



ICGP Library Recommended Reading

January 2023
Issue 1

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

INSIDE

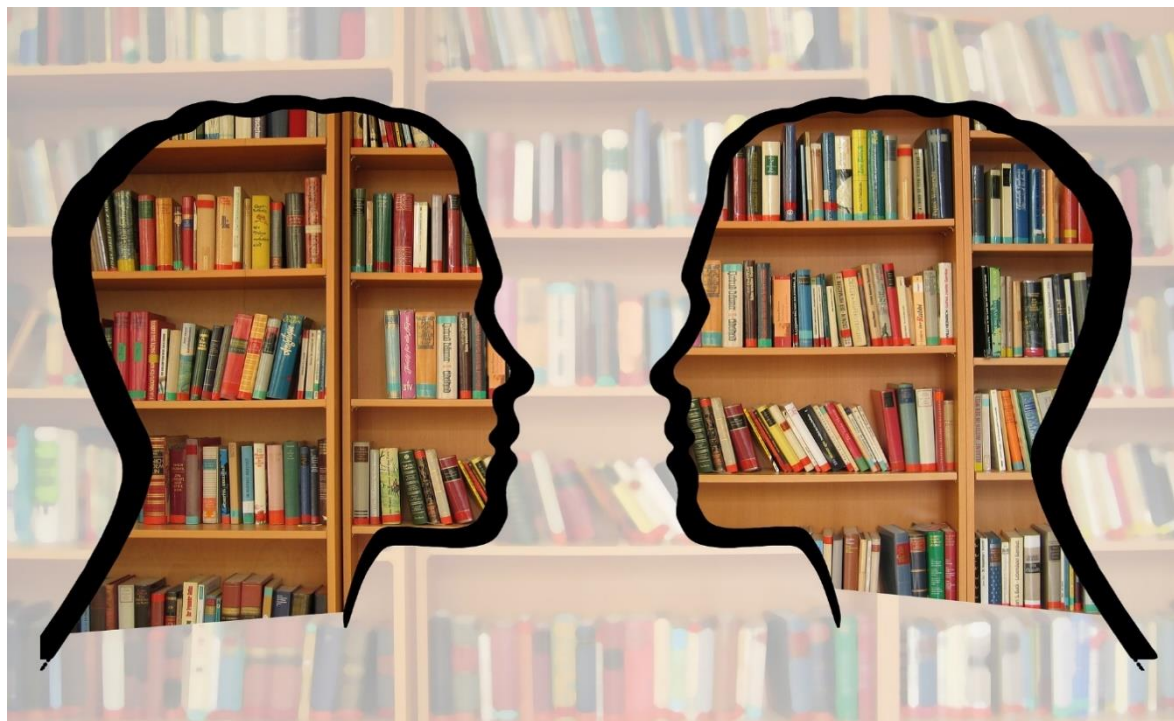
ICGP Publications

Reports

EBM Round-Up

Irish Articles

Research Articles



ICGP Publications

We look at what's being published lately in the ICGP as well as reviewing 2022.



Latest Issue of Forum

December 2022, Volume 39, no 10

Domino effect: Minimising falls risk

👁 View all [2022 Forum's](#).

ICGP Current Publications

ICGP Submission to the Oireachtas Joint Committee on Health

In its submission to the Oireachtas Joint Committee on Health on December 14th 2022, the College highlighted the scale of GP workforce crisis that have put general practice under serious strain. The submission reiterated the College's 10 solutions in its recently published discussion document "[Shaping the Future of General Practice](#)".

The ICGP has also commenced a Non-EU Rural GP Initiative to augment rural GP workforce.

 [View a listing of ICGP Current Publications by publication date.](#)



ICGP Quick Reference Guides (QRGs)

[Early Medical Abortion: Top Ten Tips for Non-Providing General Practitioners](#)

[Diagnosis & Management of Menopause in General Practice](#)

 [View a listing of ICGP QRGs by publication date.](#)

ICGP Research Staff Publications

Homeniuk R, Stanley F, Gallagher J, Collins C. **Heartwatch: an Irish cardiovascular secondary prevention programme in primary care, a secondary analysis of patient outcomes.** *BMJ Open.* 2023 Jan 4;13(1):e063811. doi: 10.1136/bmjopen-2022-063811. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36599635/>

Full-text: <https://bmjopen.bmj.com/content/13/1/e063811.long>

Overall, patients are not likely to meet all targets set by secondary prevention guidelines, however, supporting patient self-management may impact on this. Early enrolment after a cardiac event and frequent structured care visits should be priorities in the design and implementation of similar programmes. Ongoing evaluation of them is necessary to improve outcomes.

Glynn L, Murphy AW, Scully R, Strasser R, Quinlan D, Cowley J, Hayes P, O'Donnell P, O'Regan A, Tuli S, Santana MA, Sparrow-Downes VM, Petrazzuoli F, Nowlan S, Collins C, Fogarty F, MacFarlane A, Wynn-Jones J, Chater AB. **The Limerick Declaration on Rural Health Care 2022.** *Rural and Remote Health* 2023; 23: 7905.

<https://doi.org/10.22605/RRH7905>

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36631080/>

Full-text: <https://www.rrh.org.au/journal/article/7905>

The 19th World Rural Health Conference was hosted in rural Ireland and the University of Limerick. This conference declaration, the Limerick Declaration on Rural Healthcare, is designed to inform rural communities, academics and policymakers about how to achieve the goal of delivering high quality health care in rural and remote areas most effectively, with a particular focus on the Irish healthcare system.

 [View a listing of ICGP Research Staff Publications by year.](#)

Reports



OECD Economic Survey of Ireland (Dec 2022)

OECD published the Economic Survey of Ireland 2022 with a thematic chapter on health sector performance and efficiency. The Irish economy weathered the COVID-19 pandemic and is coping well with the repercussions from Russia's war of aggression against Ukraine. While the fiscal position is currently strong, with buoyant revenues, a number of pressures arising from ageing, housing, health, and climate change create fiscal risks in the longer term. The government has launched a major

reform of the health sector, Sláintecare. Boosting spending efficiency, reducing waiting times and simplifying the interaction of different parts of the system are key to achieve improved health sector performance and sustainability. Moving towards a more integrated system of primary, community and hospital care should be prioritised to increase spending efficiency and the capacity to meet future challenges. Improving data availability and governance as well as financial reporting and management can help track spending and reform implementation.

 **Read the study:** [Ireland Economic Snapshot - OECD](#)



ESRI Research Series - Extending eligibility for general practitioner care in Ireland: cost implications (Jan 2023)

Unlike most European countries, a majority of the population in Ireland pay out of pocket for a range of primary-care services, including GP care. In 2017, the Sláintecare Report recommended the introduction of universal GP and primary care. This study found that extending free GP care to all in 2026 would cost the State between €381 million and €881 million. However, there may be an insufficient number of GPs available to deliver the additional visits associated with the ageing and growing population. Without sufficient GPs, other barriers including long wait times or no availability could hinder access.

Key findings:

- It was estimated that there would be an additional 1.9 to 2.3 million GP visits in 2026 if free GP care is extended to all.
- The projected cost to the State in 2026 of extending free GP care to all was estimated to be €462 million to €881 million using the age-based approach and €381 million to €881 million using the income-based approach.
- Higher costs are associated with higher take-up rates and payments rates for GPs.
- Introducing free GP care would reduce out-of-pocket expenditure on GP services in 2026 from an estimated €467 million to €95 million (using the age-based approach).

 **Read the study:** [Extending eligibility for general practitioner care in Ireland: cost implications](#) | ESRI

CSO - Review of 2022 (Jan 2023)

A snapshot of Irish society in 2022 based on data published by the Central Statistics Office.

Highlights from 2022:

Population

As of Census night on 03 April, the [preliminary population count of Ireland in 2022](#) is 5.1 million – an increase of 7.6% from Census 2016 and the largest population recorded in a Census since 1841.

Deaths

Cancer and circulatory disease were [the biggest causes of death](#) in Ireland, according to figures published in November 2022, accounting for 5,152 (or 55.2%) of deaths in



April, May, and June (Q2) 2022 compared with 3,848 (or 57.4%) in Q2 2021. There were 1,724 deaths due to dementia in 2020, of which, 1,051 (61%) were female and of the 527 deaths due to Alzheimer's, 355 (67%) were female.

COVID-19 Deaths & Vaccinations

The number of deaths where [COVID-19 was identified as the Underlying Cause of Death](#) (UCOD) in 2021 was 3,011 (or 9.1% of total deaths). Our [COVID-19 Vaccination Series](#) in October revealed that just 14% of employees across all sectors were not fully vaccinated and the Accommodation & Food Services sector had the highest percentage of employees who were not fully vaccinated at 23% as of 31 August 2022.

 **Read the study:** [Ireland 2022: The Year in Numbers – Part 1 Society & Environment - CSO - Central Statistics Office](#)

EBM Round-Up

NMIC Therapeutics Today (Jan 2023)

In this month's issue:

- Adverse drug reactions in older people in the community in Ireland
- Thinking of a New Year's resolution
- Gynaecomastia
- Glucocorticoid induced adrenal insufficiency (GC-AL)
- Regular Updates

 [View this issue.](#)

NMIC Bulletin (Jan 2023, vol. 29, No.1)

Use of Medicines in Children

- Many medicines have not undergone extensive evaluation in children and the "off-label or unlicensed" use of medicines in children is common.
- Children are particularly susceptible to adverse drug reactions and medication errors.
- The dose of a medicine, based on age and/or weight, needs to be individualised to the child using a reliable paediatric medicines information resource.
- Good communication is important between all healthcare professionals involved in the child's treatment and with the parents/carers.

 [View this issue.](#)

Irish Articles

1. Beecher C, Duane S, Vellinga A, Murphy AW, Cormican M, Smyth A, Healy P, Moore M, Little P, Geoghegan C, Devane D. **COSUTI: A Core Outcome Set (COS) for Interventions for the Treatment of Uncomplicated Urinary Tract Infection (UTI) in Adults.** *Antibiotics (Basel)*. 2022 Dec 19;11(12):1846. doi: 10.3390/antibiotics11121846. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36551503/>
Full-text: <https://www.mdpi.com/2079-6382/11/12/1846>



Uncomplicated urinary tract infections (UTIs) are among the most common presentations of bacterial infections in the outpatient setting. The variation of outcomes reported in trials to assess the most effective treatment interventions for uncomplicated UTIs has meant that comparing and synthesising the outcomes across trials is challenging and limits the reliability of evidence which would otherwise inform healthcare decisions.

Objective: Develop a Core Outcome Set (COS) for interventions for the treatment of uncomplicated UTIs in otherwise healthy adults.

Results: We identified a large number of outcomes. Through the use of robust consensus methods, those outcomes were reduced to a core set of six outcomes that should, at a minimum, be measured and reported in randomised trials and systematic reviews of interventions treating uncomplicated UTIs in adults.

2. Larkin J, Walsh B, Moriarty F, Clyne B, Harrington P, Smith SM. **What is the impact of multimorbidity on out-of-pocket healthcare expenditure among community-dwelling older adults in Ireland? A cross-sectional study.** *BMJ Open*. 2022 Sep 1;12(9):e060502. doi: 10.1136/bmjopen-2021-060502. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36581975/>

Full-text: <https://bmjopen.bmj.com/content/12/9/e060502.long>

This study suggests that having multimorbidity in Ireland increases OOP healthcare expenditure, which is problematic for those with more conditions who have lower incomes. This highlights the need for this financial burden to be considered when designing healthcare/funding systems to address multimorbidity, so that access to essential healthcare can be maximised for those with greatest need.

3. McHugh S, Riordan F, Shelton RC. **Breaking the quality-equity cycle when implementing prevention programmes.** *BMJ Qual Saf*. 2022 Dec 8;bmjqs-2022-015558. doi: 10.1136/bmjqs-2022-015558. Epub ahead of print.

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36598002/>

Full-text: <https://qualitysafety-bmj-com.icgplibrary.idm.oclc.org/content/early/2022/12/08/bmjqs-2022-015558>

This study by Parkinson and colleagues illustrates the importance of considering and explicitly tracking the extent to which health equity is promoted and inequities are exacerbated, when new chronic disease programmes are implemented and evaluated across a range of diverse settings and populations.

4. Gleeson LL, Clyne B, Barlow JW, Ryan B, Murphy P, Wallace E, De Brún A, Mellon L, Hanratty M, Ennis M, Holton A, Pate M, Kirke C, Flood M, Moriarty F. **Medication safety incidents associated with the remote delivery of primary care: a rapid review.** *Int J Pharm Pract*. 2023 Jan 3:riac087. doi: 10.1093/ijpp/riac087. Epub ahead of print. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36595375/>

Full-text: <https://academic.oup.com/ijpp/advance-article/doi/10.1093/ijpp/riac087/6967748>

This review of medication safety incidents associated with the remote delivery of primary care identified common incident types associated with electronic prescriptions. There was a wide variation in reported frequencies of medication safety incidents associated with electronic prescriptions. Further research is required to determine the impact of the COVID-19 pandemic on

medication safety in primary care, particularly the increased use of telemedicine.

5. Hurley E, Walsh E, Foley T, Heinrich CH, Byrne S, Dalton K. **General practitioners' perceptions of pharmacists working in general practice: a qualitative interview study.** *Fam Pract.* 2022 Oct 15:cmac115. doi: 10.1093/fampra/cmac115. Epub ahead of print. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36242543/>
Full-text: <https://academic.oup.com/fampra/advance-article/doi/10.1093/fampra/cmac115/6761495>
This study's theory-informed insight provides a deeper understanding of GPs' perceptions of pharmacists working in general practice and behaviours which can be targeted to help optimize integration. These findings should be utilized in future service development to preempt and address GPs' concerns ahead of pharmacist integration, as well as to inform the development of general practice-based pharmacist roles going forward.
6. Conway R, Nikiphorou E, Demetriou CA, Low C, Leamy K, Ryan JG, Kavanagh R, Fraser AD, Carey JJ, O'Connell P, Flood RM, Mullan RH, Kane DJ, Stafford F, Robinson PC, Liew JW, Grainger R, McCarthy GM; COVID-19 Global Rheumatology Alliance. **Outcomes of COVID-19 in people with rheumatic and musculoskeletal disease in Ireland over the first 2 years of the pandemic.** *Ir J Med Sci.* 2023 Jan 9:1-6. doi: 10.1007/s11845-022-03265-7. Epub ahead of print. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36622628/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9827440/>
Hospitalisation or death were more frequently experienced by RMD patients with increasing age, certain comorbidities including potentially modifiable ones, and certain medications and diagnoses amongst other factors. These are important 'indicators' that can help risk-stratify and inform the management of RMD patients.

Research Articles

1. Goh LH, Siah CJR, Tam WWS, Tai ES, Young DY. **Effectiveness of the chronic care model for adults with type 2 diabetes in primary care: a systematic review and meta-analysis.** *Syst Rev.* 2022 Dec 15;11(1):273. doi: 10.1186/s13643-022-02117-w. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36522687/>
Full-Text: <https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-022-02117-w>
CCM interventions, compared to usual care, improve glycaemic control among adults with type 2 diabetes in primary care, with greater reductions when the mean baseline HbA_{1c} is ≥8% and with interventions containing four or more CCM elements.
2. Navaneethan SD, Zoungas S, Caramori ML, Chan JCN, Heerspink HJL, Hurst C, Liew A, Michos ED, Olowu WA, Sadusky T, Tandon N, Tuttle KR, Wanner C, Wilkens KG, Craig JC, Tunnicliffe DJ, Tonelli M, Cheung M, Earley A, Rossing P, de Boer IH, Khunti K. **Diabetes Management in Chronic Kidney Disease: Synopsis of the KDIGO 2022 Clinical Practice Guideline Update.** *Ann*

Intern Med. 2023 Jan 10. doi: 10.7326/M22-2904. Epub ahead of print. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36623286/>

Full-text: <https://www.acpjournals.org/doi/full/10.7326/M22-2904>

The updated guideline includes 13 recommendations and 52 practice points for clinicians caring for patients with diabetes and chronic kidney disease (CKD). A focus on preserving kidney function and maintaining well-being is recommended using a layered approach to care, starting with a foundation of lifestyle interventions, self-management, and first-line pharmacotherapy (such as sodium-glucose cotransporter-2 inhibitors) demonstrated to improve clinical outcomes. To this are added additional drugs with heart and kidney protection, such as glucagon-like peptide-1 receptor agonists and nonsteroidal mineralocorticoid receptor antagonists, and interventions to control risk factors for CKD progression and cardiovascular events, such as blood pressure, glycemia, and lipids.

3. Leving MT, Bosnic-Anticevich S, van Cooten J, de Sousa JC, Cvetkovski B, Dekhuijzen R, Dijk L, Pardo MG, Gardev A, Gawlik R, van der Ham I, Janse Y, Lavorini F, Maricoto T, Meijer J, Metz B, Price D, Roman-Rodriguez M, Schuttel K, Stoker N, Tsiligianni I, Usmani O, Emerson-Stadler R, Kocks JWH. **Clinical recommendations for dry powder inhaler use in the management of COPD in primary care.** *NPJ Prim Care Respir Med.* 2022 Dec 27;32(1):59. doi: 10.1038/s41533-022-00318-3. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36575175/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9794707/>

Over 1400 patients using dry powder inhalers (DPIs) to deliver COPD maintenance therapies were recruited across Europe and Australia. Their peak inspiratory flow (PIF) was measured, inhaler technique was observed, and adherence to treatment assessed. From relating the findings with patient health status, and thereby identifying critical errors, key clinical recommendations for primary care clinicians were determined, namely - measure PIF before prescribing a DPI to ensure inhalation manoeuvre ability is well-matched with the device.

4. Baker JA, Houin PR. **Comparison of National and Global Asthma Management Guiding Documents.** *Respir Care.* 2023 Jan;68(1):114-128. doi: 10.4187/respcare.10254. [ILL - Contact ICGP Library]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36566032/>

Asthma is a common chronic disease that affects both adults and children, and that continues to have a high economic burden. Asthma management guidelines were first developed nearly 30 years ago to standardize care, maintain asthma control, improve quality of life, maintain normal lung function, prevent exacerbations, and prevent asthma mortality. The two most common asthma guidelines used today were developed by the National Asthma Education and Prevention Program (NAEPP) Expert Panel Working Group and the Global Initiative for Asthma Science Committee. Both guiding documents use scientific methodology to standardize their approach for formulating recommendations based on pertinent literature. Before the 2020 National Asthma Education and Prevention Program (Expert Panel Report 4), nothing had been released since the 2007 guidelines, whereas the Global Initiative for Asthma publishes updates annually. Although each of these asthma strategies is similar, there are some noted differences. Over the years, the focus of asthma treatment has shifted from acute to chronic management. Frontline

respiratory therapists and other health-care providers should have a good understanding of these 2 guiding references and how they can impact acute and chronic asthma management. The primary focus of this narrative is to look at the similarities and differences of these 2 guiding documents as they pertain to the 6 key questions identified by the Expert Panel of the National Asthma Education and Prevention Program.

5. Lopez-Jimenez F, Almahmeed W, Bays H, Cuevas A, Di Angelantonio E, le Roux CW, Sattar N, Sun MC, Wittert G, Pinto FJ, Wilding JPH. **Obesity and cardiovascular disease: mechanistic insights and management strategies. A joint position paper by the World Heart Federation and World Obesity Federation.** *Eur J Prev Cardiol.* 2022 Dec 7;29(17):2218-2237. doi: 10.1093/eurjpc/zwac187. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36007112/>
Full-text: <https://academic.oup.com/eurjpc/article/29/17/2218/6675714>
 This position paper, developed by the WOF and the WHF, aims to improve understanding of the direct and indirect links between overweight/obesity and CVD, the key controversies in this area and evidence relating to cardiometabolic outcomes with available weight management options. Finally, an action plan for clinicians provides recommendations to help in identifying and addressing the risks of obesity-related CVD (recognizing resource and support variances between countries).
6. Lucas J, van Doorn P, Hegedus E, Lewis J, van der Windt D. **A systematic review of the global prevalence and incidence of shoulder pain.** *BMC Musculoskelet Disord.* 2022 Dec 8;23(1):1073. doi: 10.1186/s12891-022-05973-8. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36476476/>
Full-text: <https://bmcmusculoskeletdisord.biomedcentral.com/articles/10.1186/s12891-022-05973-8>
 Our review demonstrates that a significant proportion of the population across the world will experience shoulder pain daily, yearly, and throughout a lifetime. Regional gaps in evidence and methodological inconsistencies must be addressed in order to establish a more definitive global burden.
7. McGlynn A, O'Callaghan C, McDougall B, Osborne J, Harris-Roxas B. **Translating Health Coaching Training into Clinical Practice.** *Int J Environ Res Public Health.* 2022 Dec 1;19(23):16075. doi: 10.3390/ijerph192316075. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36498152/>
Full-text: <https://www.mdpi.com/1660-4601/19/23/16075>
 Health coaching can benefit people with managing chronic conditions. It considers people's motivations, is person-centred and has the capacity to promote healthy lifestyles and address chronic disease risk factors. This case study demonstrates the importance of evaluation and diagnostics of contextual barriers and enablers to inform translation into practice.
8. Chawla K, Furlong R, Kamo N, Gerbino I, Smith D, Blackmore C. **Clinical spotlight intervention to accelerate translation of evidence-based practices in primary care.** *BMJ Open Qual.* 2022 Dec;11(4):e002032. doi: 10.1136/bmjopen-2022-002032. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36581350/>

Full-text: <https://bmjopenquality.bmj.com/content/11/4/e002032.long>
Evidence-based medical practice is often slow to diffuse into widespread clinical practice. To accelerate translation of updated best practices into clinical care, we developed a quality improvement intervention called the 'Clinical Spotlight'. We conclude that translation of evidence-based practices into clinical care can be enhanced through an educational intervention linked to Lean process improvement and with supported implementation.

9. Al-Aly Z, Agarwal A, Alwan N, Luyckx VA. **Long COVID: long-term health outcomes and implications for policy and research.** *Nat Rev Nephrol.* 2023 Jan;19(1):1-2. doi: 10.1038/s41581-022-00652-2. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36319780/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9628426/>
Long COVID, which refers to post-acute and chronic sequelae of SARS-CoV-2 infection, can affect nearly every organ system and all demographic groups. The high and growing toll of long COVID calls for an urgent need to understand how to prevent and treat it. Governments and health systems must address the care needs of people with long COVID.

10. Windak A, Nessler K, Van Poel E, Collins C, Wójtowicz E, Murauskiene L, Hoffmann K, Willems S. **Responding to COVID-19: The Suitability of Primary Care Infrastructure in 33 Countries.** *Int J Environ Res Public Health.* 2022 Dec 18;19(24):17015. doi: 10.3390/ijerph192417015. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36554901/>
Full-text: <https://www.mdpi.com/1660-4601/19/24/17015>
COVID-19 proved that primary care (PC) providers have an important role in managing health emergencies, such as epidemics. Little is known about the preparedness of primary care practice infrastructure to continue providing high quality care during this crisis. The aim of this paper is to describe the perceived limitations to the infrastructure of PC practices during COVID-19 and to determine the factors associated with a higher likelihood of infrastructural barriers in providing high quality care. The results of the study indicate the need for systematic support for the development of practice infrastructure in order to provide high-quality, safe primary care in the event of future crises similar to the COVID-19 pandemic.

11. Khan KL, Kanani S, Nisa M. **Assessment of Primary Care Physicians' Perception of Telemedicine Use During the COVID-19 Pandemic in Primary Health Care Corporation, Qatar.** *Cureus.* 2022 Nov 30;14(11):e32084. doi: 10.7759/cureus.32084. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36600846/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9803869/>
While telemedicine has been extensively researched throughout the globe, the Middle East has seen relatively little research on the topic. The purpose of this study was to investigate the primary care physicians' perceptions of the use of telemedicine, as well as its hurdles and benefits, during the COVID-19 pandemic in the state of Qatar.

12. Sturgiss EA, Prathivadi P, Phillips WR, Moriarty F, Lucassen PLBJ, van der Wouden JC, Glasziou P, Olde Hartman TC, Orkin A, Reeve J, Russell G, van Weel C. **Key items for reports of primary care research: an international Delphi study.** *BMJ Open.* 2022 Dec 19;12(12):e066564. doi: 10.1136/bmjopen-2022-066564. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36535712/>

Full-text: <https://bmjopen.bmj.com/content/12/12/e066564.long>

Our Delphi study identified items to guide the reporting of PC research that has broad endorsement from the community of producers and users of PC research. We will now use these results to inform the final development of the CRISP guidance for reporting PC research.

13. De Vleminck A, Craenen L, Stevens J, Lemaigre V, Pype P, Deliëns L, Pardon K. **Emotional cues and concerns of patients with a life limiting, chronic illness during advance care planning conversations in general practice.** *Patient Educ Couns.* 2023 Feb;107:107563. doi: 10.1016/j.pec.2022.11.005. Epub 2022 Nov 11. [ILL - Contact the ICGP Library]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36428170/>

GPs should be attentive to implicit expressions of emotions as these provide opportunities to engage patients in tailored ACP conversations. As patients expressed many cues/concerns, GPs are recommended to have recurrent conversations with patients and actively ask about diverse ACP topics.

14. Sheppard J, Shen Lee B, Periman LM. **Dry eye disease: identification and therapeutic strategies for primary care clinicians and clinical specialists.** *Ann Med.* 2023 Dec;55(1):241-252. doi: 10.1080/07853890.2022.2157477. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36576348/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9809411/>

Dry eye disease (DED) is a multifactorial disorder characterized by loss of tear film homeostasis with an estimated worldwide prevalence of 5% to 50%. Key messages: Successful management of dry eye disease often requires the use of various pharmacologic and/or nonpharmacologic therapies, as well as environmental and lifestyle modifications, to mitigate the underlying etiologies and restore tear film homeostasis. Primary care clinicians play an essential role in dry eye disease management by establishing a diagnosis, educating patients about the disorder, and providing referrals to eye care specialists for initiation of specialized treatment and long-term follow-up. Primary care clinicians and clinical specialists should consider prescribing medications with fewer ocular surface effects whenever possible in patients at risk for or with existing dry eye disease.

15. Matthews KS, Rennoldson SC, Fraser SD. **Influence of health-system change on treatment burden: a systematic review.** *Br J Gen Pract.* 2022 Dec 21;73(726):e59-e66. doi: 10.3399/BJGP.2022.0066. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36253115/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9591018/>

Treatment burden is a patient-centred concept describing the effort required of people to look after their health and the impact this has on their functioning and wellbeing. High treatment burden is more likely for people with multiple long-term conditions (LTCs). Validated treatment burden measures exist, but have not been widely used in practice or as research outcomes. System-level interventions may affect some treatment burden domains. However, adoption of a standardised outcome set, incorporating validated treatment burden measures, and the development of standard definitions for care processes in future research would aid study comparability.

16. Soilemezi D, Palmar-Santos A, Navarta-Sánchez MV, Roberts HC, Pedraz-Marcos A, Haahr A, Sørensen D, Bragstad LK, Hjelle EG, Haavaag SB, Portillo MC. **Understanding support systems for Parkinson's disease management in community settings: A cross-national qualitative study.** *Health Expect.* 2022 Dec 27. doi: 10.1111/hex.13691. Epub ahead of print. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36573594/>
Full-Text: <https://onlinelibrary.wiley.com/doi/10.1111/hex.13691>
Policymakers are called upon to create formal structures that facilitate multisectoral collaborations to promote an integrated system of care for the management of Parkinson's disease in the community. To address this challenge, we propose five strategies showing how organizations can work together to optimize the use of resources and enhance the management of Parkinson's disease throughout the illness trajectory. Patient and Public Involvement groups made up of stakeholders, healthcare professionals, patients with Parkinson's disease and family carers participated in the design of the study, the development of the interview guides and the validation of the findings.
17. Reist C, Petiwala I, Latimer J, Raffaelli SB, Chiang M, Eisenberg D, Campbell S. **Collaborative mental health care: A narrative review.** *Medicine (Baltimore).* 2022 Dec 30;101(52):e32554. doi: 10.1097/MD.00000000000032554. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36595989/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9803502/>
The Collaborative Care model is a systematic strategy for treating behavioral health conditions in primary care through the integration of care managers and psychiatric consultants. This review discusses current research on the effectiveness and cost-efficiency of Collaborative Care. In addition, this paper discusses its ability to adapt to specific patient populations, such as geriatrics, students, substance use, and women with perinatal depression, as well as the significance of measurement-based care and mental health screening in achieving improved clinical outcomes. Current data suggests that Collaborative Care may significantly improve patient outcomes and time-to-treatment in all reviewed settings, and successfully adapts to special patient populations. Despite the high upfront implementation burden of launching a Collaborative Care model program, these costs are generally offset by long term healthcare savings.
18. Blackaby J, Byrne J, Bellass S, Canvin K, Foy R. **Interventions to improve the implementation of evidence-based healthcare in prisons: a scoping review.** *Health Justice.* 2023 Jan 3;11(1):1. doi: 10.1186/s40352-022-00200-x. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36595141/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9809036/>
There is a paucity of high-quality evidence to inform strategies to implement evidence-based health care in prisons, and an over-reliance on weak evaluation designs which may over-estimate effectiveness. Whilst most evaluations have focused on recognised priorities for the incarcerated population, relatively little attention has been paid to long-term conditions core to primary care delivery. Initiatives to close the gaps between evidence and practice in prison primary care need a stronger evidence base.

19. Singer AJ, Sharma A, Deignan C, Borgermans L. **Closing the gap in osteoporosis management: the critical role of primary care in bone health.** *Curr Med Res Opin.* 2023 Jan 4;1-20. doi: 10.1080/03007995.2022.2141483. Epub ahead of print. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36597741/>
Full-text: <https://www.tandfonline.com/doi/full/10.1080/03007995.2022.2141483>
Osteoporosis is a chronic condition associated with aging in which bones become “porous” and weak, and are more likely to break (i.e., fracture) even with minimal trauma such as tripping or falling from a standing height. A broken bone is a serious condition that not only affects daily activities, but can lead to reduced quality of life, need for caregiver support, work loss, hospital and rehabilitation costs, nursing home costs, and increased mortality. In this article we discuss the critical role of PCPs in early detection, diagnosis, and treatment of osteoporosis as they are often the first point of contact for at-risk patients. We present a simple, 4-step approach to help PCPs and patients navigate the journey from osteoporosis diagnosis to a treatment plan. The 4 steps are to: 1) identify at-risk patients by screening for weak bones or osteoporosis, 2) perform necessary tests to diagnose patients, 3) develop a personalized treatment plan, and 4) determine long-term strategies for managing and monitoring bone health.
20. Ismayilova M, Yaya S. **'I'm usually being my own doctor': women's experiences of managing polycystic ovary syndrome in Canada.** *Int Health.* 2023 Jan 3;15(1):56-66. doi: 10.1093/inthealth/iha028. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/35567790/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9808519/>
Most women in this study were frustrated with the level of involvement and information provision from their doctors. Key recommendations are identified for the provision of care to younger and older patients with PCOS. Improved education for physicians may be needed to improve the quality of healthcare provision for PCOS.
21. Sharma A, Sharma N, Vats S, Jain M, Chahal A, Kashoo FZ, Hakamy A, Alajam RA, Alshehri MM, Bharath Kumar M, Sanjeevi RR, Alwadaani F, Shaphe MA. **Effect of Resistance Training on Body Composition, Hemodynamic Parameters and Exercise Tolerance among Patients with Coronary Artery Disease: A Systematic Review.** *Healthcare (Basel).* 2022 Dec 31;11(1):131. doi: 10.3390/healthcare11010131. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36611590/>
Full-text: <https://www.mdpi.com/2227-9032/11/1/131>
Resistance Training is an effective exercise that should be incorporated to counteract the loss of muscle strength, muscle mass, and physiological vulnerability, as well as to combat the associated debilitating effects on physical functioning, mobility and overall independence and Quality of Life during rehabilitation of patients with coronary artery disease.
22. Shailendra P, Baldock KL, Li LSK, Bennie JA, Boyle T. **Resistance Training and Mortality Risk: A Systematic Review and Meta-Analysis.** *Am J Prev Med.* 2022 Aug;63(2):277-285. doi: 10.1016/j.amepre.2022.03.020. Epub 2022 May 20. [ILL – Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/35599175/>
This systematic review and meta-analysis provides the strongest evidence to

date that resistance training is associated with reduced risk of all-cause, cardiovascular disease, and cancer-specific mortality. More research is needed to determine whether any potential mortality benefits gained from resistance training diminish at higher volumes.

23. Litt JS, Alaimo K, Harrall KK, Hamman RF, Hébert JR, Hurley TG, Leiferman JA, Li K, Villalobos A, Coringrato E, Courtney JB, Payton M, Glueck DH. **Effects of a community gardening intervention on diet, physical activity, and anthropometry outcomes in the USA (CAPS): an observer-blind, randomised controlled trial.** *Lancet Planet Health.* 2023 Jan;7(1):e23-e32. doi: 10.1016/S2542-5196(22)00303-5. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36608945/>
Full-text: [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(22\)00303-5/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(22)00303-5/fulltext)
Community gardening can provide a nature-based solution, accessible to a diverse population including new gardeners, to improve wellbeing and important behavioural risk factors for non-communicable and chronic diseases.
24. Donnelly C, Leclair L, Hand C, Wener P, Letts L. **Occupational therapy services in primary care: a scoping review.** *Prim Health Care Res Dev.* 2023 Jan 9;24:e7. doi: 10.1017/S1463423622000123. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36617849/>
Full-text: <https://www.cambridge.org/core/journals/primary-health-care-research-and-development/article/occupational-therapy-services-in-primary-care-a-scoping-review/0FB5D398C51A07769A1580812AB5FB93>
129 articles were identified, with 62 non-research and 67 research-focussed articles. A total of 268 assessments and 868 interventions were identified. The top interventions offered by occupational therapists were referring to/advocating for/coordinating/linking to and navigating community services ($n = 36$ articles), chronic disease management ($n = 34$ articles)/self-management education ($n = 28$ articles), health promotion ($n = 30$ articles) and falls prevention ($n = 27$ articles). The predominant focus in the literature is on adult and older adult populations.
25. Morrow E, Zidaru T, Ross F, Mason C, Patel K.D., Ream M, Stockley R. **Artificial intelligence technologies and compassion in healthcare: A systematic scoping review.** *Frontiers in Psychology.* 2023 17 Jan;13:971044. doi: 10.3389/fpsyg.2022.971044. [Open Access]
Full-text: <https://www.frontiersin.org/articles/10.3389/fpsyg.2022.971044/full>
There is an association between AI technologies and compassion in healthcare and interest in this association has grown internationally over the last decade. In a range of healthcare contexts, AI technologies are being used to enhance empathetic awareness; empathetic response and relational behavior; communication skills; health coaching; therapeutic interventions; moral development learning; clinical knowledge and clinical assessment; healthcare quality assessment; therapeutic bond and therapeutic alliance; and to provide health information and advice. New and novel approaches to human-AI intelligent caring could enrich education, learning, and clinical practice; extend healing spaces; and enhance healing relationships.




Health Awareness

Here we focus on Lung Cancer Awareness and the European Cervical Cancer Prevention.

The Irish Cancer Society launched its annual Lung Cancer Awareness Month back in January 2018. Lung cancer is the 5th most common cancer in Ireland, with almost 2,700 people being diagnosed each year. It affects both women and men, usually over the age of 50.

 View more information from the [Irish Cancer Society](#).

European Cervical Cancer Prevention Week from January 16 to 22 is used to spread awareness about cervical cancer and its effects. In December 2022, the CervicalCheck Screening Training Unit (STU) launched their strategic plan for the development of high-quality, accessible education for all healthcare professionals involved in delivering a cervical screening service for the period 2022 to 2025.

 Read the Strategic Plan: [NSS CervicalCheck Education Strategy 2022-2025](#)

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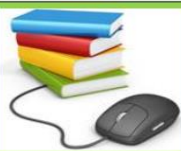
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