



# ICGP Library

## Recommended Reading

June 2023  
Issue 6

*Every month, the ICGP library scan resources of interest to General Practice and recommend reports and research articles from reputable sources.*

### INSIDE

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## ICGP Publications

**We look at what's being published lately in the ICGP.**

### Latest Issue of Forum

[June 2023, Volume 40, no 5](#)

**Skip the dip: New approach to UTIs in over 65s**

👁 **View all Forums from 2023:**

<https://www.icgp.ie/go/library/forum>

### ICGP Quick Reference Guide (QRG)

[Managing Depression in Primary Care: Quick Reference Guide](#)

This document aims to assist GPs in the screening, assessment, and management of patients with depression. It identifies available screening tools and management guidelines. Healthy lifestyle, outdoor activity and talk therapies are emphasised as essential starting points in patient treatments. Referral should be based on risk assessment and availability of supports locally.



IRISH COLLEGE OF GENERAL PRACTITIONERS  
Quality & Safety in Practice Committee




 **View** all ICGP QRGs:  
[https://www.icgp.ie/go/in\\_the\\_practice/quick\\_reference\\_guides](https://www.icgp.ie/go/in_the_practice/quick_reference_guides)




### GPWorks

Listen to our latest GP Works podcast, with our Medical Director Dr Diarmuid Quinlan, who explains the new non-EU Rural GP programme.

 **Listen** to this episode in full here:  
<https://www.icgpnews.ie/gpworks/>

### Press Release: Minister for Health announces General Practitioner (GP) training places to increase by one third by 2024 (2<sup>nd</sup> June)

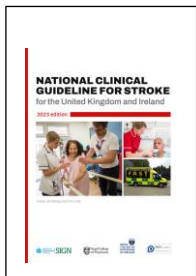
- number of GP Training Places to increase from an intake of 258 in 2022 to 350 in 2024 – a 35% increase.
- the total number of trainees undertaking the four-year programme will increase from the current 932 to 1,300 in 2026 – a 45% increase.
- capacity on the Non-EU GP Training Scheme to increase from 50 to 250 by the end of 2024 – a 400% increase.

 **Read the full Press Release:** [gov.ie - Minister for Health announces General Practitioner \(GP\) training places to increase by one third by 2024 \(www.gov.ie\)](https://www.gov.ie/en/minister-for-health-announces-general-practitioner-gp-training-places-to-increase-by-one-third-by-2024/)

### ICGP Research Staff Publications

**View** all ICGP Research Staff Publications here:  
[https://www.icgp.ie/index.cfm?spPath=research/reports\\_statements/2AA00D46-19B9-E185-83BC012BB405BAA6.html](https://www.icgp.ie/index.cfm?spPath=research/reports_statements/2AA00D46-19B9-E185-83BC012BB405BAA6.html)

## Clinical Guidelines




### SIGN National clinical guideline for stroke for the UK and Ireland (April 2023)

The national clinical guideline for stroke provides authoritative, evidence-based practice guidance to improve the quality of care delivered to every adult who has had a stroke in the United Kingdom and Ireland, regardless of age, gender, type of stroke, location, or any other feature. The guideline is intended for:

- Those providing care – nurses, doctors, therapists, care staff, pharmacists
- Those receiving care – patients, their families, their carers
- Those commissioning, providing or sanctioning stroke services
- Anyone seeking to improve the care of people with stroke.

The guideline is an initiative of the Intercollegiate Stroke Working Party. The fifth edition of the guideline was published in 2016. The 2023 edition is a partial update of the 2016 edition and was developed in collaboration with the Scottish Intercollegiate Guidelines Network (SIGN) and the National Clinical Programme for Stroke, Ireland. The 2023 edition

is endorsed for use in clinical practice by the Royal College of Physicians of London, SIGN and the Royal College of Physicians of Ireland.

 **Read the Guideline:** [National clinical guideline for stroke for the UK and Ireland \(sign.ac.uk\)](https://www.sign.ac.uk/sign/national-clinical-guideline-for-stroke-for-the-uk-and-ireland/)

## Reports



### HSE Model of Care for Dementia in Ireland (31<sup>st</sup> May)

The Model of Care sets out a range of targets and practice recommendations to advance the treatment, care and support for people living with dementia in Ireland. Care pathways, timely diagnosis and early intervention will provide an opportunity for the person with dementia and their families to be part of the journey in planning for their future needs and engage with the decision-making process around these needs. Evidence has shown timely diagnosis provides positively for the person with dementia and healthcare provider and enables individualised services tailored to meet the person's needs.

The Dementia Model of Care provides for a diagnostic model utilising three levels of assessment:

- **Level 1: Primary Care GP delivered assessment** is considered Level 1, this may include support and information from any of the Enhanced Community Care (ECC) programme services; CHN/Primary Care Teams, Community Specialist Teams for older people, Community Specialist Teams for chronic disease and Community Intervention Teams (CIT). The decision on appropriateness of referral to Memory Assessment and Support Service, Regional Specialist Memory Clinic or the National Intellectual Disability Memory Service is at the discretion of the primary care physician.
- **Level 2: Memory Assessment and Support Service:** People 65 years or over with a typical and clear presentation of dementia will predominantly be assessed and supported in a Level 2 Memory Assessment and Support Service (MASS) (or/other specialist service). If a diagnosis is communicated, the person with dementia will be offered relevant post diagnostic supports in their geographical area. As of May 2023; nine MASS's have been funded to date, located in the Donegal, Sligo, Cavan/Monaghan, Mullingar, Limerick, Kerry, Cork, Wexford and Waterford. Funding for additional MASS sites will be sought in future NSP estimates bids.
- **Level 3: Regional Specialist Memory Clinic (RSMC):** People 65 years or under with a suspected dementia or those with atypical or unclear presentations that require a more detailed assessment will predominantly be assessed and supported in a Level 3: Regional Specialist Memory Clinic (RSMC). However, they may utilise the post diagnostic support services that are local to where the person with dementia lives. As of April 2023; four RSMC's have been funded to date, they are located in the Mercy University Hospital, Cork, Galway University Hospital, Tallaght University Hospital and St James's Hospital, Dublin.

 **Read the Report:** [Model of Care for Dementia in Ireland \(hse.ie\)](https://www.hse.ie/eng/health/dementia/dementia_model_of_care_for_dementia_in_ireland/)



## National Cancer Registry Ireland (NCRI) COVID-19 impact on cancer incidence in Ireland in 2021: a preliminary analysis (June)

The findings in this report are based on registered and projected cancer cases in 2021, using data available in March 2023. NCRI expects to publish a more definitive update on 2021 case numbers later this year.

### Key findings:

- Preliminary data on the impact of the COVID-19 pandemic indicates that the number of cancer cases diagnosed in 2021 was down 1,665 cases or 6% lower than projected.
- This is a smaller shortfall in diagnosis than the 10% observed in 2020.
- Colorectal, female breast, and cervical cancer case numbers, which were notably impacted by the COVID-19 pandemic in 2020, returned to expected case numbers in 2021.
- Liver, pancreatic and kidney cancers appear to have been most significantly impacted by the disruptions that occurred due to COVID-19.
- The combined number of diagnosed cancers during 2020 and 2021 was down 4,320 cases or 8% lower than projected.

**Read the Report:** [COVID-19 impact on cancer incidence in Ireland in 2021: a preliminary analysis | National Cancer Registry Ireland \(ncri.ie\)](https://www.ncri.ie/covid-19-impact-on-cancer-incidence-in-ireland-in-2021-a-preliminary-analysis)

## WHO 'World Health Statistics 2023: Monitoring Health for the SDGs' (19<sup>th</sup> May)



WHO released the 2023 edition of its annual World Health Statistics report with new figures on the impact of COVID-19 pandemic and the latest statistics on progress towards the health-related Sustainable Development Goals (SDGs). The report with data up to 2022 underscores a stagnation of health progress on key health indicators in recent years compared with trends seen during 2000-2015. It also alerts us to the growing threat of noncommunicable diseases (NCDs) and climate change, and calls for a coordinated and strengthened response. Despite overall health progress, the share of deaths caused annually by NCDs has grown consistently and is now claiming nearly three quarters of all lives lost each year. If this trend continues, NCDs are projected to account for about 86% of the 90 million annual deaths by mid-century; consequently, 77 million of these will be due to NCDs – a nearly 90% increase in absolute numbers since 2019.

**Read the Report:** [World health statistics 2023: monitoring health for the SDGs, sustainable development goals \(who.int\)](https://www.who.int/world-health-statistics-2023)

## WHO 'Health for All: Transforming economies to deliver what matters' (23<sup>rd</sup> May)

This report issues a call to action to fix structural problems as radically and proactively as possible, shaping the economy to deliver on the goal of health for all. It sets out 13 bold recommendations grouped under four pillars – governing health innovation for the common good, adequately valuing and measuring human and planetary health, financing health, and creating dynamic public sector capacities to achieve health for all. Replete with detail and case studies, the report proposes a holistic approach that puts human and planetary health and wellbeing at the centre of how we think about purpose, value, and economic growth.



## EBM Round-Up



### NMIC Therapeutics Today (June 2023)

In this month's issue:

- Bipolar disorder - monitoring drug interventions
- Trends in severe outcomes of adults and paediatric patients hospitalised with COVID-19
- Women's pre-conception health in England
- Guideline/advice documents
- Regular features
  - June's medication reflection - see below
  - Medication Safety Minutes
  - Updates to the HSE antibiotic prescribing website
  - Health Products Regulatory Authority (HPRA) updates
  - Health Protection Surveillance Centre updates

 **View** [this issue](#).



### EASO - Talking about Weight: a Guide for GPs and Health Care Professionals

This infographic developed by Dr Michael Crotty, provides guidance and support to physicians and other HCPs in General Practice around understanding and communicating with patients about unhealthy excess weight.

 **View** here: [Talking about Weight: A Guide for GPs and Health Care Professionals - EASO](#)

### The Health System Performance Assessment (HSPA) Tool

The Health System Performance Assessment (HSPA) is a new online visual health data monitoring tool that provides an overall view on the performance of Ireland's Health system.

Operated by the Department of Health in partnership with the HSE, the prototype visualisation platform for the HSPA framework will help policymakers, healthcare providers, researchers and patients to better assess and improve system accountability, fairness, and efficiency.

The new HSPA website has been populated with health data in the areas of life expectancy, disease outcomes, health risk factors, the level of access to health services, affordability, the quality of the care provided, as well as the efficiency of health services.

 **View** here: <https://www.hspa.gov.ie/>



# Irish Articles

1. **Reilly EO, Fitzpatrick D, Lannon R, McCarroll K.** Knowledge gap in a cross section of Irish general practitioners prescribing denosumab for osteoporosis. *Ir J Med Sci.* 2023 May 22:1–6. doi: 10.1007/s11845-023-03383-w. Epub ahead of print. [Open Access]  
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37211588/>  
Full-text: <https://link.springer.com/article/10.1007/s11845-023-03383-w>  
Denosumab is commonly used by general practitioners (GPs) in Ireland to treat osteoporosis though drug holidays are not recommended with rebound bone loss and risk of vertebral fractures if stopped. We aimed to investigate GP practice and knowledge regarding denosumab including use and reasons for use, therapy duration, blood monitoring and recommended vitamin D status/calcium intake on treatment, staff administering, methods of recall, delays in receiving injections, management of and awareness of guidelines if stopped, reasons for stopping and concerns about same. We identified a knowledge gap in denosumab prescribing among a sample of Irish GPs. Findings suggest a need for education to increase awareness around denosumab use and to consider recall systems in GP practices as suggested elsewhere to ensure persistence with therapy.
2. Marron L, Ferenczi A, O'Brien KM, Cotter S, Jessop L, Morrissey Y, Migone C. **A national survey of parents' views on childhood vaccinations in Ireland.** *Vaccine.* 2023 May 13:S0264-410X(23)00522-4. doi: 10.1016/j.vaccine.2023.05.004. Epub ahead of print. [Open Access]  
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37183073/>  
Full-text: <https://www.sciencedirect.com/science/article/abs/pii/S0264410X23005224?via%3Dihub>  
Vaccine hesitancy is complex and multifactorial and a threat to global health. Uptake of some recommended childhood immunisations in Ireland remains below World Health Organisation targets. The aim of this study was to determine factors associated with vaccine uptake in Ireland. Understanding parental attitudes towards vaccination will inform the development of evidence-informed, targeted interventions to increase childhood immunisation uptake. Vaccine information for parents should focus on vaccine safety and public health action should be taken to build trust and engage communities in order to increase and sustain the uptake of childhood vaccines delivered as part of the national childhood primary immunisation programme in Ireland.
3. Kelly Y, O'Rourke N, Flynn R, O'Connor L, Hegarty J. **Factors that influence the implementation of (inter)nationally endorsed health and social care standards: a systematic review and meta-summary.** *BMJ Qual Saf.* 2023 Jun 8:bmjqs-2022-015287. doi: 10.1136/bmjqs-2022-015287. Epub ahead of print. [Open Access]  
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37290917/>  
Full-text: <https://qualitysafety.bmj.com/content/early/2023/06/08/bmjqs->

Health and social care standards have been widely adopted as a quality improvement intervention. Standards are typically made up of evidence-based statements that describe safe, high-quality, person-centred care as an outcome or process of care delivery. They involve stakeholders at multiple levels and multiple activities across diverse services. As such, challenges exist with their implementation. Existing literature relating to standards has focused on accreditation and regulation programmes and there is limited evidence to inform implementation strategies specifically tailored to support the implementation of standards. This systematic review aimed to identify and describe the most frequently reported enablers and barriers to implementing (inter)nationally endorsed standards, in order to inform the selection of strategies that can optimise their implementation. The most frequently reported enablers related to available support tools, education and shared learning. The most frequently reported barriers related to a lack of knowledge of standards, staffing issues and insufficient funds. Incorporating these findings into the selection of implementation strategies will enhance the likelihood of effective implementation of standards and subsequently, improve safe, quality care for people using health and social care services.

4. Ares-Blanco S, Guisado-Clavero M, Ramos Del Rio L, Gefaell Larrondo I, Fitzgerald L, et al. **Clinical pathway of COVID-19 patients in primary health care in 30 European countries: Eurodata study.** *Eur J Gen Pract.* 2023 Dec;29(2):2182879. doi: 10.1080/13814788.2023.2182879. Epub 2023 Mar 21. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/36943232/>  
**Full-text:** <https://www.tandfonline.com/doi/full/10.1080/13814788.2023.2182879>  
Most COVID-19 patients were treated in primary health care (PHC) in Europe. To demonstrate the scope of PHC workflow during the COVID-19 pandemic emphasising similarities and differences of patient's clinical pathways in Europe. In Europe PHC participated in many steps to diagnose, treat and monitor COVID-19 patients. Differences among countries might be addressed at European level for the management of future pandemics.
5. Butler K, Bartlett YK, Newhouse N, Farmer A, French DP, et al. **Implementing a text message-based intervention to support type 2 diabetes medication adherence in primary care: a qualitative study with general practice staff.** *BMC Health Serv Res.* 2023 Jun 10;23(1):614. doi: 10.1186/s12913-023-09571-9. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37301867/>  
**Full-text:** <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-09571-9>  
The Support through Mobile Messaging and digital health Technology for Diabetes (SuMMiT-D) project has developed, and is evaluating, a mobile phone-based intervention delivering brief messages targeting identified behaviour change techniques promoting medication use to people with type 2 diabetes in general practice. The present study aimed to inform refinement and future implementation of the SuMMiT-D intervention by investigating general practice staff perceptions of how a text message-based intervention to support medication adherence should be implemented within current and future diabetes care. Staff see the potential for a text message-based support intervention to address unmet needs and to enhance care for people with diabetes. Digital interventions, such as SuMMiT-D, need to be compatible with existing systems, demonstrate measurable benefits, be incentivised and be

quick and easy for staff to engage with. Interventions also need to be perceived to address general practice priorities, such as taking a holistic approach to care and having multi-cultural reach and relevance. Findings from this study are being combined with parallel work with people with type 2 diabetes to ensure stakeholder views inform further refinement and implementation of the SuMMiT-D intervention.

6. Hasan Ibrahim AS, Barry HE, Hughes CM. **GPs' and pharmacists' views of integrating pharmacists into general practices: a qualitative study.** *Br J Gen Pract.* 2023 May 25;73(731):e407-e417. doi: 10.3399/BJGP.2022.0518. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37230784/>  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10227995/>  
Practice-based pharmacists (PBPs) have been introduced into general practice across the UK to relieve some of the pressures within primary care. However, there is little existing UK literature that has explored healthcare professionals' (HCPs') views about PBP integration and how this role has evolved. To explore the views and experiences of GPs, PBPs, and community pharmacists (CPs) about PBPs' integration into general practice and their impact on primary healthcare delivery. Participants reported that PBPs had integrated well and perceived a positive impact on primary healthcare delivery. Further work is needed to increase patient awareness of the PBP role.
7. Gkiouleka A, Wong G, Sowden S, Bambra C, Siersbaek R, et al. **Reducing health inequalities through general practice.** *Lancet Public Health.* 2023 Jun;8(6):e463-e472. doi: 10.1016/S2468-2667(23)00093-2. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37244675/>  
**Full-text:** [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(23\)00093-2/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(23)00093-2/fulltext)  
Although general practice can contribute to reducing health inequalities, existing evidence provides little guidance on how this reduction can be achieved. We reviewed interventions influencing health and care inequalities in general practice and developed an action framework for health professionals and decision makers. We conducted a realist review by searching MEDLINE, Embase, CINAHL, PsycINFO, Web of Science, and Cochrane Library for systematic reviews of interventions into health inequality in general practice. We then screened the studies in the included systematic reviews for those that reported their outcomes by socioeconomic status or other PROGRESS-Plus (Cochrane Equity Methods Group) categories. 159 studies were included in the evidence synthesis. Robust evidence on the effect of general practice on health inequalities is scarce. Focusing on common qualities of interventions, we found that to reduce health inequalities, general practice needs to be informed by five key principles: involving coordinated services across the system (ie, connected), accounting for differences within patient groups (ie, intersectional), making allowances for different patient needs and preferences (ie, flexible), integrating patient worldviews and cultural references (ie, inclusive), and engaging communities with service design and delivery (ie, community-centred). Future work should explore how these principles can inform the organisational development of general practice.
8. Burton E, Aladkhen J, O'Donnell C, Masterson S, Merwick Á, et al. **Effects of the COVID-19 pandemic on prehospital emergency care for adults with stroke and transient ischaemic attack: A systematic review and meta-analysis.** *Prehosp Emerg Care.* 2023 Jun 1:1-42. doi: 10.1080/10903127.2023.2219729. Epub ahead of print. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37261801/>



**Full-text:**

<https://www.tandfonline.com/doi/full/10.1080/10903127.2023.2219729>

COVID-19 has challenged global health care systems and resulted in prehospital delays for time-sensitive emergencies, like stroke and transient ischaemic attacks (TIA). However, there are conflicting international reports on the level of effect of the pandemic on ambulance response intervals and emergency call volumes for these conditions. To synthesize the international evidence on the effect of COVID-19 on ambulance response intervals and emergency call volume for suspected stroke and TIA. Our review indicates that prehospital delays for suspected stroke/TIA increased during the COVID-19 pandemic. Furthermore, emergency call volume for suspected stroke/TIA decreased during this period. In order to minimise delays in future pandemics or other health care emergencies future research may involve understanding the potential reasons for these delays.

## Research Articles

1. Agyeman-Manu K, Ghebreyesus TA, Maait M, Rafila A, Tom L, et al. **Prioritising the health and care workforce shortage: protect, invest, together.** *Lancet Glob Health*. 2023 May 17:S2214-109X(23)00224-3. doi: 10.1016/S2214-109X(23)00224-3. Epub ahead of print. [Open Access]  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10191605/>
2. Mazzucato M. **Health for All: Transforming economies to deliver what matters.** *BMJ*. 2023 May 23;381:1175. doi: 10.1136/bmj.p1175. [Open Access]  
**Full-text:** <https://www.bmj.com/content/381/bmj.p1175>
3. GBD 2019 Chronic Respiratory Diseases Collaborators. **Global burden of chronic respiratory diseases and risk factors, 1990-2019: an update from the Global Burden of Disease Study 2019.** *EClinicalMedicine*. 2023 May;59:101936. doi: 10.1016/j.eclinm.2023.101936. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37229504/>  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7614570/>  
Updated data on chronic respiratory diseases (CRDs) are vital in their prevention, control, and treatment in the path to achieving the third UN Sustainable Development Goals (SDGs), a one-third reduction in premature mortality from non-communicable diseases by 2030. We provided global, regional, and national estimates of the burden of CRDs and their attributable risks from 1990 to 2019. Albeit the age-standardised prevalence, death, and DALYs rates of CRDs have decreased, they still cause a substantial burden and deaths worldwide. The high death and DALYs rates in low and low-middle SDI countries highlights the urgent need for improved preventive, diagnostic, and therapeutic measures. Global strategies for tobacco control, enhancing air quality, reducing occupational hazards, and fostering clean cooking fuels are crucial steps in reducing the burden of CRDs, especially in low- and lower-middle income countries.
4. Taylor C, McGale P, Probert J, Broggio J, Charman J, et al. **Breast cancer mortality in 500 000 women with early invasive breast cancer in England, 1993-2015: population based observational cohort study.** *BMJ*. 2023 Jun 13;381:e074684. doi: 10.1136/bmj-2022-074684. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37311588/>  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10261971/>  
To describe long term breast cancer mortality among women with a diagnosis of breast cancer in the past and estimate absolute breast cancer mortality risks for groups of patients with a recent diagnosis. These five year breast cancer mortality

risks for patients with a recent diagnosis may be used to estimate breast cancer mortality risks for patients today. The prognosis for women with early invasive breast cancer has improved substantially since the 1990s. Most can expect to become long term cancer survivors, although for a few the risk remains appreciable.

5. Adhikary D, Barman S, Ranjan R. **Internet-Based Cognitive Behavioural Therapy for Individuals With Depression and Chronic Health Conditions: A Systematic Review.** *Cureus.* 2023 Apr 19;15(4):e37822. doi: 10.7759/cureus.37822. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37213982/>  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10197913/>  
Cognitive behavioural therapy (CBT) has heightened the need for internet-delivered intervention for depression with chronic diseases than a traditionally-based treatment procedure, and the need for CBT as an internet-delivered intervention has increased because it scales down the stigma of proceeding to a therapist, saves travel time from different geographical areas, and increases access to the service. This study aimed to evaluate the contemporary evidence for the effectiveness of internet-delivered cognitive behavioural therapy (CBT) as a treatment option for depression with chronic illness (CVD, diabetes, chronic pain, cancer, and chronic obstructive pulmonary disease (COPD)) among adult populations in high-income countries. A systematic search strategy was devised based on selecting search terms, inclusion and exclusion criteria, and refinement processes. Electronic searches were conducted using databases related to healthcare and containing peer-reviewed literature: the Cumulated Index to Nursing and Allied Health Literature (CINAHL), the Excerpta Medica Database (Embase), the Medical Literature Analysis and Retrieval System Online (Medline), and PsycINFO. Key search terms were applied to all databases and combined using Boolean operators to maximise the efficiency of the search. This review included randomised controlled trials (RCTs) evaluating the adult population aged  $\geq 18$  years published from 2006-2021. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement was employed to guide the review process. The initial search yielded 134 studies across all databases, which were refined, leading to 18 studies in the final review data set. This review suggests that internet-based CBT is an effective strategy for reducing depressive symptoms in patients with comorbid depression and chronic diseases.
6. Esperat MC, Hust C, Song H, Garcia M, McMurry LJ. **Interprofessional Collaborative Practice: Management of Chronic Disease and Mental Health Issues in Primary Care.** *Public Health Rep.* 2023 May-Jun;138(1\_suppl):29S-35S. doi: 10.1177/00333549231155469. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37226954/>  
**Full-text:** [https://journals.sagepub.com/doi/10.1177/00333549231155469?url\\_ver=Z39.88-2003&rfr\\_id=ori:rid:crossref.org&rfr\\_dat=cr\\_pub%20%200pubmed](https://journals.sagepub.com/doi/10.1177/00333549231155469?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed)  
This case study describes the process of implementing and evaluating an interprofessional collaborative practice (IPCP) program for primary care and behavioral health integration focused on chronic disease management. The result was a strong IPCP program in a nurse-led federally qualified health center serving medically underserved populations. The IPCP program at the Larry Combest Community Health and Wellness Center at the Texas Tech University Health Sciences Center spanned >10 years of planning, development, and implementation, supported by demonstration, grants, and cooperative grants from the Health Resources and Services Administration. The program launched 3 projects: a patient navigation program, an IPCP program for chronic disease management, and a program for primary care and behavioral health integration. We established 3 evaluation domains to track the outcomes of the program:

TeamSTEPPS education outcomes (Team Strategies and Tools to Enhance Performance and Patient Safety), process/service measures, and patient clinical and behavioral measures. TeamSTEPPS outcomes were evaluated before and after training on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). Mean (SD) scores increased significantly in team structure (4.2 [0.9] vs 4.7 [0.5];  $P < .001$ ), situation monitoring (4.2 [0.8] vs 4.6 [0.5];  $P = .002$ ), and communication (4.1 [0.8] vs 4.5 [0.5];  $P = .001$ ). From 2014 to 2020, the rate of depression screening and follow-up improved from 16% to 91%, and the hypertension control rate improved from 50% to 62%. Lessons learned include recognizing partner contributions and the worth of each team member. Our program evolved with the help of networks, champions, and collaborative partners. Program outcomes show the positive impact of a team-based IPCP model on health outcomes among medically underserved populations.

7. Beerten SG, Coteur K, Mamouris P, Van Nuland M, Van Pottelbergh G, et al. **Trends in the registration of anxiety in Belgian primary care from 2000 to 2021: a registry-based study.** *Br J Gen Pract.* 2023 May 25;73(731):e460-e467. doi: 10.3399/BJGP.2022.0196. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37230771/>  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10058183/>  
Anxiety is frequently encountered in general practice, but figures regarding prevalence and incidence in this healthcare setting remain scarce. To provide insight about the trends in prevalence and incidence of anxiety in Belgian general practice, as well as the comorbidities and treatment of anxiety in this context. A significantly increasing prevalence and incidence of physician-registered anxiety was found in the study. Patients with anxiety tend to become more complex, with more comorbidities. Treatment for anxiety in Belgian primary care is very dependent on medication.
8. Lee H, Koh SB, Jo HS, Lee TH, Nam HK, et al. **Global Trends in Social Prescribing: Web-Based Crawling Approach.** *J Med Internet Res.* 2023 May 22;25:e46537. doi: 10.2196/46537. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37086427/>  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10242464/>  
Social loneliness is a prevalent issue in industrialized countries that can lead to adverse health outcomes, including a 26% increased risk of premature mortality, coronary heart disease, stroke, depression, cognitive impairment, and Alzheimer disease. The United Kingdom has implemented a strategy to address loneliness, including social prescribing—a health care model where physicians prescribe nonpharmacological interventions to tackle social loneliness. However, there is a need for evidence-based plans for global social prescribing dissemination. This study aims to identify global trends in social prescribing from 2018. To this end, we intend to collect and analyze words related to social prescribing worldwide and evaluate various trends of related words by classifying the core areas of social prescribing. This study's discussion highlights four key aspects: (1) the "Healthy" category trends emphasize mental health, cancer, and sleep; (2) the "Program" category prioritizes gardening, community, home-schooling, and digital initiatives; (3) "Governance" underscores the significance of community resources in social prescribing implementation; and (4) "Target" focuses on 4 main groups: individuals with long-term conditions, low-level mental health issues, social isolation, or complex social needs impacting well-being. Social prescribing is gaining global acceptance and is becoming a global national policy, as the world is witnessing a sharp rise in the aging population, noncontagious diseases, and mental health problems. A successful and sustainable model of social prescribing can be achieved by introducing social prescribing schemes based on the understanding of roles and the impact of multisectoral partnerships.

9. Moffatt S, Wildman J, Pollard TM, Gibson K, Wildman JM, et al. **Impact of a social prescribing intervention in North East England on adults with type 2 diabetes: the SPRING\_NE multimethod study.** *Public Health Res (Southampt)*. 2023 Mar;11(2):1-185. doi: 10.3310/AQXC8219.  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37254700/>  
**Full-text:** <https://researchportal.northumbria.ac.uk/en/publications/impact-of-a-social-prescribing-intervention-in-north-east-england>  
Social prescribing happens when health-care staff refer patients to a link worker. Link workers support and help patients to access community services to improve their health and well-being. Social prescribing is popular within the NHS, but there is little evidence that it works. We looked at a social prescribing model being delivered in a disadvantaged area in north-east England. This social prescribing model resulted in a small improvement in glycaemic control. Outcome effects varied across different groups and the experience of social prescribing differed depending on client circumstances.
10. Meijvis VAM, Heringa M, Kwint HF, de Wit NJ, Bouvy ML. **Barriers and facilitators for the implementation of the CombiConsultation by general practitioners, pharmacists and practice nurses: a qualitative interview study.** *Int J Clin Pharm*. 2023 May 30. doi: 10.1007/s11096-023-01597-7. Epub ahead of print. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37253951/>  
**Full-text:** <https://link.springer.com/article/10.1007/s11096-023-01597-7>  
The CombiConsultation is a consultation with the pharmacist for patients with a chronic condition, aligned with the periodic consultation with the practice nurse or general practitioner. Implementation requires adjustments in the working methods of these healthcare providers and therefore behavioural changes. The aim of this study was to identify the barriers and facilitators that determine the behavioural changes by pharmacists, general practitioners and practice nurses required for the implementation of the CombiConsultation. All healthcare providers are motivated to implement the CombiConsultation. An existing collaborative practice, with a clear and accepted professional role of the pharmacist is essential. Training of pharmacists in consultation and clinical-reasoning skills can be beneficial, as well as arrangements on the consultation logistics, and reimbursement.
11. Athlin Å, Lisspers K, Hasselgren M, Stållberg B, Janson C, et al. **Diagnostic spirometry in COPD is increasing, a comparison of two Swedish cohorts.** *NPJ Prim Care Respir Med*. 2023 Jun 2;33(1):23. doi: 10.1038/s41533-023-00345-8. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37264017/>  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10235108/>  
Spirometry should be used to confirm a diagnosis of chronic obstructive pulmonary disease (COPD). This test is not always performed, leading to possible misdiagnosis. We investigated whether the proportion of patients with diagnostic spirometry has increased over time as well as factors associated with omitted or incorrectly interpreted spirometry. Data from medical reviews and a questionnaire from primary and secondary care patients with a doctors' diagnosis of COPD between 2004 and 2010 were collected. Data were compared with a COPD cohort diagnosed between 2000 and 2003. Among 703 patients with a first diagnosis of COPD between 2004 and 2010, 88% had a diagnostic spirometry, compared with 59% ( $p < 0.001$ ) in the previous cohort. Factors associated with not having diagnostic spirometry were current smoking (OR 2.21; 95% CI 1.36-3.60), low educational level (OR 1.81; 1.09-3.02) and management in primary care (OR 2.28; 1.02-5.14). The correct interpretation of spirometry results increased (75% vs 82%;  $p = 0.010$ ). Among patients with a repeated spirometry, 94% had a persistent

FEV<sub>1</sub>/FVC or FEV<sub>1</sub>/VC ratio <0.70.

12. Sirimsi MM, De Loof H, Van den Broeck K, De Vliegher K, Van Royen P, et al. **Development of a toolkit to improve interprofessional collaboration and integration in primary care using qualitative interviews and co-design workshops.** *Front Public Health.* 2023 Apr 17;11:1140987. doi: 10.3389/fpubh.2023.1140987. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37139368/>  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10149845/>  
Despite numerous attempts to improve interprofessional collaboration and integration (IPCI) in primary care, patients, care providers, researchers, and governments are still looking for tools and guidance to do this more efficiently. To address these issues, we decided to develop a generic toolkit, based on sociocracy and psychological safety principles, to guide care providers in their collaboration within and outside their practice. Finally, we reasoned that, in order to obtain integrated primary care, different strategies should be combined. In this paper, we describe the multiyear co-development process of a generic toolkit for the improvement of interprofessional collaboration. Inspired by a mix of interventions from in and outside healthcare, a modular open toolkit was produced that includes aspects of Sociocracy, concepts as psychological safety, a self-assessment tool and other modules concerned with meetings, decision-making, integrating new team members and population health. Upon implementation, evaluation and further development and improvement, this compounded intervention should have a beneficial effect on the complex problem of interprofessional collaboration in primary care.
13. Poberezhets V, Kasteleyn MJ. **Telemedicine and home monitoring for COPD - a narrative review of recent literature.** *Curr Opin Pulm Med.* 2023 Jul 1;29(4):259-269. doi: 10.1097/MCP.0000000000000969. Epub 2023 May 4. [Article available via Inter-Library Loan - Contact the ICGP Library]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37140553/>  
Home monitoring for COPD patients improves medical care and disease management despite minor drawbacks and obstacles to its wide implementation. Involving end-users in evaluating and co-creating new telemonitoring interventions has the potential to improve the quality of remote monitoring for COPD patients in the near future.
14. Błaż M, Sarzyńska-Długosz I. **Family history of stroke - a useful clue for the primary care physician and stroke neurologist: a narrative review.** *Postep Psychiatr Neurol.* 2023 Mar;32(1):31-39. doi: 10.5114/ppn.2023.126482. Epub 2023 Apr 4. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37287734/>  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10243297/>  
The heritability of ischemic stroke is a complex mechanism, involving the contribution of genetic traits and environmental factors, which is why in everyday practice clinicians often rely on the broad term "family history of stroke", defined as the case of any first-degree relative who has had a stroke. The aim of this review is to update the available data regarding family history of stroke in primary and secondary stroke prevention by searching the electronic Scopus database for the phrase TITLE-ABS-KEY ("family history" AND "stroke"). Consideration of family history of stroke in everyday practice may carry useful information both for primary care physicians and stroke neurologists.
15. Malmborg M, Assad Turkey Al-Kahwa A, Kober L, Torp-Pedersen C, Butt JH, et al. **Specialized heart failure clinics versus primary care: Extended registry-based follow-up of the NorthStar trial.** *PLoS One.* 2023 Jun 8;18(6):e0286307. doi:



10.1371/journal.pone.0286307. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37289772/>

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10249840/>

Whether continued follow-up in specialized heart failure (HF) clinics after optimization of guideline-directed therapy improves long-term outcomes in patients with HF with reduced ejection fraction (HFrEF) is unknown. HFrEF patients on optimal medical therapy did not benefit from continued follow-up in a specialized HF clinic after initial optimization. Development and implementation of new monitoring strategies are needed.

16. Jones NR, Ordóñez-Mena JM, Roalfe AK, Taylor KS, Goyder CR, et al. **Body mass index and survival in people with heart failure.** *Heart*. 2023 Jun 8;heartjnl-2023-322459. doi: 10.1136/heartjnl-2023-322459. Epub ahead of print. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37290898/>

**Full-text:** <https://heart.bmj.com/content/early/2023/06/08/heartjnl-2023-322459.long>

In people with heart failure (HF), a high body mass index (BMI) has been linked with better outcomes ('obesity paradox'), but there is limited evidence in community populations across long-term follow-up. We aimed to examine the association between BMI and long-term survival in patients with HF in a large primary care cohort. The U-shaped relationship between BMI and long-term all-cause mortality suggests a personalised approach to identifying optimal weight may be needed for patients with HF in primary care. Underweight people have the poorest prognosis and should be recognised as high-risk.

17. MedSci KKF, Schneck V, Haase CL, Harder-Lauridsen NM, Rathor N, et al. **Weight change and risk of obesity-related complications: A retrospective population-based cohort study of a UK primary care database.** *Diabetes Obes Metab*. 2023 Jun 7. doi: 10.1111/dom.15154. Epub ahead of print. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37283064/>

**Full-text:** <https://dom-pubs.pericles-prod.literatumonline.com/doi/10.1111/dom.15154>

To examine associations between weight loss/gain and risk of developing 13 obesity-related complications (ORCs), stratified by baseline body mass index (BMI). Weight loss benefit is dependent on weight loss magnitude and initial BMI, and weight gain is associated with a similar risk increase. Four patterns of association were identified between degree of weight change, baseline BMI and 13 ORCs.

18. Andrew NE, Ung D, Olaiya MT, Dalli LL, Kim J, et al. **The population effect of a national policy to incentivize chronic disease management in primary care in stroke: a population-based cohort study using an emulated target trial approach.** *Lancet Reg Health West Pac*. 2023 Mar 10;34:100723. doi: 10.1016/j.lanwpc.2023.100723. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37283975/>

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10240379/>

Governments are investing in primary care policies that support chronic disease management. Large scale population-based evaluations are lacking. We aim to determine the effectiveness of government-funded chronic disease management policies to improve long-term outcomes (survival, hospital presentations, and preventive medication adherence) following stroke/Transient Ischemic Attack (TIA). Government policies that financially support primary care physicians to provide structured chronic disease management improve survival in the long-term following stroke/TIA.

19. Paskins Z, Moul A, Corp N, Bastounis A, Davis S, et al. **Research priorities regarding the use of bisphosphonates for osteoporosis: a UK priority setting**

**exercise.** *Osteoporos Int.* 2023 Jun 9. doi: 10.1007/s00198-023-06806-7. Epub ahead of print. [Article available via Inter-Library Loan – contact ICGP Library]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37294333/>

Worldwide, many people who would benefit from osteoporosis drugs are not offered or receiving them, resulting in an osteoporosis care gap. Adherence with bisphosphonates is particularly low. This study aimed to identify stakeholder research priorities relating to bisphosphonate treatment regimens for prevention of osteoporotic fractures. This study reports, for the first time, topics of importance to stakeholders in the research of bisphosphonate osteoporosis treatment regimens. These findings have implications for research into implementation to address the care gap and education of healthcare professionals. Using James Lind Alliance methodology, this study reports prioritised topics of importance to stakeholders in the research of bisphosphonate treatment in osteoporosis. The priorities address how to better implement guidelines to address the care gap, understanding patient factors influencing treatment selection and effectiveness, and how to optimise long-term care.

20. Ju HH, Momin R, Cron S, Jularbal J, Alford J, Johnson C. **A Nurse-Led Telehealth Program for Diabetes Foot Care: Feasibility and Usability Study.** *JMIR Nurs.* 2023 Jun 6;6:e40000. doi: 10.2196/40000. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37279046/>

**Full-text:** <https://nursing.jmir.org/2023/1/e40000>

Diabetes mellitus can lead to severe and debilitating foot complications, such as infections, ulcerations, and amputations. Despite substantial progress in diabetes care, foot disease remains a major challenge in managing this chronic condition that causes serious health complications worldwide. The primary aim of this study was to examine the feasibility and usability of a telehealth program focused on preventive diabetes foot care. A secondary aim was to descriptively measure self-reported changes in diabetes knowledge, self-care, and foot care behaviors before and after participating in the program. This study demonstrates that a nurse-led telehealth educational program centered on diabetes foot care is feasible, acceptable, and has the potential to improve diabetes knowledge and self-care, which are precursors to preventing debilitating foot complications.

21. Walker S, Goodfellow H, Pookarnjanamorakot P, Murray E, Bindman J, et al. **Impact of fatigue as the primary determinant of functional limitations among patients with post-COVID-19 syndrome: a cross-sectional observational study.** *BMJ Open.* 2023 Jun 7;13(6):e069217. doi: 10.1136/bmjopen-2022-069217. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37286327/>

**Full-text:** <https://bmjopen.bmj.com/content/13/6/e069217.long>

To describe self-reported characteristics and symptoms of treatment-seeking patients with post-COVID-19 syndrome (PCS). To assess the impact of symptoms on health-related quality of life (HRQoL) and patients' ability to work and undertake activities of daily living. A high proportion of this PCS treatment-seeking population was of working age with over half reporting moderately severe or worse functional limitation. There were substantial impacts on ability to work and activities of daily living in people with PCS. Clinical care and rehabilitation should address the management of fatigue as the dominant symptom explaining variation in functionality.

22. Sopcak N, Fernandes C, Ofosu D, Wong M, Khalil I, et al. **Facilitators and Barriers to the Implementation of BETTER WISE, a Chronic Disease and Prevention Intervention in Canada: A Qualitative Study.** *Glob Implement Res Appl.* 2023;3(2):162-172. doi: 10.1007/s43477-023-00074-7. Epub 2023 Mar 16. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37304057/>

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10018589/>

The aim of the BETTER WISE intervention is to address cancer and chronic disease prevention and screening (CCDPS) and lifestyle risks in patients aged 40-65. The purpose of this qualitative study is to better understand facilitators and barriers to the implementation of the intervention. Patients were invited for a 1-h visit with a prevention practitioner (PP), a member of a primary care team, with specific skills in prevention, screening, and cancer survivorship. We collected and analyzed data from 48 key informant interviews and 17 focus groups conducted with 132 primary care providers and from 585 patient feedback forms. We analyzed all qualitative data using a constant comparative method informed by grounded theory and then employed the Consolidated Framework for Implementation Research (CFIR) in a second round of coding. The following key elements were identified: (1) Intervention characteristics-relative advantage and adaptability; (2) Outer setting-PPs compensating for increased patient needs and decreased resources; (3) Characteristics of individuals-PPs (patients and physicians described PPs as compassionate, knowledgeable, and helpful); (4) Inner setting-network and communication (collaboration and support in teams or lack thereof); and (5) Process-executing the implementation (pandemic-related issues hindered execution, but PPs adapted to challenges). This study identified key elements that facilitated or hindered the implementation of BETTER WISE. Despite the interruption caused by the COVID-19 pandemic, the BETTER WISE intervention continued, driven by the PPs and their strong relationships with their patients, other primary care providers, and the BETTER WISE team.

23. Johnson R, Kovalenko AG, Blakeman T, Panagioti M, Lawton M, et al. **Treatment burden in multiple long-term conditions: a mixed-methods study protocol.** *BJGP Open*. 2023 Jun 9:BJGPO.2023.0097. doi: 10.3399/BJGPO.2023.0097.

Epub ahead of print. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37295796/>

**Full-text:**

<https://bjgpopen.org/content/early/2023/06/08/BJGPO.2023.0097.long>

Treatment burden represents the work patients undertake because of their healthcare, and the impact of that effort on the patient. Most research has focused on older adults (65+) with multiple long-term conditions (MLTC-M) but there are more younger adults (18-65) living with MLTC-M and they may experience treatment burden differently. Understanding experiences of treatment burden, and identifying those most at risk of high treatment burden, are important for designing primary care services to meet their needs. To understand the treatment burden associated with MLTC-M, for people aged 18-65 years, and how primary care services affect this burden. This study will generate in-depth understanding of the treatment burden experienced by people aged 18-65 years living with MLTC-M, and how primary care services affect this burden. This will inform further development and testing of interventions to reduce treatment burden, and potentially influence MLTC-M trajectories and improve health outcomes.

24. Krantz Å, Carrero JJ, Yang Y, Schalin L, Lysell J, Mazhar F. **Psoriasis/Psoriatic Arthritis Patients' Long-term Treatment Patterns and Adherence to Systemic Treatments Monitoring Recommendations.** *Acta Derm Venereol*. 2023 Jun 15;103:adv6505. doi: 10.2340/actadv.v103.6505. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37318074/>

**Full-text:** <https://medicaljournalssweden.se/actadv/article/view/6505>

Limited information exists regarding treatment of patients with psoriasis/psoriatic arthritis in primary care. The aim of this study is to assess treatment patterns, adherence, persistence, and compliance in newly diagnosed patients with psoriasis/psoriatic arthritis from 2012 to 2018 in Stockholm, Sweden. In addition,

laboratory monitoring before initiation of treatment and at recommended intervals was quantified for patients prescribed methotrexate or biologics. A total of 51,639 individuals were included, with 39% initiating treatment with topical corticosteroids and < 5% receiving systemic treatment within 6 months post-diagnosis. During a median (interquartile range) follow-up of 7 (4-8) years, 18% of patients received systemic treatments at some point. Overall, 5-year persistence rates were 32%, 45% and 19% for methotrexate, biologics, and other systemic treatments, respectively. Pre-initiation laboratory tests, as recommended by guidelines, were performed in approximately 70% and 62% of methotrexate and biologics users, respectively. Follow-up monitoring at recommended time intervals occurred in 14-20% and 31-33% of patients prescribed methotrexate and biologics, respectively. These findings highlight gaps in the pharmacological care of patients with psoriasis/psoriatic arthritis, including suboptimal adherence/persistence and inadequate laboratory monitoring.

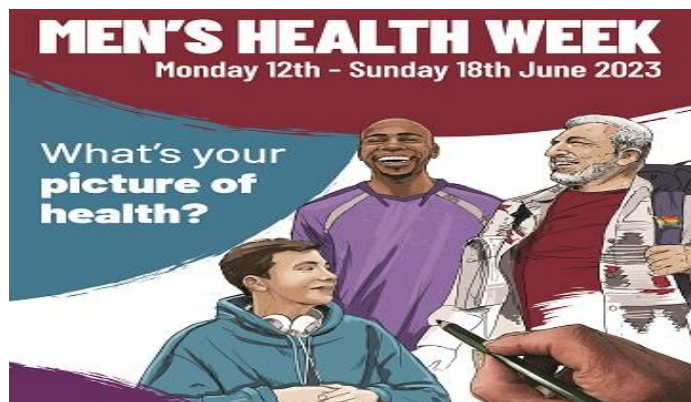
25. Sivakumar A, Pan RY, Wang A, Choi D, Charif AB, Kastner M, Légaré F, Yu CH. **Assessing the sustainability and scalability of a diabetes eHealth innovation: a mixed-methods study.** *BMC Health Serv Res.* 2023 Jun 14;23(1):630. doi: 10.1186/s12913-023-09618-x. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37316850/>  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10264878/>  
To date, little is known about the sustainability and scalability of MyDiabetesPlan, an eHealth innovation designed to facilitate shared decision-making within diabetes care. To avoid the possibility of its short-lived implementation and promote wider adoption so as to promote patient-centred diabetes care, it is critical to understand MyDiabetesPlan's sustainability and scalability in order to ensure its long-term impact at a greater scale. We sought to identify the sustainability and scalability potential of MyDiabetesPlan and its limiting factors. Addressing staff involvement throughout the dynamic care contexts, and resource constraints impacting scale-up can enhance the sustainability and scalability of MyDiabetesPlan. As such, future plans will focus on garnering organizational leadership buy-in and support, which may address the resource constraints associated with sustainability and scalability and improve the capacity for adequate staff involvement. eHealth researchers will be able to prioritize these limiting factors from the outset of their tool development to purposefully optimize its sustainability and scalability performance.
26. Patel P, Mancuso A. **A Holistic Approach to Physical and Mental Health: Associations Between Chronic Disease and Psychiatric Conditions.** *Psychol Health Med.* 2023 Jul;28(6):1421-1429. doi: 10.1080/13548506.2022.2088815. Epub 2022 Jun 21. [Article available via Inter-Library Loan - Contact ICGP Library]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/35726840/>  
Prior studies suggest that patients with chronic conditions are more likely to develop psychiatric disorders compared to healthy individuals without any medical conditions. The objective of this study was to investigate the link between chronic conditions and psychiatric disorders. The authors hypothesize that patients with chronic conditions have a higher comorbidity of certain psychiatric disorders compared to healthy individuals. Patients from Rowan University School of Osteopathic Medicine (Rowan SOM) Family Medicine offices completed an anonymous survey about medical and psychiatric diagnoses (Appendix 1). Multivariate analysis was used to examine the relationships between patients' rank of control of their chronic medical and psychiatric conditions compared to the age of onset and total number of conditions. One-hundred thirteen study participants reported having at least one chronic condition and seventy-four reported having at least one psychiatric disorder listed on the survey. Among the participants comorbid with both medical and psychiatric conditions, patients' ranking of control of their chronic conditions positively correlated with their ranking of

control of their psychiatric disorders (**p = 0.009**). Patients' ranking of control of their chronic conditions negatively correlated with the total number of psychiatric disorders (**p = 0.002**). The study did not generate significant evidence to support the original hypothesis. The results highlight a strong relationship between patients' perceived control of their physical health and mental health. The comorbidity of both chronic conditions and psychiatric disorders may present challenges for patients. Utilizing a holistic approach to patient care can help clinicians improve patient outcomes.

27. Dhaliwal KK, Watson KE, Lamont NC, Drall KM, Donald M, et al. **Managing 'sick days' in patients with chronic conditions: An exploration of patient and healthcare provider experiences.** *Health Expect.* 2023 Jun 8. doi: 10.1111/hex.13789. Epub ahead of print. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37291977/>  
**Full-text:** <https://onlinelibrary.wiley.com/doi/10.1111/hex.13789>  
People with chronic medical conditions often take medications that improve long-term outcomes but which can be harmful during acute illness. Guidelines recommend that healthcare providers offer instructions to temporarily stop these medications when patients are sick (i.e., sick days). We describe the experiences of patients managing sick days and of healthcare providers providing sick day guidance to their patients. It is important to understand the perspectives of both patients and healthcare providers with respect to the management of sick days. This understanding can be used to improve care and outcomes for people living with chronic conditions during sick days.
28. Natale P, Zhang J, Scholes-Robertson N, Cazzolli R, White D, et al. **The Impact of the COVID-19 Pandemic on Patients With CKD: Systematic Review of Qualitative Studies.** *Am J Kidney Dis.* 2023 Jun 15:S0272-6386(23)00671-6. doi: 10.1053/j.ajkd.2023.04.001. Epub ahead of print. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37330133/>  
**Full-text:** [https://www.ajkd.org/article/S0272-6386\(23\)00671-6/pdf](https://www.ajkd.org/article/S0272-6386(23)00671-6/pdf)  
COVID-19 disproportionately affects people with co-morbidities, including chronic kidney disease (CKD). The aim of this study was to describe the impact of COVID-19 on people with CKD and their caregivers. Uncertainty in accessing health care during the COVID-19 pandemic exacerbated vulnerability, emotional distress, and burden, and led to reduced capacity to self-manage among patients with CKD and their caregivers. Optimizing telehealth and access to educational and psychosocial support may improve self-management, and the quality and effectiveness of care during a pandemic, mitigating potentially catastrophic consequences in people with CKD.







## Health Awareness

In June, we have Men's Health Week (12<sup>th</sup>-18<sup>th</sup> June); World Blood Donor Day (June 14<sup>th</sup>) and World Kidney Cancer Day (June 15<sup>th</sup>). Here, we focus on Men's Health.

International Men's Health Week (MHW) always begins on the Monday before Father's Day and ends on Father's Day itself. During 2023, it will run from Monday 12th until Sunday 18th June. The MHW theme for the island of Ireland this year is 'The Picture of Health' and the call to men (and those who support the health of men) will be what does that look like to you?

For more details on Men's Health Week, view [About Men's Health Week \(mhfi.org\)](https://mhfi.org)

The slogan for 2023 [World Blood Donor Day](#) campaign is "Give blood, give plasma, share life, share often". The [Irish Blood Transfusion Board](#) have launched a recent campaign to get an additional 2,000 donors by the end of June.

More details about [World Kidney Cancer Day](#). This year, the campaign will focus on the importance of survivorship.

## Patient Safety Act 2023

*On 2 May 2023, the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 was signed into law by the President of Ireland.*

The new Act will provide a legislative framework for the mandatory open disclosure of a list of specified serious patient safety incidents that must be disclosed to patients and/or their families. This will ensure that patients and their families have access to comprehensive and timely information, including an apology where appropriate, in relation to serious patient safety incidents. The legislation is available here: [https://lnkd.in/eN\\_4vyBt](https://lnkd.in/eN_4vyBt)

HIQA is working with the Department of Health to prepare for the commencement of the Act. More information including training is available from the HSE: <https://www.hse.ie/eng/about/who/ngpsd/qps-incident-management/open-disclosure/>



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