



ICGP Library

Recommended Reading

December 2023
Issue 12

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

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ICGP Publications

We look at what has been published recently in the ICGP.

Latest Issue of Forum

[December 2023, Volume 40, no 10](#)

Mother Nature's climate warning: when flooding strikes a practice

👁 **View all Forums** from 2023:
<https://www.icgp.ie/go/library/forum>



Joint Oireachtas Committee on Assisted Dying: Opening Statement: Safeguarding Medical Professionals

Irish College of General Practitioners presented before the Joint Oireachtas Committee on Assisted Dying on the 28th November, in relation to safeguarding medical professionals. ICGP shares perspectives of members on safeguarding both patients and medical professionals if assisted dying legislation is introduced.

 **Read the** [Opening Statement](#).



GPWorks



Listen to the latest episode in our [GP Works podcast](#), an interview with Prof. Claire Collins, Chief Operating Officer of the Irish College of General Practitioners, and former Director of Research with the ICGP.

ICGP Staff Research Articles

1. Clifford M, McEllistrem B, Jones D. **Exploring the preparedness of newly qualified general practitioners for independent practice in Ireland.** *Educ Prim Care*. 2023 Nov 8;1-14. doi: 10.1080/14739879.2023.2249429. Epub ahead of print. PMID: 37940127.
Full-text: <https://www.tandfonline.com/icgplibrary.idm.oclc.org/doi/full/10.1080/14739879.2023.2249429>
Abstract: Newly qualified general practitioners' (NQGPs) experiences of transition to independent practice are varied. Most Irish GP graduates see themselves as either assistant GPs, salaried GPs or locum GPs one year post-qualification, yet anticipate partnership ten years post-qualification. Research into GP trainees' transition to independent practice is scarce, yet perceived lack of preparedness can be associated with emotional exhaustion and burnout. To explore NQGPs experience of their transition to independent practice in Ireland. This research provides a unique insight into the experiences of NQGPs in Ireland. Specialist GP training schemes are influential in how NQGPs perceive their preparedness for independent practice; however, external factors including their place of work and alignment of professional goals play a part in this stage of NQGPs career.
2. Van Poel E, van Loenen T, Collins C, Van Roy K, Van den Muijsenbergh M, Willems S. **Barriers and Enablers Experienced by General Practitioners in Delivering Safe and Equitable Care during COVID-19: A Qualitative Investigation in Two Countries.** *Healthcare (Basel)*. 2023 Nov 21;11(23):3009. doi: 10.3390/healthcare11233009. PMID: 38063577; PMCID: PMC10706011. [Open Access]
Full-text: <https://doi.org/10.3390/healthcare11233009>
Abstract: Addressing equity in healthcare is fundamental for delivering safe care to vulnerable patients, especially during COVID-19. This paper aims to identify barriers and enabling factors for general practitioners (GPs) in delivering safe and equitable care during the COVID-19 pandemic. Semi-structured interviews took place during May-July 2020 among 18 Flemish and 16 Dutch GPs. Thematic analysis of the interviews demonstrated that while GPs acknowledged a smooth information flow by governments and professional organizations on care guidelines, the fast-changing information challenged them to stay up to date. Media communication facilitated information dissemination but also fueled misinformation and miscommunication, creating unrealistic patient expectations. Certain guidelines and patient reluctance delayed necessary care. A shortage of personal protective equipment made GPs concerned about patient safety during face-to-face contacts. Teleconsultations became a popular alternative, but posed increased patient safety risks. GPs struggled to identify and reach vulnerable patients. Equitable care was hindered by time constraints; thus, having the appropriate materials facilitated such care. An interprofessional collaboration involving paramedical, social, and city services benefited patient safety and equity in healthcare. However, limitations in this collaboration pressured GPs. The unprecedented and resource-constrained environment challenged GPs' capacity to provide the healthcare quality they aspired to deliver. A well-structured

collaborative network involving all stakeholders could benefit safe and equitable care in future pandemics.

3. Ceatha N, Koay ACC, Kelly A, Killeen T, McCabe K, Murray J, Pope J, Scully N, Buggy C, Crowley D. **LGBT+ Youth Perspectives on Sexual Orientation and Gender Identity Questions in the Growing Up in Ireland Survey: A Qualitative Study.** *Youth.* 2023; 3(1):261-284. [Open Access]

Full-text: <https://www.mdpi.com/2673-995X/3/1/18>

Abstract: The increasing importance of identifying lesbian, gay, bisexual and transgender (LGBT+) populations is a key driver in changes to demographic data collection in representative surveys of youth. While such population-based data are rare, Growing Up in Ireland (GUI), an Irish, government-funded, longitudinal survey, includes sexual orientation and gender identity (SOGI) measurements. This qualitative study responds to a query from the GUI study team and aims to identify how best to collect SOGI data in future waves of GUI. A university Human Research Ethics Committee granted approval for online consultations with LGBT+ youth ($n = 6$) with experiential expertise in policy making. The research is underpinned by rights-based public patient involvement (PPI) with recorded discussions, which were transcribed and imported into NVivo 12, generating the theme "recognition in research, policy and society". This co-created article, with the LGBT+ young PPI Panel members, commends the inclusion of SOGI data in GUI and recommends changes in question placement and phrasing. Aligning with best practice, the PPI members provide a template for wording on consecutive sex and gender questions, expanded sexual orientation identity categories and maintaining the existing well-phrased transgender question from GUI. This offers potential to improve the quality of the SOGI data collected and the experience of those completing the questionnaire. These findings extend beyond GUI, with relevance for surveys with youth populations. This paper underscores the potential and benefits of participatory approaches to research with youth and views their role beyond simply as sources of data.

 **View all ICGP Staff Research Articles here:**

https://www.icgp.ie/index.cfm?spPath=research/reports_statements/2AA00D46-19B9-E185-83BC012BB405BAA6.html

Reports



Healthy Ireland Survey 2023 (22nd November)

The Healthy Ireland Survey 2023 paints a picture of the health of the nation. It has found a decline in people reporting good health and an increase in the use of e-cigarettes and antibiotics. The eighth annual survey by the Department of Health - based on interviews with more than 7,000 people aged 15 and over - also found that alcohol consumption has decreased while smoking levels are stable. It also found that 80% of people reported being in 'good' or 'very good health', down two points from 2022. The figure has continuously declined over the past five years. Some 40% of people have a long-term health condition, up from 29% just two years ago. High blood pressure or hypertension, arthritis, high cholesterol, asthma and diabetes are among the biggest health issues.

The survey asked people about drug use for the first time. Some 21% reported lifetime illegal drug use with cannabis being the most popular substance used. While 13% reported lifetime use of sedatives or tranquillisers, with 6% saying they used them without a prescription.

Some of the highlights include:

GP utilisation

- 76% report having visited a GP in the previous 12 months with an average of 4.0 visits per person among all aged 15 and older. Women are more likely than men to have visited a GP in the previous 12 months (83% and 70% respectively).
- This has increased from before the pandemic, in 2019, when 73% had visited a GP during the previous 12 months, however, the average visits per person is down from 4.5 in 2019.
- 85% of those with a full medical card and 80% with a GP Visit card attended a GP in the past 12 months, with an average of 5.8 and 3.8 visits respectively. This compares to 72% among private patients, with an average of 3.1 visits.
- 55% of children identified through the survey attended a GP during the past 12 months with an average of 2.4 visits per child. This is lower than in 2019, when 58% of all children had visited a GP with an average of 3.4 visits per child.
- 37% report attending a nurse-only consultation within a GP practice in the previous 12 months, with an average of 0.4 visits per patient (all averages include those who did not attend in the previous 12 months).
- 9% report using an out of hours GP service in the past year (marginally up from 8% in 2018).

Trends in health service utilization

- There have been significant population increases between 2015 and 2023, with the number of people aged 15 and over increasing by almost 600,000 in that time frame. The Survey data points to an increase of approximately 15% in GP visits between 2015 and 2023.
- Much of that increase is coming from private patients – 64% had attended in the previous 12 months in 2015; this had risen to 72% of private patients by 2023. Increases in overall GP attendance may also be due to higher attendance levels by younger people and women.
- There has been relatively little change in GP attendance rates amongst older people (although the numbers in this age cohort have risen). GP attendance in children was measured in 2019 and 2023; there has been a 3 point decline in the proportion of children attending in this time interval (58% in 2019; 55% in 2023), largely driven by fewer attendances in children under 12.
- People with medical or GP Visit cards visit the GP in higher proportions and more often than private patients, however, the proportion of those with GMS or GP Visit cards visiting the GP has remained relatively stable – 84% had visited the GP in the past 12 months in 2016, as per 2023.
- The proportion of patients consulting a GP practice nurse has risen from 30% in 2015 to 37% in 2023, with increases evident both in private patients (5 point increase) and those holding medical and GP Visit cards (12 point increase).
- The proportions of those admitted to hospital are broadly stable, with an increase seen in day-patient admissions (16% in 2023 vs 14% in 2016). While hospital admissions are more common in older age cohorts, much of the increase has come from younger age cohorts – 15% of those under 55 were admitted as day patients in 2023, compared to 13% in 2016.

 **Read the Press Release:** [gov.ie - Healthy Ireland Survey 2023 \(www.gov.ie\)](https://www.gov.ie/en/press-releases/2023-12-01-hse-telehealth-roadmap-2024-2027/)



HSE Telehealth Roadmap 2024-2027 (1st December)

The roadmap was created in response to Ireland's changing healthcare environment. Recent challenges, such as the COVID-19 pandemic, have emphasised the importance of a comprehensive telehealth strategy. The official launch took place at the Better Together for Digital Healthcare Conference on 1 December 2023.

The roadmap provides a strategic plan for telehealth development, addressing challenges and promoting adoption of telehealth solutions in healthcare services. It outlines the key building blocks for digital healthcare transformation, providing a strategic vision to incorporate and expand telehealth. This will lead to better services, patient outcomes, and a transformed healthcare experience.

 **Read the Report:** [HSE Telehealth Roadmap 2024-2027 - HSE Staff](#)

EBM Round-Up



National Medicines
Information Centre

NMIC Therapeutics Today (December 2023)

In this month's Therapeutics Today:

- "Weekend warrior" physical activity and incident cardiovascular disease
- Breastfeeding and the incidence of infant illness in Ireland
- Sharing prescription medications
- Primary prevention of CVD and Mediterranean diet in women
- Guidance/advice documents
- NMIC publications 2023
- NMIC clinical enquiry answering service
- Regular features
 - Medication Safety Minutes
 - Updates to the HSE antibiotic prescribing website
 - Health Products Regulatory Authority (HPRA) updates
 - Health Protection Surveillance Centre (HPSC) updates

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

Irish Articles

1. McCarthy C, Pericin I, Smith SM, Moriarty F, Clyne B. **Recruiting general practitioners and older patients with multimorbidity to randomized trials.** *Fam Pract.* 2023 Dec 22;40(5-6):810-819. doi: 10.1093/fampra/cmadv039. PMID: 37014975; PMCID: PMC10745264. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10745264/>
Abstract: Randomized controlled trials (RCTs) often exclude older people with multiple medical conditions. The aim of this study was to explore how and why participants took part in a primary care based RCT that included 51 general practitioners (GPs) and 404 older patients prescribed ≥15 medicines. The RCT was designed to assess the usefulness of a supported medication review. The study

team assessed information that was already collected as part of the RCT, to describe the process of inviting and enrolling GPs and older people. This included information on the numbers invited and enrolled and interviews from a smaller sample of GPs (18) and older people (27). The study successfully enrolled the required number of participants but it took 26 months more than planned. 37% of invited GPs and 25% of invited patients took part. GPs felt the research was important but they identified lack of time and resources as barriers to participation. Older people predominantly took part because they trusted their GP but some were wary of having medicines taken away and were put off by trial documentation. It is important that RCTs including older people with multiple medical conditions carefully plan recruitment and pay careful attention to trial documentation.

2. Ingram C, MacNamara I, Buggy C, Perrotta C. **Priority healthcare needs amongst people experiencing homelessness in Dublin, Ireland: A qualitative evaluation of community expert experiences and opinions.** *PLoS One*. 2023 Dec 14;18(12):e0290599. doi: 10.1371/journal.pone.0290599. PMID: 38096316; PMCID: PMC10720995. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10720995/>

Abstract: In light of evidence that housing-related disparities in mortality are worsening over time, this study aimed to explore the perspectives of experts working in homeless health and addiction services on priority healthcare needs amongst people experiencing homelessness in Dublin, Ireland, a city facing problematic increases in homelessness. As part of a larger qualitative study, a series of semi-structured interviews were carried out with 19 community experts followed by inductive thematic framework analysis to identify emergent themes and sub-themes relating to priority healthcare needs. At the societal level, community experts identified a need to promote a culture that values health equity. At the policy level, accelerating action in addressing health inequalities was recommended with an emphasis on strategic planning, Housing First, social support options, interagency collaboration, improved data linkage and sharing, and auditing. At the health services level, removing barriers to access will require the provision of more and safer mental health, addiction, women-centred, and general practice services; resolved care pathways in relation to crisis points and multi-morbidity; expanded trauma-informed education and training and hospital-led Inclusion Health programmes; and outreach programmes and peer support for chronic disease management. The voices of people experiencing homelessness, including representatives from specific homeless groups such as migrants, youth, and the elderly, must be thoroughly embedded into health and social service design and delivery to facilitate impactful change.

3. Gardner NP, Gormley GJ, Kearney GP. **Learning to navigate uncertainty in primary care: a scoping literature review.** *BJGP Open*. 2023 Dec 14;BJGPO.2023.0191. doi: 10.3399/BJGPO.2023.0191. Epub ahead of print. PMID: 38097267. [Open Access]

Full-text:

<https://bjgpopen.org/content/early/2023/12/14/BJGPO.2023.0191.long>

Abstract: Clinical practice occurs in the context of uncertainty. Primary care is a clinical environment that accepts and works with uncertainty differently from secondary care. Recent literature reviews have contributed to understanding how clinical uncertainty is taught in educational settings and navigated in secondary care, and, to a lesser extent, by experienced GPs. We don't know how medical

students and doctors in training learn to navigate uncertainty in primary care. In this scoping review, we asked the question: What is known about primary care as an opportunity for learning to navigate uncertainty? Educators can play a key role in helping learners navigate uncertainty through socialisation, discussing primary care epistemology, recognising maladaptive behaviours and fostering a culture of constructive responses to uncertainty.

4. Tsantila F, Coppens E, De Witte H, Arensman E, Aust B et al.; MENTUPP consortium members. **Implementing a complex mental health intervention in occupational settings: process evaluation of the MENTUPP pilot study.** *BMJ Open.* 2023 Dec 14;13(12):e077093. doi: 10.1136/bmjopen-2023-077093. PMID: 38101839; PMCID: PMC10728959. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10728959/>
Abstract: According to the Medical Research Council (MRC) framework, the theorisation of how multilevel, multicomponent interventions work and the understanding of their interaction with their implementation context are necessary to be able to evaluate them beyond their complexity. More research is needed to provide good examples following this approach in order to produce evidence-based information on implementation practices. This article reports on the results of the process evaluation of a complex mental health intervention in small and medium enterprises (SMEs) tested through a pilot study. The overarching aim is to contribute to the evidence base related to the recruitment, engagement and implementation strategies of applied mental health interventions in the workplace. The Mental Health Promotion and Intervention in Occupational Settings (MENTUPP) intervention was pilot tested in 25 SMEs in three work sectors and nine countries. The results will be used to optimise the MENTUPP intervention and the theoretical framework that we developed to evaluate the causal mechanisms underlying MENTUPP. Conducting this systematic and comprehensive process evaluation contributes to the enhancement of the evidence base related to mental health interventions in the workplace and it can be used as a guide to overcome their contextual complexity.
5. Bury G, Fitzpatrick C, Heron B, Cullen W, Scully E, Kachurets K, Zacharchenko L. **Ukraine Trauma Project: the feasibility of introducing advanced trauma-care skills to frontline emergency medical services responders.** *BMJ Open.* 2023 Nov 9;13(11):e077895. doi: 10.1136/bmjopen-2023-077895. PMID: 37945303. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10649656/>
Abstract: To design, develop, deliver and assess a training initiative on haemorrhage control for emergency medical services (EMS) staff in Ukraine, in an active wartime setting. Rapid design and delivery of a training programme focused on an identified need for advanced care of trauma patients in a wartime setting has been possible. Training and immediate access to appropriate equipment was demonstrated. Evidence of frequency of use and safe, effective interventions has not been collected; such data are important for evaluation but difficult to collect in this setting. A high level of demand for this training now exists.
6. Begier E, Pilz A, Loew-Baselli A, Harper LR, Stark JH, et al. **Prospective incidence epidemiology study protocol: conducting active surveillance to assess the burden of Lyme disease (BOLD) in primary care practices in endemic areas of six European countries.** *BMJ Open.* 2023 Dec 10;13(12):e070903. doi: 10.1136/bmjopen-2022-070903. PMID: 38072499. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10729257/>

Abstract: Lyme disease (LD) is the most frequent tick-borne disease in the moderate climates of Europe. This study will inform the phase III efficacy study for Pfizer and Valneva's investigational Lyme disease vaccine, VLA15. VLA15 phase III will be conducted in the USA and Europe due to the vaccine's serotype coverage and public health burden of LD. In Europe, the existence and location of sites that have access to populations with high LD annual incidence is uncertain. This active, prospective surveillance study assesses annual LD incidence at general practice (GP)/primary care sites, allowing for phase III site vetting and better characterisation of LD burden in selected regions for study size calculations.

7. Wang Y, Li N, Chen L, Wu M, Meng S, Dai Z, Zhang Y, Clarke M. **Guidelines, Consensus Statements, and Standards for the Use of Artificial Intelligence in Medicine: Systematic Review.** *J Med Internet Res.* 2023 Nov 22;25:e46089. doi: 10.2196/46089. PMID: 37991819. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10701655/>
Abstract: The application of artificial intelligence (AI) in the delivery of health care is a promising area, and guidelines, consensus statements, and standards on AI regarding various topics have been developed. We performed this study to assess the quality of guidelines, consensus statements, and standards in the field of AI for medicine and to provide a foundation for recommendations about the future development of AI guidelines. The results indicated important differences in the quality of different AI guidelines, consensus statements, and standards. We made recommendations for improving their methodological and reporting quality.
8. Pierce M, Foley L, Kiely B, Croke A, Larkin J, Smith SM, Clyne B, Murphy E. **Embedding formal and experiential public and patient involvement training in a structured PhD programme: process and impact evaluation.** *Res Involv Engagem.* 2023 Nov 24;9(1):105. doi: 10.1186/s40900-023-00516-4. PMID: 37996882; PMCID: PMC10668398. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10668398/>
Abstract: Four PhD scholars participated in the CDA-MM. They received training and support from a PPI lead on how to conduct PPI in research. They established a PPI panel of people with two or more ongoing health conditions, to enable PhD scholars to get input from PPI contributors and learn how to do PPI well. An evaluation study was conducted to explore how the PhD scholars conducted PPI, how well it worked, the difference it made and to identify messages for PhD scholars wishing to involve PPI contributors. For the evaluation, the PPI contributors, PhD scholars and PhD supervisors were asked about their experiences and views. For many of the PPI contributors, being part of the CDA-MM PPI panel was their first experience of being involved in PPI. The ongoing support they received from PhD scholars was important. For them, relationships and the way that meetings are conducted matter for doing PPI well. They liked working in small groups and on concrete issues. They found the time they were expected to give was reasonable and within acceptable limits. They preferred in-person meetings. According to PPI contributors, when PPI is done well, it has benefits for the research, particularly ensuring that plain language is used and jargon avoided when researchers communicate with people with two or more ongoing health conditions. PhD scholars benefit from getting the patient perspective and learning how to communicate their research to patients. PPI contributors benefit in many different ways. Some PPI contributors argued that the PPI advisory panel worked so well in the CDA-MM that no changes were needed,

whereas others would like to explore different ways of being involved in research.

9. Rogan C, Rock B, Begley E, Boland B, Brazil K, et al. **Dementia research in Ireland: What should we prioritise?** *HRB Open Res.* 2023 Nov 2;6:12. doi: 10.12688/hrbopenres.13563.2. PMID: 37954094; PMCID: PMC10638481. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10638481/>
Abstract: Dementia research prioritisation allows for the systematic allocation of investment in dementia research by governments, funding agencies and the private sector. There is currently a lack of information available in Ireland regarding priority areas for dementia research. To address this gap, a dementia research prioritisation exercise was undertaken, consisting of an online survey of professionals in the dementia field and workshops for people living with dementia and family carers. Findings from this prioritisation exercise will inform and motivate policymakers, funders and researchers to support and conduct dementia-focused research and ensure that the limited resources made available are spent on research that has the most impact for those who will benefit from and use the results of research.
10. Fox S, Foley T, Cahill S, Kilty C. **"Give me the knowledge, and I can do what I want with it, it's my right and my choice": Triangulated perspectives on the disclosure of young onset dementia.** *Dementia (London).* 2023 Nov;22(8):1757-1775. doi: 10.1177/14713012231191958. Epub 2023 Jul 28. PMID: 37505214; PMCID: PMC10644682. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10644682/>
Abstract: Receiving a diagnosis of young onset dementia is particularly distressing; the person under 65 years is often in employment, with financial commitments, young children, and an active social life. Some of the stress experienced by younger people experiencing cognitive changes can be reduced by an early and accurate diagnosis, but this is contingent on the timing of disclosure and a process which is sensitive and appropriate to the person. The study aim was to explore experiences of giving and receiving a diagnosis of young onset dementia, by triangulating the perspectives of the key parties involved. Many people with young onset dementia had unsatisfactory disclosure experiences. Health and social care professionals should provide a 'pre-disclosure' appointment, elicit the amount of information the person may want at the point of disclosure of the diagnosis, balance truth and hope, provide contact details for follow-up, and overall be mindful of the individual in front of them. While young onset dementia may be a life-altering diagnosis, a disclosure meeting which is sensitively undertaken can increase the person's agency, coping ability, and ultimately empower them to live well with their diagnosis.
11. Hansen R, Rathleff MS, Lundgaard-Nielsen M, Holden S. **The development of an informative leaflet for children and adolescents suffering from Osgood-Schlatter disease.** *Scand J Med Sci Sports.* 2023 Dec;33(12):2608-2612. doi: 10.1111/sms.14498. Epub 2023 Sep 19. PMID: 37726948. [Available via Inter-Library Loan - Contact ICGP Library]
Abstract: The mainstay in the treatment of Osgood-Schlatter Disease (OSD) is guidance on activity modification alongside exercises. The purpose of this study was to create an informative leaflet for patients with OSD, based on evidence and stakeholders perspectives. A synthesis of the literature, including national reference work, clinical research, and systematic reviews informed the initial

leaflet. Twelve children with OSD and four clinical experts provided feedback through semi-structured interviews. After incorporating stakeholder input, the leaflet 'Osgood-Schlatter-Information and guidance' was developed. This provides a resource to assist the provision of information and translation of the current evidence.

12. Prendergast C, Flood M, Murry LT, Clyne B, Fahey T, Moriarty F. **Prescribing differences among older adults with differing health cover and socioeconomic status: a cohort study.** *BMC Geriatr.* 2023 Nov 17;23(1):755. doi: 10.1186/s12877-023-04441-9. PMID: 37978448; PMCID: PMC10656928. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10656928/>
Abstract: As health reforms move Ireland from a mixed public-private system toward universal healthcare, it is important to understand variations in prescribing practice for patients with differing health cover and socioeconomic status. This study aims to determine how prescribing patterns for patients aged ≥ 65 years in primary care in Ireland differ between patients with public and private health cover. Our study found a significantly larger number of medications were prescribed to patients with public health cover, compared to those without. Increasing medication burden and polypharmacy among older adults may be accelerated for those of lower socioeconomic status. These findings may inform planning for moves towards universal health care, and this would provide an opportunity to evaluate the effect of expanding entitlement on prescribing and medications use.

Research Articles

1. Mensah GA, Fuster V, Murray CJL, Roth GA; Global Burden of Cardiovascular Diseases and Risks Collaborators. **Global Burden of Cardiovascular Diseases and Risks, 1990-2022.** *J Am Coll Cardiol.* 2023 Dec 19;82(25):2350-2473. doi: 10.1016/j.jacc.2023.11.007. PMID: 38092509. [Available via Inter-Library Loan - Contact ICGP Library]
Abstract: The Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) is a multinational collaborative research study with >10,000 collaborators around the world.
2. Freund W, Weber F. **The Function of Sleep and the Treatment of Primary Insomnia.** *Dtsch Arztebl Int.* 2023 Dec 15;(Forthcoming):arztebl.m2023.0228. doi: 10.3238/arztebl.m2023.0228. Epub ahead of print. PMID: 37942822. [Open Access]
Full-text: <https://www.aerzteblatt.de/int/archive/article/235754>
Abstract: Good sleep is correlated with health. Primary insomnia is a common reason for consulting a primary care physician. It is usually treated with drugs despite clear evidence for the efficacy of behavioral therapy. We conducted a selective search of PubMed for German- and English-language reviews of the past decade that deal with the function and regulation of sleep in healthy individuals and/or the mechanism of action of currently used drugs and behavioral therapy. Behavioral therapy is underused despite clear evidence of efficacy, while drugs are given too often. Better patient education and the use of digital applications might help increase the utilization of behavioral therapy for insomnia.

3. Ramroth J, Shakir R, Darby SC, Cutter DJ, Kuan V. **Cardiovascular disease incidence rates: a study using routinely collected health data.** *Cardiooncology*. 2023 Nov 15;9(1):41. doi: 10.1186/s40959-023-00189-8. PMID: 37968715. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10647140/>
Abstract: There is substantial evidence that systemic anticancer therapies and radiotherapy can increase the long-term risk of cardiovascular disease (CVD). Optimal management decisions for cancer patients therefore need to take into account the likely risks from a proposed treatment option, as well as its likely benefits. For CVD, the magnitude of the risk depends on the incidence of the disease in the general population to which the patient belongs, including variation with age and sex, as well as on the treatment option under consideration. The aim of this paper is to provide estimates of CVD incidence rates in the general population of England for use in cardio-oncology and in other relevant clinical, research and health policy contexts. Our results provide population-based CVD incidence rates for a variety of uses, including the estimation of absolute risks of CVD from cancer treatments, thus helping patients and clinicians to make appropriate individualized cancer treatment decisions.
4. Maun A, Björkelund C, Arvidsson E. **Primary care utilisation, adherence to guideline-based pharmacotherapy and continuity of care in primary care patients with chronic diseases and multimorbidity - a cross-sectional study.** *BMC Prim Care*. 2023 Nov 13;24(1):237. doi: 10.1186/s12875-023-02191-6. PMID: 37957554; PMCID: PMC10644564. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10644564/>
Abstract: To understand how to improve care for patients with chronic diseases and multimorbidity we wanted to describe the prevalence of different chronic diseases and the pattern of multimorbidity and to analyse the associations between occurrence of diseases and primary care utilization, adherence to guideline-based pharmacotherapy, and continuity of care. Multimorbid patients are common in primary care and for many chronic diseases it is more common to have other simultaneous diseases than having only one disease. This can make adherence to pharmacotherapy guidelines a questionable measure for aged multimorbid patients. Existing continuity indices also revealed limitations. Holistic and patient-centred measures should be used for quality assessment of care for multimorbid patients in primary care.
5. Santos B, Blondon KS, Sottas M, Carpenter D, Backes C, Van Gessel E, Schneider MP. **Perceptions of conflicting information about long-term medications: a qualitative in-depth interview study of patients with chronic diseases in the Swiss ambulatory care system.** *BMJ Open*. 2023 Nov 8;13(11):e070468. doi: 10.1136/bmjopen-2022-070468. PMID: 37940158; PMCID: PMC10632873. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10632873/>
Abstract: Patients with multiple long-term conditions visit various healthcare professionals and are exposed to medication information from various sources causing an increased risk of patients perceiving contradictory medication information. The aims of this study are to: (1) characterise conflicting medication information perceived by patients with long-term conditions, (2) better understand the related impact on patients' medication self-management and healthcare system navigation and (3) explore ways in which such events could be prevented. The need to strengthen and improve communication and interprofessional

collaborative practice among healthcare professionals and with the patient is emerging to increase the quality and consistency of information about medications, and consequently, to ensure better use and experience of medications.

6. Brennan J, Phelps K, McGrady A, Schultz P. **Introducing lifestyle medicine into family medicine: Theory and applications.** *Int J Psychiatry Med.* 2023 Nov 17;912174231215917. doi: 10.1177/00912174231215917. Epub ahead of print. PMID: 37975426. [Open Access]
Full-text: <https://journals.sagepub.com/doi/10.1177/00912174231215917>
Abstract: "Lifestyle medicine (LM) is an evidence-based therapeutic intervention delivered by clinicians trained and certified in this specialty to prevent, treat, and often reverse chronic disease". Eighty percent of the conditions primary care physicians routinely encounter in their offices, e.g., diabetes mellitus, hypertension, COPD, cardiovascular disease, have root causes in poor lifestyle choices, e.g., smoking, insufficient sleep, being sedentary, eating highly processed foods. Lifestyle is the foundation of most chronic disease management guidelines aimed at reducing morbidity and mortality. Studies have shown that changes in lifestyle can be achieved and the changes link almost directly to reduction in risk for chronic illness. Primary care physicians are ideally positioned to incorporate LM into their practices. It is important to recognize and find solutions to the many barriers to implementing LM from the patient, physician, and system level. There is an urgent need to increase opportunities for practicing physicians to increase their knowledge and skills related to LM and include this in medical school and residency curricula. Many resources exist that can provide the necessary training to seasoned physicians and students/residents to become competent in practicing LM and address barriers to implementing LM. LM has the potential to revolutionize clinical practice by placing a greater emphasis on disease prevention and the role of healthy lifestyle behaviors in disease management and remission.
7. Graue M, Igland J, Haugstvedt A, Hernar I, Birkeland KI, Zoffmann V, Richards DA, Kolltveit BH. **Evaluation of an interprofessional follow-up intervention among people with type 2 diabetes in primary care-A randomized controlled trial with embedded qualitative interviews.** *PLoS One.* 2023 Nov 15;18(11):e0291255. doi: 10.1371/journal.pone.0291255. PMID: 37967084; PMCID: PMC10650997. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10650997/>
Abstract: With an ageing population and improved treatments people live longer with their chronic diseases, and primary care clinics face more costly and difficult-to-treat multimorbid patients. To meet these challenges, current guidelines for the management of type 2 diabetes suggest that an interprofessional team should collaborate to enhance the delivery of worthwhile self-management support interventions. In this study, we aimed to evaluate the effects of an empowerment-based interprofessional follow-up intervention in people with type 2 diabetes in primary care on patient-reported outcomes, biomarkers and weight, and to explore the experiences of patients attending the intervention. We invited patients during regular visits to their general practitioners. The 12-month intervention included 1) empowerment-based counselling; 2) a standardized medical report. The control group received consultations with physicians only. The primary outcome was the Patient Activation Measure, a patient-reported measure assessing individual knowledge, skills, and confidence integral to managing one's

health and healthcare. After the trial we conducted qualitative interviews. We observed no difference in the primary outcome scores. On secondary outcomes we found a significant between-group intervention effect in favor of the intervention group, with mean differences in glycemic control after 12 months (B [95% CI] = -8.6 [-17.1, -0.1] mmol/l; $p = 0.045$), and significant within-group changes of weight (B [95% CI] = -1.8 kg [-3.3, -0.3]; $p = 0.02$) and waist circumference (B [95% CI] = -3.9 cm [-7.3, -0.6]; $p = 0.02$). The qualitative data showed that the intervention opened patients' eyes for reflections and greater awareness, but they needed time to take on actions. The patients emphasized that the intervention gave rise to other insights and a greater understanding of their health challenges. We suggest testing the intervention among patients with larger disease burden and a more expressed motivation for change.

8. Sandelowsky H, Krakau I, Modin S, Ställberg B, Nager A. **Primary care patients with mild or stable chronic obstructive pulmonary disease need more support in disease management: a secondary analysis of a cluster randomized controlled trial.** *Scand J Prim Health Care*. 2023 Nov 17:1-10. doi: 10.1080/02813432.2023.2280039. Epub ahead of print. PMID: 37975839. [Open Access]
Full-text: <https://www.tandfonline.com/doi/full/10.1080/02813432.2023.2280039>
Abstract: Self-management skills are fundamental for patients living with a chronic condition such as chronic obstructive pulmonary disease (COPD). Improvements in general practitioners' (GPs) levels of knowledge about COPD management were not transferred to improvements in patients' self-management skills. Patients' needs for support in COPD were substantial, and moreover, they were not constant over time: the longer from the latest exacerbation, the less continuity of care and the greater needs for renewed support. To help patients master self-management of COPD and be better prepared for future deteriorations, health professionals should start COPD patient education early and continue with it regularly, regardless of the current clinical stage of the patient.
9. O'Hara V, Cuda S, Kharofa R, Censani M, Conroy R, Browne NT. **Clinical review: Guide to pharmacological management in pediatric obesity medicine.** *Obes Pillars*. 2023 Apr 27;6:100066. doi: 10.1016/j.obpill.2023.100066. PMID: 37990657; PMCID: PMC10661861. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10661861/>
Abstract: Newer pharmacotherapy agents (anti-obesity medication [AOM]) are revolutionizing the management of children and adolescents with obesity. Previously, treatment based on intensive behavioral therapy involved many patient and family contact hours and yielded improvements in obesity status of 1-3 percent of the 95th percentile of the body mass index (BMI). Newer AOMs are yielding more clinically significant improvement of 5-18 percent. This review provides guidance for practitioners in the care of children and adolescents with obesity who frequently have complex medical and behavioral health care needs. Specifically, we discuss the use of newer AOMs in these complex patients. This review details an approach to the care of the child and adolescent with obesity using AOMs. A shared decision-making process is presented in which the provider and the patient and family collaborate on care. Management of medical and behavioral components of the disease of obesity in the child are discussed. The use of new AOMs in children and adolescents has changed expected clinical outcomes in the field of pediatric obesity management. Clinically significant improvement in obesity status occurs when AOMs are used early and

aggressively. Ongoing, chronic care is the model for optimizing outcomes using a shared decision-making between provider and patient/family. Depending on the experience and comfort level of the primary care practitioner, referral to an obesity medicine specialist may be appropriate, particularly when obesity related co-morbidities are present and pharmacotherapy and metabolic and bariatric surgery are considerations.

10. Advocat J, Sturgiss E, Ball L, Williams LT, Prathivadi P, Clark AM. **Exploring behaviour change in general practice consultations: A realist approach.** *Chronic Illn.* 2023 Dec;19(4):817-835. doi: 10.1177/17423953221142340. Epub 2022 Nov 29. PMID: 36445073. [Open Access]
Full-text: <https://journals.sagepub.com/doi/10.1177/17423953221142340>
Abstract: While general practice involves supporting patients to modify their behaviour, General Practitioners (GPs) vary in their approach to behaviour change during consultations. We aimed to identify mechanisms supporting GPs to undertake successful behaviour change in consultations for people with T2DM by exploring (a) the role of GPs in behaviour change, (b) what happens in GP consultations that supports or impedes behaviour change and (c) how context moderates the behaviour change consultation. When patient factors are recognised in consultations, a relational approach becomes possible and priorities around behaviour change, that might be missed in a transactional approach, can be identified. Therefore, GP skills for engaging patients are linked to a person-centred approach.
11. Mikkonen U, Tusa N, Sinikallio S, Kautiainen H, Mäntyselkä P. **A short tool to screen self-care preparedness: cross-sectional study in general practice.** *Fam Pract.* 2023 Nov 17:cmad107. doi: 10.1093/fampra/cmad107. Epub ahead of print. PMID: 37975623. [Open Access]
Full-text: <https://academic.oup.com/fampra/advance-article/doi/10.1093/fampra/cmad107/7425371?login=false>
Abstract: Self-care is essential in the prevention and treatment of many diseases. Self-care means taking care of the treatment of chronic condition with the support of health care professionals. Patients have different capabilities and resources to perform self-care and a varying need for support and counselling. Identifying self-care preparedness might help health care providers to support patients more appropriately. This study introduced a short tool for screening self-care preparedness in primary health care. We used the data of 293 adults with hypertension, diabetes, or coronary artery disease in primary health care in Finland between 2017 and 2018. The patients' mean age was 68 (54.3% women). Low self-care preparedness was reported by 79 (27.0%), moderate by 115 (39.2%), and high by 99 (33.8%) patients. Patients with lower self-care preparedness were more obese, had lower physical activity, more depressive symptoms, lower self-rated health, lower quality of life, lower patient activation, and lower satisfaction with life. This study provided preliminary information that such a tool could be used to identify preparedness for self-care.
12. Carter M, Chapman S, Rogers P, Watson M. **Practice pharmacists and their influence on prescribing in UK general practice: a cross-sectional study.** *Int J Pharm Pract.* 2023 Nov 25:riad075. doi: 10.1093/ijpp/riad075. Epub ahead of print. PMID: 38006341. [Open Access]
Full-text: <https://academic.oup.com/ijpp/advance-article/doi/10.1093/ijpp/riad075/7451048?login=false>

Abstract: At the time of the survey, just over 2000 pharmacists were employed in UK general practice. Little is known about their influence on prescribing, and more specifically, the extent of their use of Audit and Feedback (A&F), an evidence-based method for behaviour change. This study aimed to explore pharmacists' current influence on prescribing in UK general practice. Despite substantial evidence of its effectiveness, A&F is under-used by practice pharmacists. An increased awareness and enablement of practice pharmacists in effective techniques might promote greater evidence-based prescribing in general practice.

13. Nartey Y, Chalitsios CV, Khan N, Simpson G, Dambha-Miller H, Farmer A. **Factors associated with multimorbidity in England: an analysis of the English Longitudinal Study of Ageing.** *Lancet.* 2023 Nov;402 Suppl 1:S73. doi: 10.1016/S0140-6736(23)02126-8. PMID: 37997118. [Open Access]
Full-text: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)02126-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02126-8/fulltext)
Abstract: Multimorbidity, defined as the presence of two or more long-term conditions, is a growing public health challenge, especially in terms of prevention and accumulation of long-term conditions among particular population cohorts. To date, efforts to understand multimorbidity has focused mainly on specific disease combinations, with little known about the sociodemographic factors associated with it. The study aimed to assess the factors associated with multimorbidity in England. A cross-sectional study was conducted using the English Longitudinal Study of Ageing (ELSA), a dataset of people aged 50 years and older. The study identified ten long-term conditions from waves 2 to 9. The current analysis used only ten long-term conditions that were available in the ELSA data, so a different association might have arisen if other conditions had been considered. Our findings provide insights into which particular groups of the multimorbid population could be the target of preventive public health strategies and wider clinical and social care interventions in England to reduce the burden of multimorbidity.
14. Fagbamigbe AF, Agrawal U, Azcoaga-Lorenzo A, MacKerron B, Özyiğit EB, et al. **Clustering long-term health conditions among 67728 people with multimorbidity using electronic health records in Scotland.** *PLoS One.* 2023 Nov 29;18(11):e0294666. doi: 10.1371/journal.pone.0294666. PMID: 38019832; PMCID: PMC10686427. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10686427/>
Abstract: There is still limited understanding of how chronic conditions co-occur in patients with multimorbidity and what are the consequences for patients and the health care system. Most reported clusters of conditions have not considered the demographic characteristics of these patients during the clustering process. The study used data for all registered patients that were resident in Fife or Tayside, Scotland and aged 25 years or more on 1st January 2000 and who were followed up until 31st December 2018. We used linked demographic information, and secondary care electronic health records from 1st January 2000. Individuals with at least two of the 31 Elixhauser Comorbidity Index conditions were identified as having multimorbidity. Market basket analysis was used to cluster the conditions for the whole population and then repeatedly stratified by age, sex and deprivation. 318,235 individuals were included in the analysis, with 67,728 (21.3%) having multimorbidity. We identified five distinct clusters of conditions in the population with multimorbidity: alcohol misuse, cancer, obesity, renal failure, and

heart failure. Clusters of long-term conditions differed by age, sex and socioeconomic deprivation, with some clusters not present for specific strata and others including additional conditions. These findings highlight the importance of considering demographic factors during both clustering analysis and intervention planning for individuals with multiple long-term conditions. By taking these factors into account, the healthcare system may be better equipped to develop tailored interventions that address the needs of complex patients.

15. Pagano L, McKeough Z, Wootton SL, Chan ASL, Mahadev S, Zwar N, Pallavicini D, Dennis S. **Acceptability and barriers of a GP-physiotherapist partnership in the diagnosis and management of COPD in primary care: A qualitative study.** *Health Expect.* 2023 Dec 8. doi: 10.1111/hex.13935. Epub ahead of print. PMID: 38063819. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10757211/>
Abstract: Chronic obstructive pulmonary disease (COPD) is commonly diagnosed and managed in primary care but there is evidence that this has been suboptimal, with low confidence expressed in providing interventions requiring behaviour change. The aim of this study was to determine the acceptability of a general practitioner (GP)-physiotherapist partnership in the diagnosis and management of COPD in primary care and to explore the experiences of participants during the implementation of the model. : An experienced cardiorespiratory physiotherapist embedded into a small number of primary care practices to work in partnership with GPs for COPD diagnosis and management was acceptable and viewed as beneficial for patients. Barriers relating to logistics and resources remain, which must be addressed to optimise implementation.

16. Vidal-Alaball J, Panadés Zafra R, Escalé-Besa A, Martínez-Millana A. **The artificial intelligence revolution in primary care: Challenges, dilemmas and opportunities.** *Aten Primaria.* 2023 Dec 5;56(2):102820. doi: 10.1016/j.aprim.2023.102820. Epub ahead of print. PMID: 38056048. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10714322/>
Abstract: Artificial intelligence (AI) can be a valuable tool for primary care (PC), as, among other things, it can help healthcare professionals improve diagnostic accuracy, chronic disease management and the overall efficiency of the care they provide. It is important to emphasise that AI should not be seen as a replacement tool, but as an aid to PC professionals. Although AI is capable of processing large amounts of data and generating accurate predictions, it cannot replace the skill and expertise of professionals in clinical decision making. AI still requires the interpretation and clinical judgement of a trained healthcare professional and cannot provide the empathy and emotional support often required in healthcare.

17. Okpako T, Woodward A, Walters K, Davies N, Stevenson F, Nimmons D, Chew-Graham CA, Protheroe J, Armstrong M. **Effectiveness of self-management interventions for long-term conditions in people experiencing socio-economic deprivation in high-income countries: a systematic review and meta-analysis.** *J Public Health (Oxf).* 2023 Nov 29;45(4):970-1041. doi: 10.1093/pubmed/fdad145. PMID: 37553102; PMCID: PMC10687879. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10687879/>
Abstract: Long-term conditions (LTCs) are prevalent in socio-economically deprived populations. Self-management interventions can improve health

outcomes, but socio-economically deprived groups have lower participation in them, with potentially lower effectiveness. This review explored whether self-management interventions delivered to people experiencing socio-economic deprivation improve outcomes. Self-management interventions for socio-economically deprived populations show promise, though more evidence is needed. Our review suggests that the number of self-management components may not be important. With the increasing emphasis on self-management, to avoid exacerbating health inequalities, interventions should include tailoring for socio-economically deprived individuals.

18. van Hest N, Brothers TD, Williamson A, Lewer D. **Health-care resource use among patients who use illicit opioids in England, 2010-20: A descriptive matched cohort study.** *Addiction*. 2023 Dec 4. doi: 10.1111/add.16401. Epub ahead of print. PMID: 38049387. [Open Access]
Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/add.16401>
Abstract: People who use illicit opioids have higher mortality and morbidity than the general population. Limited quantitative research has investigated how this population engages with health-care, particularly regarding planned and primary care. We aimed to measure health-care use among patients with a history of illicit opioid use in England across five settings: general practice (GP), hospital outpatient care, emergency departments, emergency hospital admissions and elective hospital admissions. Patients who use illicit opioids in England appear to access health services more often than people of the same age and sex who do not use illicit opioids among a wide range of health-care settings. The difference is especially large for emergency care, which probably reflects both episodic illness and decompensation of long-term conditions.
19. Chen TK, Hoenig MP, Nitsch D, Grams ME. **Advances in the management of chronic kidney disease.** *BMJ*. 2023 Dec 5;383:e074216. doi: 10.1136/bmj-2022-074216. PMID: 38052474.
Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/383/bmj-2022-074216> [ICGP Members Only - must be logged in to access]
Abstract: Chronic kidney disease (CKD) represents a global public health crisis, but awareness by patients and providers is poor. Defined as persistent abnormalities in kidney structure or function for more than three months, manifested as either low glomerular filtration rate or presence of a marker of kidney damage such as albuminuria, CKD can be identified through readily available blood and urine tests. Early recognition of CKD is crucial for harnessing major advances in staging, prognosis, and treatment. This review discusses the evidence behind the general principles of CKD management, such as blood pressure and glucose control, renin-angiotensin-aldosterone system blockade, statin therapy, and dietary management. It additionally describes individualized approaches to treatment based on risk of kidney failure and cause of CKD. Finally, it reviews novel classes of kidney protective agents including sodium-glucose cotransporter-2 inhibitors, glucagon-like peptide-1 receptor agonists, non-steroidal selective mineralocorticoid receptor antagonists, and endothelin receptor antagonists. Appropriate, widespread implementation of these highly effective therapies should improve the lives of people with CKD and decrease the worldwide incidence of kidney failure.
20. Bryant E, Spielman K, Burton AL, Ong SH, Livney J, Corry S, Maguire S. **Identifying eating disorders at the earliest opportunity: Testing the reliability of an**

online eating disorder screener (IOI-S) in primary care and youth mental health settings. *Early Interv Psychiatry*. 2023 Dec 14. doi: 10.1111/eip.13486. Epub ahead of print. PMID: 38095128. [Open Access]

Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/eip.13486>

Abstract: Eating disorders (EDs) are associated with significant disease burden and unacceptably high mortality rates. Early intervention significantly improves prognosis and can prevent chronic suffering; however, large numbers of people with the illness are not being identified or managed in primary healthcare. The current study aimed to test the reliability of the face-to-face, clinician delivery of a previously validated, co-designed, online screening tool for eating disorders. The Inside Out Institute Screener (IOI-S) is an adaptive 6-item screening tool designed to 'start a conversation' and determine risk using gentle language conceived by individuals with lived experience. Originally designed for online use, the current study broadens its versatility to clinical settings. The screener performs equally well when delivered face-to-face in clinical practice. In conjunction with increased practitioner education and improved treatment referral pathways, broad implementation of the screener in early healthcare settings can support timely identification and intervention for those with EDs.

21. Bergman H, Borson S, Jessen F, Krolak-Salmon P, Pirani A, Rasmussen J, Rodrigo J, Taddeo D. **Dementia and comorbidities in primary care: a scoping review.** *BMC Prim Care*. 2023 Dec 14;24(1):277. doi: 10.1186/s12875-023-02229-9. PMID: 38097969; PMCID: PMC10720181. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10720181/>

Abstract: People with dementia (PwD) are known to have more chronic conditions compared to those without dementia, which can impact the clinical presentation of dementia, complicate clinical management and reduce overall quality of life. While primary care providers (PCPs) are integral to dementia care, it is currently unclear how PCPs adapt dementia care practices to account for comorbidities. This scoping review maps recent literature that describes the role for PCPs in the prevention, detection/diagnosis and management of dementia in the context of comorbidities, identifies critical knowledge gaps and proposes potential avenues for future research. To our knowledge, this is the first scoping review that examines the role for PCPs in the prevention, detection/diagnosis and management of dementia in the context of comorbidities. Given our findings, we recommend that future studies: 1) further validate tools for risk assessment, timely detection and diagnosis that incorporate other health conditions; 2) provide additional guidance into how comorbidities could impact dementia care (including prescribing medication) in primary care settings; 3) incorporate comorbidities into primary care quality indicators for dementia; and 4) explore how to best incorporate dementia and comorbidities into models/frameworks of holistic, person-centred care.

22. Svendsen ML, Andersen TV, Soendergaard H. **Developing quality measures for non-pharmacological prevention and rehabilitation in primary health care for chronic conditions: a consensus study.** *Int J Qual Health Care*. 2023 Dec 11;35(4):mzad097. doi: 10.1093/intqhc/mzad097. PMID: 38079511; PMCID: PMC10712901. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10712901/>

Abstract: Poor health-related behaviours are root causes of a large number of chronic conditions; however, this study is the first to develop guideline-based quality measures targeting health-related behaviours through generic non-

pharmacological secondary prevention and rehabilitation in municipal primary health care for persons with chronic conditions. From January 2020 to September 2021, a consensus study was conducted in accordance with the current scientific recommendations for developing guideline-based quality measures. A clinical expert panel (n = 11) was established and included a patient representative, health care professionals, researchers, and key specialists. The process for developing quality measures was led by methodologists and encompassed a modified Research and Development/University of California at Los Angeles (RAND/UCLA) study to evaluate consensus in the expert panel. The consensus recommendations were directed to a steering group including the Danish Ministry of Health, the Danish Regions, and the Local Government Denmark. The expert panel rated 102 clinical practice recommendations. Consensus was demonstrated on 13 quality measures assessing whether the patients are offered participation in and adhere to: self-management, smoking cessation, physical exercise training, nutritional efforts, and preventive consultation on excessive alcohol consumption; whether the patients participate in a closing meeting, whether they are offered follow-up, and whether reasons for dropout are documented. The identified quality measures constitute a framework for assessing the quality of non-pharmacological prevention and rehabilitation in municipal primary health care for persons with chronic conditions. The next steps focus on field testing of the quality measures to refine measure criteria and assess implementation. A close link between clinical practice, the evidence and practice recommendations, the data infrastructure, economic considerations, and national priorities was a key to the consensus process.

23. Arsenault C, Lewis TP, Kapoor NR, Okiro EA, Leslie HH, et al. **Health system quality and COVID-19 vaccination: a cross-sectional analysis in 14 countries.** *Lancet Glob Health*. 2024 Jan;12(1):e156-e165. doi: 10.1016/S2214-109X(23)00490-4. Epub 2023 Dec 11. PMID: 38096888; PMCID: PMC10716622. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10716622/>
Abstract: The social and behavioural determinants of COVID-19 vaccination have been described previously. However, little is known about how vaccinated people use and rate their health system. We used surveys conducted in 14 countries to study the health system correlates of COVID-19 vaccination. Country-specific logistic regression models were adjusted for respondent age, education, income, chronic illness, history of COVID-19, urban residence, and minority ethnic, racial, or linguistic group. Estimates were summarised across countries using random effects meta-analysis. Vaccination coverage with at least two or three doses ranged from 29% in India to 85% in Peru. Greater health-care use, having a regular and high-quality provider, and receiving other preventive health services were positively associated with vaccination. Confidence in the health system and government also increased the odds of vaccination. By contrast, having unmet health-care needs or experiencing discrimination or a medical mistake decreased the odds of vaccination. Associations between health system predictors and vaccination tended to be stronger in high-income countries and in countries with the most COVID-19-related deaths. Access to quality health systems might affect vaccine decisions. Building strong primary care systems and ensuring a baseline level of quality that is affordable for all should be central to pandemic preparedness strategies.

24. Soejbjerg A, Rasmussen SE, Christensen KS, Christensen B, Pedersen AF, Maindal HT, Mygind A. **Managing mental health in chronic care in general practice: a feasibility study of the Healthy Mind intervention.** *Scand J Prim Health Care*. 2023 Dec 14;1-10. doi: 10.1080/02813432.2023.2289525. Epub ahead of print. PMID: 38095546. [Open Access]
Full-text: <https://www.tandfonline.com/doi/full/10.1080/02813432.2023.2289525>
Abstract: Patients with type 2 diabetes and/or ischaemic heart disease often experience poor mental well-being, revealing a shortage of general practice-based interventions targeting this issue. This study evaluates the feasibility of a problem-solving therapy intervention in general practice for patients with poor mental health and type 2 diabetes and/or chronic ischemic heart disease. Both patients and healthcare providers regarded problem-solving therapy as an acceptable intervention for managing psychological issues in general practice. Healthcare providers preferred practice nurses as the providers of problem-solving therapy since their schedules were often more suitable for longer consultations. In problem-solving therapy, the provider is expected to take a facilitating and guiding role, but GPs sometimes struggled remaining in this role due to a preconceived anticipation that patients expected them to take a more directive approach.
25. Olesen AE, Vaeuver TJ, Simonsen M, Simonsen PG, Høj K. **Deprescribing in primary care without deterioration of health-related outcomes: A real-life, quality improvement project.** *Basic Clin Pharmacol Toxicol*. 2024 Jan;134(1):72-82. doi: 10.1111/bcpt.13925. Epub 2023 Jul 12. PMID: 37400998. [Open Access]
Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/bcpt.13925>
Abstract: Medication reviews focusing on deprescribing can reduce potentially inappropriate medication; however, evidence regarding effects on health-related outcomes is sparse. In a real-life quality improvement project using a newly developed chronic care model, we investigated how a general practitioner-led medication review intervention focusing on deprescribing affected health-related outcomes. We performed a before-after intervention study including care home residents and community-dwelling patients affiliated with a large Danish general practice. The primary outcomes were changes in self-reported health status, general condition and functional level from baseline to 3-4 months follow-up. Of the 105 included patients, 87 completed the follow-up. From baseline to follow-up, 255 medication changes were made, of which 83% were deprescribing. Mean self-reported health status increased (0.55 [95% CI: 0.22 to 0.87]); the proportion with general condition rated as 'average or above' was stable (0.06 [95% CI: -0.02 to 0.14]); and the proportion with functional level 'without any disability' was stable (-0.05 [95% CI: -0.09 to 0.001]). In conclusion, this general practitioner-led medication review intervention was associated with deprescribing and increased self-reported health status without the deterioration of general condition or functional level in real-life primary care patients. The results should be interpreted carefully given the small sample size and lack of control group.
26. Faye O, Flohr C, Kabashima K, Ma L, Paller AS, et al. **Atopic dermatitis: A global health perspective.** *J Eur Acad Dermatol Venereol*. 2023 Dec 27. doi: 10.1111/jdv.19723. Epub ahead of print. PMID: 38151270. [Open Access]
Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/jdv.19723>
Abstract: The International Society of AD (ISAD) organized a roundtable on global aspects of AD at the WCD 2023 in Singapore. According to the Global Burden of Disease (GBD) consortium, at least 171 million individuals were affected with AD in

2019, corresponding to 2.23% of the world population, with age-standardized prevalence and incidence rates that were relatively stable from 1990 to 2019. Based on the panel experience, most AD cases are mild-to-moderate. Without parallel data on disease prevalence and severity, the GBD data are difficult to interpret in many regions. This gap is particularly important in countries with limited medical infrastructure, but indirect evidence suggests a significant burden of AD in low-and-medium resource settings, especially urban areas. The Singapore roundtable was an opportunity to compare experiences in World Bank category 1 (Madagascar and Mali), 3 (Brazil, China) and 4 (Australia, Germany, Qatar, USA, Singapore, Japan) countries. The panel concluded that current AD guidelines are not adapted for low resource settings and a more pragmatic approach, as developed by WHO for skin NTDs, would be advisable for minimal access to moisturizers and topical corticosteroids. The panel also recommended prioritizing prevention studies, regardless of the level of existing resources. For disease long-term control in World Bank category 3 and most category 4 countries, the main problem is not access to drugs for most mild-to-moderate cases, but rather poor compliance due to insufficient time at visits. Collaboration with WHO, patient advocacy groups and industry may promote global change, improve capacity training and fight current inequalities. Finally, optimizing management of AD and its comorbidities needs more action at the primary care level, because reaching specialist care is merely aspirational in most settings. Primary care empowerment with store and forward telemedicine and algorithms based on augmented intelligence is a future goal.

27. Hounkpatin H, Simpson G, Santer M, Farmer A, Dambha-Miller H. **The association between stress and multiple long-term conditions: A cohort study.** *J Psychosom Res.* 2024 Jan;176:111566. doi: 10.1016/j.jpsychores.2023.111566. Epub 2023 Dec 11. PMID: 38100896. [Open Access]
Full-text: <https://www.sciencedirect.com/science/article/pii/S0022399923004233?via%3Dihub>
Abstract: Stress is an important predictor of long-term conditions. We examine whether hair cortisol (a biomarker of stress) is associated with incidence and accumulation of multiple long-term conditions (MLTC). The study provides the first evidence of the role of stress in the development and accumulation of MLTC. This modifiable risk factor could be targeted to reduce the risk of MLTC. However, further work is needed to better understand the mechanisms and pathways that link stress and accumulation of MLTC.
28. Ohta R, Sano C. **Challenges in Diagnosing Psoriatic Arthritis in Primary Care: A Meta-Ethnographic Study.** *Cureus.* 2023 Nov 26;15(11):e49443. doi: 10.7759/cureus.49443. PMID: 38149126; PMCID: PMC10750965. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10750965/>
Abstract: Psoriatic arthritis (PsA) is a complex and debilitating chronic inflammatory joint disorder that is often associated with psoriasis and presents significant challenges in its early diagnosis and management. Therefore, this study aimed to investigate the diagnostic intricacies of PsA in primary care settings to shed light on the prevalence, barriers, and implications of delayed diagnosis. To achieve our research objectives, we conducted a qualitative synthesis using the meta-ethnographic method, which is a robust approach for synthesizing qualitative data. We systematically searched the PubMed, Web of Science, and Embase databases for relevant articles using predefined search terms such as

"psoriatic arthritis," "diagnosis," and "primary care." The inclusion criteria were narrative articles in English that provided insights into the diagnostic challenges of PsA in primary care. Conference presentations, original articles, and duplicate articles were excluded. Our analysis revealed four key themes that elucidated the multifaceted nature of PsA diagnosis in primary care: (1) a variety of initial and non-specific symptoms, highlighting the diverse clinical presentations that can mimic other conditions; (2) the lack of experience with PsA among primary care professionals, underscoring the importance of education and training; (3) the lack of skin lesions, which can complicate diagnosis when not present; and (4) a delay in diagnosis, with potentially severe consequences for patients' health and quality of life. This study highlights the challenges inherent in the diagnosis of PsA in primary care settings. The multifaceted nature of the disease, coupled with limited experience among primary care providers, often results in delayed diagnosis and subsequent treatment initiation. Early recognition and intervention are pivotal for optimizing patient outcomes. Addressing these challenges necessitates a comprehensive approach involving heightened clinical suspicion, continuous medical education, interdisciplinary collaboration, and utilization of standardized diagnostic criteria. Collaboration between primary care physicians and specialists is crucial for enhancing the accuracy and timeliness of PsA diagnosis and ultimately improving patient well-being and quality of life.



Health Awareness

December's Health Awareness kicks off with World AIDS Day on the 1st Dec, followed by International Day of Persons with Disabilities (IDPD) on the 3rd December and Universal Health Coverage Day on the 12th December. Here, we focus on Universal Health Coverage (UHC).

Universal Health Coverage (UHC) Day serves as a global reminder of the importance of accessible and affordable healthcare for everyone, everywhere. In 2023, the theme revolves around the ongoing efforts to advance Universal Health Coverage, emphasizing the need for collaborative action to ensure that no one is left behind when it comes to health services.

Each year, WONCA joins the campaign to highlight the crucial role of primary care in achieving Universal Health Coverage. Their campaign "Universal Health Coverage Starts with Primary Care," focuses on expanding primary health care as a cornerstone of UHC. Acting as the frontline guard against illness, primary care serves as an all-in-one solution—cost-effective, inclusive, and essential for ensuring health for everyone. Check out their [UHC Day Official Toolkit](#).

- Check out [HIV Ireland](#) for information resources and e-learning courses. This year's Glow Red Campaign highlights the impact of HIV stigma on women.
- IDPD is a UN day that is celebrated every year on 3 December. More information can be found on the [WHO](#) website. The WIDE (Wellbeing, Inclusion, Diversity & Equality) strategy in ICGP will look into ways we can make our workplace more inclusive for everyone, including people with disabilities.

Launch of Global Health Curriculum

A new Global Health Curriculum was launched at the RCPI.


The curriculum was developed by the Global Health Committee of the Forum of Postgraduate Medical Training Bodies to introduce core global health competencies into postgraduate training programmes.

The five core competencies that make up the curriculum include:

- Global Health Governance
- Global Epidemiology of Health and Disease
- Planetary Health and Sustainability
- Culture Society and Determinants of Health
- Health Systems

A new e-learning module has been developed by the Forum Committee that can be used to deliver the curriculum to trainees through their postgraduate training bodies.

Read the [Press Release](#).



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