel blocker and a diuretic. There are some factors that must be taken into account before a diagnosis of resistant hypertension can be made. 'Pseudo-resistant' hypertension can be caused by poor clinic blood pressure measurement technique, patient non-adherence to prescribed medication, patient intolerance to certain anti-hypertensive medications and white coat hypertension (where blood pressure appears high in the clinic but is controlled out-of-the-office on home or ambulatory measurements).

Pharmacological treatment of resistant hypertension is focused on the addition of fourth-line therapy and recent evidence supports the use of spironolactone. Lifestyle should be reviewed and patients encouraged to exercise regularly and lose weight, reduce their alcohol and sodium consumption and stop smoking. In patients who remain uncontrolled on optimal treatment, there are a number of alternative treatment options and surgical procedures which can be considered. However, the evidence supporting each of these is limited and in some cases, conflicting and therefore more prospective randomised controlled trials are required before any can be adopted into routine clinical practice.

4 DIAGNOSIS AND MANAGEMENT OF NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD)

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10.1136/postgradmedj-2018-fpm.4

Non-alcoholic fatty liver disease (NAFLD) is a metabolic liver disease that includes a spectrum of liver disease extending from simple steatosis or non-alcoholic fatty liver (NAFL) to steatohepatitis (NASH), liver fibrosis and cirrhosis. NAFLD is also a risk factor for developing type 2 diabetes (T2DM) and cardiovascular disease. Patients with NASH may or may not have liver fibrosis, but the presence of advanced liver fibrosis not only increases the risk of cirrhosis and end stage liver disease but also markedly increases the risk of hepatocellular carcinoma.

The 'gold standard' diagnostic test for NAFLD is the liver biopsy but there are now a variety of non-invasive tests that can be used to diagnose and monitor the various stages of NAFLD and whilst none of these tests are perfect, each have their strengths and limitations that influences how they should be used in clinical practice.

The early stages of NAFLD, i.e. liver fat and inflammation (steatohepatitis) respond to lifestyle changes such as weight loss and increases in physical activity that are also important components of T2DM management; and the available evidence supports the importance of lifestyle change in people with NAFLD. However, such change is notoriously difficult to achieve, so safe and effective treatments are also required to prevent and treat NAFLD. The presentation will discuss the diagnosis and management of NAFLD, including key points of management from the recent UK NICE NAFLD Guidelines (ng49), Joint Societies European Guidelines and US Guidelines.

5 THERAPY FOR ASTHMA AND COPD

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A hundred years ago the main treatments for obstructive lung disease were adrenal gland extracts, herbally-derived sympathomimetic ephedrine and anticholinergics, such as atropine. There have been extraordinary advances in the pharmacological therapy of asthma and COPD, yet the major classes of therapy we use today are based on these original therapies – long-acting β_2 -agonists (LABA) derived from adrenaline and muscarinic receptor antagonists (LAMA) and inhaled corticosteroids (ICS) developed from the adrenal cortex hormone cortisol. Triple fixed-dose inhalers containing all 3 drugs have now been developed and are convenient for some patients. In asthma, by far the greatest advance has been the introduction of ICS for control of the underlying eosinophilic inflammation of the airways. Although ICS are effective in most patients, there is often very poor adherence as symptoms are intermittent. In a new strategy, instead of a short-acting β_2 -agonist, such as salbutamol, patients use a reliever inhaler containing a rapidly-acting LABA formoterol combined with an ICS. This provides much better control of asthma and is a simple strategy for most patients. At the other end of the spectrum, patients with eosinophilic severe asthma not controlled on conventional therapies may now be controlled with biologics,