treatment initiation but also appears to prevent worsening of these outcomes over the ensuing 2 years. Dapagliflozin also lowered BMI and body weight.'

This study is interesting because it shows where most GPs currently place SGLT2 inhibitors as add-on therapy in type 2 diabetes. The data from real-world use mirror the data from clinical trials and seem to show safe reduction in HbA_{1c} and other cardiovascular risk factors. Most clinicians are encouraged that weight loss with an SGLT2 inhibitor can help to bolster lifestyle changes.

DR MATTHEW LOCKYER

McGurnaghan SJ, Brierley L, Caparrotta TM et al on behalf of the Scottish Diabetes Research Network Epidemiology Group. The effect of dapagliflozin on glycaemic control and other cardiovascular disease risk factors in type 2 diabetes mellitus: a real-world observational study. *Diabetologia* 2019;623:621-32

Respiratory medicine

Educational intervention encourages smokers to consult with respiratory symptoms

Although an educational intervention increased respiratory consultations in smokers it did not improve detection of lung cancer, in a randomised controlled trial from Australia.

The CHEST Australia Trial recruited long-term smokers (≥ 20 pack-years), aged 55 years and over, and former smokers who had quit in the past 15 years, from 17 practices. Participants were randomised to either the intervention or control group.

In the intervention group, a trained researcher performed spirometry and then guided the participant through a self-help manual, entitled *Chest Symptoms that Call for Action*.[1] The key objectives of the manual were to: increase the salience and personal relevance of symptoms, improve knowledge of symptoms by introducing chest disease prototypes, reinforce the benefits of early intervention in lung cancer and other chest disease, and sanction early consultation. Patients were given guidance about when consultation would be appropriate.

The control group also underwent spirometry followed by a general discussion about lung health.

The primary outcome was consultation rates for respiratory symptoms. Data on consultations in the year before the trial and for 12 months after the consultation were collected through audit of GP records.

The primary outcome was determined for 542 participants. The 12-month questionnaire data were available for 416 participants (212 in the intervention group and 204 controls). SYMPTOM questionnaires were completed by participants for 88% of intervention and 66% of control consultations. On average, the overall cohort consulted their GP nine times over the 12-month follow-up.

There was a 40% relative increase in respiratory consultations in the intervention group: relative rate (RR) 1.40 (95% CI: 1.08 to 1.82; P = 0.0123).

There were no significant differences in time to first respiratory consultation or total consultation rates. However, there was a non-significant mean reduction of 14 days in time to first presentation with respiratory symptoms.

Patients' perceived risk, self-efficacy to consult or knowledge of symptoms of lung disease did not differ between the groups.

Three patients were diagnosed with lung cancer during the 12-month follow-up, two in the intervention group and one in the control group. The authors comment that: 'It would require a substantially larger trial to be powered even to detect differences in time to diagnosis of lung cancer, let alone in clinical outcomes such as lung cancer stage or mortality.'

They conclude that this intervention could have an important role in primary care as part of a broader approach to improve the management of respiratory symptoms and serious lung disease.

There is growing evidence that time to diagnosis in symptomatic patients is associated with clinical outcomes for lung cancer. This trial seems another step pointing to the benefits of promoting health awareness with respect to lung cancer in at-risk populations. However, more work is required until we can be sure of concrete benefits.

DR PETER SAUL

Emery JD, Murray SR, Walter FM. The Chest Australia Trial: a randomised controlled trial of an intervention to increase consultation rates in smokers at risk of lung cancer. *Thorax* 2019;74:362-70

REFERENCE

1 Smith SM, Murchie P, Devereux G et al. Developing a complex intervention to reduce time to presentation with symptoms of lung cancer. *Br J Gen Pract* 2012;62:e605–e615

We welcome your feedback

If you would like to comment on any of the clinical reviews write to: **editor@thepractitioner.co.uk**