



ICGP Library Recommended Reading

March 2023
Issue 3

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's being published lately in the ICGP.

Latest Issue of Forum

March 2023, Volume 40, no 2

Mental Health in the young: time for a new approach



ICGP & AUDGPI Report

Medical Student to General Practitioner - an urgent call to action

Irish College of General Practitioners (ICGP) and Association of University Departments of General Practice in Ireland (AUDGPI) call for urgent action on the funding and development of undergraduate General Practice placements to help address the ongoing GP workforce crisis. The joint call for action seeks a more formal and structured collaboration between the ICGP Specialist Training Programme and the Medical Schools Departments of General Practice.

Developing Women's Health

Medical Independent, 5th March 2023

Dr Ciara McCarthy, ICGP/HSE Clinical Lead in Women's Health, speaks to Niamh Cahill about how her new role is part of a drive to improve the area of women's health.



GPWorks

The latest episodes of GP Works podcasts include:

- **Dr Kateryna Kachurets**, ICGP/HSE Clinical Lead in Ukrainian response and migrant health, talks about the response of the GP community to the arrival of thousands of Ukrainian refugees since the Russian invasion a year ago.
- **Dr. Andree Rochfort**, ICGP Director, Quality Improvement & Doctors' Health Program, talks about Doctors' health and well-being.

 **Listen** to the episodes in full here:

<https://www.icgpnews.ie/gpworks/>

ICGP Research Staff Publications

1. Phelan A, Broughan J, McCombe G, Collins C, Fawsitt R, O'Callaghan M, Quinlan D, Stanley F, Cullen W. **Impact of enhancing GP access to diagnostic imaging: A scoping review.** *PLoS One*. 2023 Mar 10;18(3):e0281461. doi: 10.1371/journal.pone.0281461. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36897853/>

Full-text: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0281461>

This scoping review aims to demonstrate the value of direct access to diagnostic imaging in General Practice and how it has impacted on healthcare delivery and patient care. Twenty-three papers were included. Direct access to imaging for GPs can have many benefits for healthcare service delivery, patient care, and the wider healthcare ecosystem. GP focused direct access initiatives should therefore be considered as a desirable and viable health policy directive.

2. Clyne B, Hynes L, Kirwan C, McGeehan M, Byrne P, Killilea M, Smith SM, Ryan M, Collins C, O'Neill M, Wallace E, Murphy AW, Kelly ME. **Perspectives on the production, and use, of rapid evidence in decision making during the COVID-19 pandemic: a qualitative study.** *BMJ Evid Based Med*. 2023 Feb;28(1):48-57. doi: 10.1136/bmjebm-2021-111905. Epub 2022 Jun 30. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/35772940/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9887371/>

To describe perceptions of providing, and using rapid evidence, to support decision making by two national bodies (one public health policy and one front-line clinical practice) during the COVID-19 pandemic. Rapid evidence products were considered invaluable to decision making. The credibility of EPs, a close relationship with SUs and having a highly skilled and adaptable team to meet the workload demands were identified as key strengths that optimised the utilisation of rapid evidence.

3. Petrazzuoli F, Collins C, Van Poel E, Tatsioni A, Streit S, Bojaj G, Asenova R, Hoffmann K, Gabrani J, Klemenc-Ketis Z, Rochfort A, Adler L, Windak A, Nessler K, Willems S.

Differences between Rural and Urban Practices in the Response to the COVID-19 Pandemic: Outcomes from the PRICOV-19 Study in 38 Countries. *Int J Environ Res Public Health*. 2023 Feb 19;20(4):3674. doi: 10.3390/ijerph20043674. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36834369/>

Full-text: <https://www.mdpi.com/1660-4601/20/4/3674>

This paper explores the differences between rural and urban practices in the response to the COVID-19 pandemic, emphasizing aspects such as management of patient flow, infection prevention and control, information processing, communication and

collaboration. Our findings show the existence of certain issues that could impact patient safety in rural areas more than in urban areas due to the underlying differences in population profile and supports. These could be used to plan the organization of care for similar future pandemic situations.

4. Fomenko E, Keygnaert I, Van Poel E, Collins C, Gómez Bravo R, Korhonen P, Laine MK, Murauskiene L, Tatsioni A, Willems S. **Screening for and Disclosure of Domestic Violence during the COVID-19 Pandemic: Results of the PRICOV-19 Cross-Sectional Study in 33 Countries.** *Int J Environ Res Public Health*. 2023 Feb 16;20(4):3519. doi: 10.3390/ijerph20043519. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36834213/>

Full-text: <https://www.mdpi.com/1660-4601/20/4/3519>

This paper aims to describe the frequency of screening for DV by GPs and disclosure of DV by patients to the GP during the COVID-19 pandemic, and to identify key elements that could potentially explain differences in screening for and disclosure of DV. Only 11% of the GPs reported (much) more disclosure of DV by patients during COVID-19, and 12% reported having screened for DV (much). Most significant associations with screening for and disclosure of DV concerned general (pro)active communication. However, (pro)active communication was performed less frequently for DV than for health conditions, which might indicate that GPs are insufficiently aware of the general magnitude of DV and its impact on patients and society, and its approach/management. Thus, professional education and training for GPs about DV seems highly and urgently needed.

5. Van Poel E, Collins C, Groenewegen P, Spreeuwenberg P, Bojaj G, Gabrani J, Mallen C, Murauskiene L, Šantrić Miličević M, Schaubroeck E, Stark S, Willems S. **The Organization of Outreach Work for Vulnerable Patients in General Practice during COVID-19: Results from the Cross-Sectional PRICOV-19 Study in 38 Countries.** *Int J Environ Res Public Health*. 2023 Feb 10;20(4):3165. doi: 10.3390/ijerph20043165.

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36833862/>

Full-text: <https://www.mdpi.com/1660-4601/20/4/3165>

This paper examined the association between practice and country characteristics and the organization of outreach work in general practices during COVID-19. The results showed that many practices set up outreach work, including extracting at least one list of patients with chronic conditions from their electronic medical record (30.1%); and performing telephone outreach to patients with chronic conditions (62.8%), a psychological vulnerability (35.6%), or possible situation of domestic violence or a child-rearing situation (17.2%). Outreach work was positively related to the availability of an administrative assistant or practice manager ($p < 0.05$) or paramedical support staff ($p < 0.01$). Other practice and country characteristics were not significantly associated with undertaking outreach work. Policy and financial interventions supporting general practices to organize outreach work should focus on the range of personnel available to support such practice activities.

👁 **View** all ICGP Research Staff Publications here:

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

Reports

Hynes, T., O'Connor, P. (2022). An Analysis of Medical Workforce Supply, Research Services and Policy Unit, Department of Health (March 2023)

This Spending Review describes the medical education and training system in Ireland and examines some of challenges facing the health system in meeting the WHO-GCP



commitment to reduce Ireland's reliance on the foreign educated medical workforce and in achieving a Consultant-Delivered health service. This paper develops a medical workforce supply model using systems dynamics modelling to understand the implications of substituting Non-EU/UK places in Irish medical schools for students from the EU or UK and how this may better align student intake with specialist training capacity in the health system.


Findings:

In the 2021/22 academic year there were 1,403 medical student places available in the Irish Higher Education System. This is the highest medical graduate output per capita amongst OECD countries, however due to the large proportion of Non-EU students (46%) and availability specialist training capacity many of these graduates do not progress on to become consultants in Ireland.

The medical workforce supply model highlights that a long timeframe is required to increase medical education and training places. These places need to be carefully aligned to ensure the optimal pathway from student to consultant. Increased medical degree places necessary to redress the undersupply of Irish educated doctors require increased downstream capacity in specialist training programmes.

For example, increasing undergraduate places in medicine by 100 requires an increase in internship places of 92 five years later and an increase in specialist training places (IST or GP training) of 75 approximately eight years later. These results are sensitive to modelling assumptions on student dropouts rates, attrition and emigration which may vary into the future.

Policy Implications: This paper demonstrates the need to significantly increase Ireland's domestic production of medical doctors through increased medical degree places for EU/UK medical student and increased specialist training capacity.

 **Read the report:** gov.ie - Minister for Health Stephen Donnelly welcomes the publication of 'An Analysis of Medical Workforce Supply' (www.gov.ie)

National Institute for Prevention and Cardiovascular Health (NIPC) & the National CVD Prevention Council. *Advancing a Prevention Agenda for Cardiovascular Care in Ireland (Feb 2023)*

The report outlines that cardiovascular disease (CVD) kills nearly 9,000 in people in Ireland every year, despite an estimated 80% of premature CVD being preventable. While there is a myriad of gaps in how the Irish healthcare system detects signs of CVD, notable issues include Ireland having the lowest rate of detection of high blood pressure in Western Europe.

The report recommends a screening program for familial hypercholesterolaemia (FH), a genetic condition which causes dangerously high cholesterol levels from birth. FH affects around 1 in 200-250 people in Ireland however the majority of this goes undetected. Childhood FH screening programmes are commonplace throughout Europe.

In response to the urgent needs identified by the report, NIPC and the National CVD Prevention Council is calling on the Government to develop a national strategy to tackle cardiovascular disease (CVD). The previous national strategy expired in 2019 and has not been replaced.


 **Read the report:** [National Prevention Council Report - NIPC - National Institute for Prevention and Cardiovascular Health](#)



New targets for managing Diabetes (Mar 2023)

A new report for the World Health Organisation (WHO) has identified five core national targets for UN member states aimed at reducing diabetes risk and ensuring that people with diabetes have equitable access to comprehensive and affordable care and prevention. The lead author on the report for [WHO Global Diabetes Compact](#) was Professor Edward Gregg, Head of RCSI's School of Population Health. Its recommended targets, published in *The Lancet*, are as follows:

- Of all people with diabetes, at least 80% have been clinically diagnosed;
- For people with diagnosed diabetes, 80% have glycated haemoglobin (HbA1c) concentrations below 8.0% (63.9 mmol/mol), an important biomarker for diabetes;
- 80% of those with diabetes have blood pressure lower than 140/90mm Hg;
- At least 60% of those with diabetes who are 40 years or older are receiving therapy with statins;
- Each person with type 1 diabetes has continuous access to insulin, blood glucose meters, and test strips.

 **Read the RCSI Press Release:** [New targets for managing diabetes published - Royal College of Surgeons in Ireland \(rcsi.com\)](#)

 **View the** [Article Abstract](#).

Health Research Charities Ireland (HRCI) Embedding Research in Healthcare: HRCI Position Paper 2023 (Jan 2023)

HRCI is a national umbrella organisation representing over 40 charities active in health, medical, and social care research. Their top priorities to improve health research in Ireland are presented in this report. While there are many aspects of health research in need of attention and support, HRCI believe it is particularly urgent to support the embedding of research within the health service.

To this end, there are three recommendations:

Recommendation 1 Progress the implementation of a national electronic health record.

Recommendation 2 Build on momentum to support genetics and genomics research.

Recommendation 3 Establish research support functions within the health service.

 **Read the report:** [HRCI 2023 Position Paper - Embedding research in healthcare](#)

EBM Round-Up

NMIC Therapeutics Today (Mar 2023)

In this month's issue:

- BRAINS & AIMS
- Reduce unnecessary use of proton pump inhibitors
- Teachable moment - Paxlovid™: avoiding drug-drug interactions
- Guideline and/or advice updates
- New NMIC CPD module - "Use of Medicines in Children"
- Regular features
 - Medication Safety Minutes

- Updates to the HSE antibiotic prescribing website
- Health Products Regulatory Authority (HPRA) updates
- Health Protection Surveillance Centre updates
- Past CPD Modules – Lessons Learned

👁 View [this issue](#).



WHO Let's Talk Primary Healthcare

This new talk show is a monthly event hosted by the WHO European Centre for Primary Health Care / Division of Country Health Policies and Systems. The talk show is targeted to policymakers, influencers, implementers, and health managers primarily in the WHO European Region. The overarching purpose of this project is to strengthen country task forces on primary health care and connect them regularly in a cross-country conversation.

👁 View [the talk show on YouTube](#).

Irish Articles

1. Vermunicht P, Grecu M, Deharo JC, Buckley CM, et al.; AFFECT-EU investigators. **General practitioners' perceptions on opportunistic single-time point screening for atrial fibrillation: A European quantitative survey.** *Front Cardiovasc Med.* 2023 Feb 15;10:1112561. doi: 10.3389/fcvm.2023.1112561. PMID: 36873407; PMCID: PMC9975716. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36873407/>
Full-text: <https://www.frontiersin.org/articles/10.3389/fcvm.2023.1112561/full>
 This study evaluated the perception of general practitioners (GPs) about value and practicalities of implementing screening for AF, focusing on opportunistic single-time point screening with a single-lead electrocardiogram (ECG) device. A total of 659 responses were collected (36.1% Eastern, 33.4% Western, 12.1% Southern, 10.0% Northern Europe, 8.3% United Kingdom & Ireland). The perceived need for standardized AF screening was rated as 82.7 on a scale from 0 to 100. The vast majority (88.0%) indicated no AF screening program is established in their region. Three out of four GPs (72.1%, lowest in Eastern and Southern Europe) were equipped with a 12-lead ECG, while a single-lead ECG was less common (10.8%, highest in United Kingdom & Ireland). Three in five GPs (59.3%) feel confident ruling out AF on a single-lead ECG strip. Assistance through more education (28.7%) and a tele-healthcare service offering advice on ambiguous tracings (25.2%) would be helpful. Preferred strategies to overcome barriers like insufficient (qualified) staff, included integrating AF screening with other healthcare programs (24.9%) and algorithms to identify patients most suitable for AF screening (24.3%). GPs perceive a strong need for a standardized AF screening approach. Additional resources may be required to have it widely adopted into clinical practice.
2. Callanan A, Bayat F, Quinlan D, Kearney PM, Buckley CM, Smith SM, Bradley C. **Facilitators and barriers to atrial fibrillation (AF) screening in primary care: a qualitative descriptive study of general practitioners in primary care in Ireland.** *BJGP Open.* 2023 Feb 27:BJGPO.2022.0110. doi: 10.3399/BJGPO.2022.0110. Epub ahead of print. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36849166/>
Full-text: <https://bjgpopen.org/content/early/2023/02/21/BJGPO.2022.0110.long>
 This study aimed to identify the facilitators and barriers to atrial fibrillation screening in primary care from the perspective of general practitioners (GPs).

Eight GPs from five practices participated in an interview. Three GPs, two male and one female, were recruited from two rural practices and five GPs, two male and three female, were recruited from three urban practices. All eight GPs expressed a willingness to engage in atrial fibrillation screening. Time pressures and the need for additional staff to support were identified as barriers. Programme structure and patient awareness campaigns/education were identified as facilitators. The results have been integrated into a pilot primary care-based screening programme for atrial fibrillation.

3. Meade O, O'Brien M, Noone C, Lawless A, McSharry J, et al. **Exploring barriers and enablers to the delivery of Making Every Contact Count brief behavioural interventions in Ireland: A cross-sectional survey study.** *Br J Health Psychol.* 2023 Feb 26. doi: 10.1111/bjhp.12652. Epub ahead of print. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36843183/>

Full-text: <https://bpspsychub.onlinelibrary.wiley.com/doi/10.1111/bjhp.12652>

The public health impact of the Irish Making Every Contact Count (MECC) brief intervention programme is dependent on delivery by health care professionals. We aimed to identify enablers and modifiable barriers to MECC intervention delivery to optimize MECC implementation. Implementation interventions to enhance MECC delivery should target intentions and goals, beliefs about capabilities, negative emotions, environmental resources, skills and barriers to prioritization.

4. Travers J, Romero-Ortuno R, Langan J, MacNamara F, McCormack D, et al. **Building resilience and reversing frailty: a randomised controlled trial of a primary care intervention for older adults.** *Age Ageing.* 2023 Feb 1;52(2):afad012. doi: 10.1093/ageing/afad012. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36849160/>

Full-text: <https://academic.oup.com/ageing/article/52/2/afad012/7058181>

There is a need for effective primary care interventions that help older people combat frailty and build resilience. To study the effectiveness of an optimised exercise and dietary protein intervention. Six general practitioners enrolled adults aged 65+ with Clinical Frailty Scale score ≤ 5 from December 2020 to May 2021. Participants were randomised to intervention or usual care with allocation concealed until enrolment. Intervention comprised a 3-month home-based exercise regime, emphasising strength, and dietary protein guidance (1.2 g/kg/day). Effectiveness was measured by comparing frailty levels, based on the SHARE-Frailty Instrument, on an intention-to-treat basis. Secondary outcomes included bone mass, muscle mass and biological age measured by bioelectrical impedance analysis. Ease of intervention and perceived health benefit were measured on Likert scales. A combination of exercises and dietary protein significantly reduced frailty and improved self-reported health.

5. de Paor M, Boland F, Cai X, Smith S, Ebell MH, Mac Donncha E, Fahey T. **Derivation and validation of clinical prediction rules for diagnosis of infectious mononucleosis: a prospective cohort study.** *BMJ Open.* 2023 Feb 27;13(2):e068877. doi: 10.1136/bmjopen-2022-068877. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36849213/>

Full-text: <https://bmjopen.bmj.com/content/13/2/e068877.long>

Infectious mononucleosis (IM) is a clinical syndrome that is characterised by lymphadenopathy, fever and sore throat. Although generally not considered a serious illness, IM can lead to significant loss of time from school or work due to profound fatigue, or the development of chronic illness. This study aimed to derive and externally validate clinical prediction rules (CPRs) for IM caused by Epstein-Barr virus (EBV). The alternative CPRs proposed can provide quantitative probability estimates of IM. Used in conjunction with serological testing for atypical lymphocytosis and immunoglobulin testing for viral capsid antigen, CPRs can enhance diagnostic decision-making for IM in community settings.

6. Moen U, Knapstad MK, Wilhelmsen KT, Goplen FK, Nordahl SHG, et al. **Musculoskeletal pain patterns and association between dizziness symptoms and pain in patients with long term dizziness - a cross-sectional study.** *BMC Musculoskelet Disord*. 2023 Mar 8;24(1):173. doi: 10.1186/s12891-023-06279-z. PMID: 36882720; PMCID: PMC9992911. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36882720/>
Full-text: <https://bmcmusculoskeletdisord.biomedcentral.com/articles/10.1186/s12891-023-06279-z>
This study aimed to examine the occurrence of widespread pain in patients with long-term dizziness and investigate the associations between pain and dizziness symptoms. Further, to explore whether diagnostic belonging is related to the occurrence of pain. Patients with long-term dizziness have a considerably higher prevalence of pain and number of pain sites than the general population. Pain co-exists with dizziness and is associated with dizziness severity. These findings may indicate that pain should be systematically assessed and treated in patients with persisting dizziness.
7. Racine E, O Mahony L, Riordan F, Flynn G, Kearney PM, McHugh SM. **What and how do different stakeholders contribute to intervention development? A mixed methods study.** *HRB Open Res*. 2023 Feb 8;5:35. doi: 10.12688/hrbopenres.13544.2. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36895913/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9989546/>
The aim of this Study Within A Trial (SWAT) was to identify and compare contributions from two groups of end-users - people with diabetes' (PWD) and healthcare professionals' (HCPs), during consensus meetings to inform an intervention to improve retinopathy screening uptake. End-user groups shared and unique concerns about proposals; both were concerned about informing but not scaring people when communicating risk, while concerns about resources were mostly unique to HCPs and concerns about privacy were mostly unique to PWD. Fewer suggestions for new intervention content from the combined meeting were integrated into the final intervention as they were not feasible for implementation in general practice. Participants contributed four new behaviour change techniques not present in the original proposals: *goal setting (outcome)*, *restructuring the physical environment*, *material incentive (behaviour)* and *punishment*. **Conclusions:** Preferences for intervention content may differ across end-user groups, with feedback varying depending on whether end-users are involved simultaneously or separately.
8. Nishiyama C, Kiguchi T, Okubo M, Alihodžić H, Al-Araji R, et al.; ILCOR Research and Registries Working Group. **Three-year trends in out-of-hospital cardiac arrest across the world: second report from the International Liaison Committee on Resuscitation (ILCOR).** *Resuscitation*. 2023 Mar 1:109757. doi: 10.1016/j.resuscitation.2023.109757. Epub ahead of print. [Available via Inter-Library loan - Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36868553/>
The International Liaison Committee on Resuscitation (ILCOR) Research and Registries Working Group previously reported data on systems of care and outcomes of out-of-hospital cardiac arrest (OHCA) in 2015 from 16 national and regional registries. To describe the temporal trends with updated data on OHCA, we report the characteristics of OHCA from 2015 through 2017. Eleven national registries in North America, Europe, Asia, and Oceania, and 4 regional registries in Europe were included in this report. Across registries, the estimated annual incidence of EMS-treated OHCA was 30.0-97.1 individuals per 100,000 population in 2015, 36.4-97.3 in 2016, and 40.8-100.2 in 2017. The provision of bystander cardiopulmonary resuscitation (CPR) varied from 37.2% to 79.0% in 2015, from 2.9% to 78.4% in 2016, and from 4.1% to 80.3% in 2017. Survival to

hospital discharge or 30-day survival for EMS-treated OHCA ranged from 5.2% to 15.7% in 2015, from 6.2% to 15.8% in 2016, and from 4.6% to 16.4% in 2017.

9. O'Reilly S, Kathryn Carroll H, Murray D, Burke L, McCarthy T, et al. **Impact of the COVID-19 pandemic on cancer care in Ireland - Perspectives from a COVID-19 and Cancer Working Group.** *J Cancer Policy.* 2023 Feb 23;100414. doi: 10.1016/j.jcpo.2023.100414. Epub ahead of print. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36841473/>

Full-text:

<https://www.sciencedirect.com/science/article/pii/S2213538323000310?via%3DiHub>

The Irish Cancer Society, a national cancer charity with a role in advocacy, research and patient supports, convened a multi-disciplinary stakeholder group (COVID-19 and Cancer Working Group) to reflect on and understand the impact of the pandemic on cancer patients and services in Ireland, and discuss potential mitigation strategies. Perspectives on experiences were gathered across domains including timeliness of data acquisition and its conversion into intelligence, and the resourcing of cancer care to address cancer service impacts. The group highlighted aspects for future research to understand the long-term pandemic impact on cancer outcomes, while also highlighting potential strategies to support cancer services, build resilience and address delayed diagnosis. Additional measures include the need for cancer workforce recruitment and retention, increased mental health supports for both patients and oncology professionals, improvements to public health messaging, near real-time multimodal national cancer database, and robust digital and physical infrastructure to mitigate impacts of the current pandemic and future challenges to cancer care systems.

Research Articles

1. Missiou A, Lionis C, Evangelou E, Tatsioni A. **Health outcomes in primary care: a 20-year evidence map of randomized controlled trials.** *Fam Pract.* 2023 Feb 9;40(1):128-137. doi: 10.1093/fampra/cmz067. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/35809039/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9909671/>

To quantify the different types of health outcomes assessed as primary outcomes in randomized controlled trials (RCTs) in the primary care (PC) setting during the last 20 years and identify whether potential gaps exist in specific types of health care and types of intervention. Of the 518 eligible RCTs in PC, 357 (68.9%) evaluated a patient health outcome as the primary outcome, and 161 (31.1%) evaluated only health services outcomes as primary outcomes. Many focused on population with chronic illness (224 trials; 43.2%) and evaluated interventions on processes of health care (239 trials; 46.1%). Research gaps identified include preventive and palliative care, behavioural interventions, and safety and patient-centredness outcomes as primary outcomes. Our evidence map showed research gaps in certain types of health care and interventions. It also showed research gaps in assessing safety and measures to place patient at the centre of health care delivery as primary outcomes.

2. Boven C, Van Humbeeck L, Van den Block L, Piers R, Van Den Noortgate N, Dillen L. **Bereavement care and the interaction with relatives in the context of euthanasia: A qualitative study with healthcare providers.** *Int J Nurs Stud.* 2023 Jan 31;140:104450. doi: 10.1016/j.ijnurstu.2023.104450. Epub ahead of print. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36796117/>

Full-text:

<https://www.sciencedirect.com/science/article/pii/S0020748923000159?via%3DiHub>

[hub](#)

A recent review shows an interdependence between healthcare providers and relatives in the context of euthanasia. Belgian guidelines do focus on the role of certain healthcare providers (physicians, nurses, and psychologists), yet they hardly specify bereavement care services before, during and after the euthanasia. Professionals strive for a serene atmosphere throughout a euthanasia process to ensure relatives can cope with the loss, and the way in which the patient died.

3. Metzner G, Horstmeier LM, Bengel J, Bitzer EM, Dreher E, et al. **Local, collaborative, stepped, and personalized care management for older people with chronic diseases - results from the randomized controlled LoChro-trial.** *BMC Geriatr.* 2023 Feb 13;23(1):92. doi: 10.1186/s12877-023-03797-2. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36782119/>

Full-text: <https://bmgeriatr.biomedcentral.com/articles/10.1186/s12877-023-03797-2>

In the aging population of Western societies, an increasing number of older adults have multiple chronic diseases. As multifaceted health problems imply the involvement of several healthcare professionals, multimorbid older people frequently face a fragmentation of health care. Addressing these challenges, we developed a local, collaborative, stepped, and personalized care management approach (LoChro-Care) and evaluated its effectiveness. A two-group, parallel randomized controlled trial was conducted comparing LoChro-Care recipients (IG) to participants with usual care (CG). Supporting patients' self-management in coordinating their individual care network through LoChro-Care did not result in any significant effect on the primary and secondary outcomes. A decline of functional health and depressive symptoms was observed among all participants. Potential future intervention adaptations are discussed, such as a more active case management through direct referral to (in-)formal support, an earlier treatment initiation, and the consideration of specific sociodemographic factors in care management planning.

4. De Jong AM, Veldhuis S, Candido F, den Elzen W, de Boer BA. **The effectiveness of an automated algorithm as a tool for investigating the cause of anaemia in undiagnosed patients from general practitioners.** *Ann Clin Biochem.* 2023 Feb 15;45632231160663. doi: 10.1177/00045632231160663. Epub ahead of print. [Available via Inter-Library Loan – Contact ICGP Library]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36792939/>

The Dutch guideline algorithm for the analysis of anaemia in patients of general practitioners (GPs) was programmed in a Clinical Decision Support system (CDS-anaemia) to support the process of diagnosing the cause of anaemia in the laboratory. This study investigates the diagnostic yield of the automated anaemia algorithm compared to that of the manual work up by the general practitioner. This study suggests that an automated-algorithm support can effectively aid in the diagnostic work-up of anaemia in primary care to find more causes of anaemia.

5. Jung FU, Bodendieck E, Bleckwenn M, Hussenoeder FS, Lupp M, Riedel-Heller SG. **Burnout, work engagement and work hours - how physicians' decision to work less is associated with work-related factors.** *BMC Health Serv Res.* 2023 Feb 15;23(1):157. doi: 10.1186/s12913-023-09161-9. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36793035/>

Full-text: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-09161-9>

According to new estimates, the health care sector will suffer a shortage of physicians in primary and specialty care. In this context, work engagement and burnout are two constructs that have gained attention recently. The aim of this study was to investigate how these constructs are related to work hour preference. Physicians tending to reduce work hours exhibited different levels of work engagement as well as burnout (personal, patient- and work-related).

Moreover, work engagement influenced the relationship between burnout and work hour reduction. Therefore, interventions that increase work engagement may positively impact negative effects of burnout on work hour changes.

6. Pohl J, Heintze C, Herrmann WJ. **Patients' and GPs' duties and responsibilities in long-term care after myocardial infarction: a qualitative study of patients' perspectives.** *Fam Pract.* 2023 Feb 9;40(1):98-104. doi: 10.1093/fampra/cmac073.

Abstract: <https://pubmed.ncbi.nlm.nih.gov/35770486/>

Full-text: <https://doi-org.icgplibrary.idm.oclc.org/10.1093/fampra/cmac073>

Cardiovascular disease is one of the main causes of death in Europe and around the world. Effective and individualized long-term treatment of patients with chronic diseases such as cardiovascular disease and myocardial infarction reduces mortality and the risk of recurrence and prevents secondary disease. However, there is little data on patients' views. To examine patients' perspectives on long-term care after myocardial infarction. Participants consistently emphasized major functions fulfilled by general practitioners: monitoring, advice, diagnosis, referral, coordination. Furthermore, other functions such as empathy and feeling emotionally valued. Major patient roles emerged such as information sharing, lifestyle change, and coping. Responsibility toward doctors was expressed in terms of active participation in describing their symptoms, following the doctor's directions, and sharing in decision-making. Self-responsibility in participants showed 2 contrasting approaches. On the one hand, a passive attitude (acceptance, helplessness), and on the other, active resistance and taking action. The study underlines the importance of communication and awareness of the patient's perspective. General practitioners must address patients' aims and fears, encourage their initiative, and focus on empathy and education.

7. Heissel A, Heinen D, Brokmeier LL, Skarabis N, Kangas M, et al. **Exercise as medicine for depressive symptoms? A systematic review and meta-analysis with meta-regression.** *Br J Sports Med.* 2023 Feb 1:bjsports-2022-106282. doi: 10.1136/bjsports-2022-106282. Epub ahead of print. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36731907/>

Full-text: <https://bjsm.bmj.com/content/early/2023/02/14/bjsports-2022-106282.long>

To estimate the efficacy of exercise on depressive symptoms compared with non-active control groups and to determine the moderating effects of exercise on depression and the presence of publication bias. Exercise is efficacious in treating depression and depressive symptoms and should be offered as an evidence-based treatment option focusing on supervised and group exercise with moderate intensity and aerobic exercise regimes. The small sample sizes of many trials and high heterogeneity in methods should be considered when interpreting the results.

8. Singh B, Olds T, Curtis R, Dumuid D, Virgara R, et al. **Effectiveness of physical activity interventions for improving depression, anxiety and distress: an overview of systematic reviews.** *Br J Sports Med.* 2023 Feb 16:bjsports-2022-106195. doi: 10.1136/bjsports-2022-106195. Epub ahead of print. PMID: 36796860. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36796860/>

Full-text: <https://bjsm.bmj.com/content/early/2023/03/02/bjsports-2022-106195.long>

Researchers from the University of South Australia have discovered regular exercise may be more effective than medication for the treatment of mental illness, such as depression. Published in the British Journal of Sports Medicine, the study used 97 reviews, 1,039 and 128,119 participants, marking it as one of the most extensive pieces of research to date. Based on their findings, they concluded that exercise improved symptoms of depression and anxiety.

9. Garcia L, Pearce M, Abbas A, Mok A, Strain T, et al. **Non-occupational physical activity and risk of cardiovascular disease, cancer and mortality outcomes: a dose-response meta-analysis of large prospective studies.** *Br J Sports Med.* 2023 Feb 28;bjsports-2022-105669. doi: 10.1136/bjsports-2022-105669. Epub ahead of print. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36854652/>
Full-text: <https://bjsm.bmj.com/content/early/2023/01/23/bjsports-2022-105669.long>
 To estimate the dose-response associations between non-occupational physical activity and several chronic disease and mortality outcomes in the general adult population. Inverse non-linear dose-response associations suggest substantial protection against a range of chronic disease outcomes from small increases in non-occupational physical activity in inactive adults.
10. Floss M, Abelson A, Kirk A, Khoo SM, Saldiva PHN, et al. **An international planetary health for primary care massive open online course.** *Lancet Planet Health.* 2023 Feb;7(2):e172-e178. doi: 10.1016/S2542-5196(22)00307-2. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36754473/>
Full-text: [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(22\)00307-2/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(22)00307-2/fulltext)
 In this Viewpoint we argue that primary care practitioners should receive professional education in how to directly respond to planetary health challenges. We reflect on the provision of a massive open online course (MOOC) on planetary health for primary care practitioners in the context of existing training programmes. We suggest that this MOOC is an appropriate response to planetary health challenges, and argue that cost-free, accredited planetary health education for primary care practitioners should be provided as a public good that also fulfils individual professionals' entitlement to quality education and continuing professional development.
11. Greenhalgh T, Shaw SE, Nishio AA, Byng R, Clarke A, et al. **Remote care in UK general practice: baseline data on 11 case studies** [version 2; peer review: 2 approved]. *NIHR Open Res.* 2022 Nov 29;2:47. doi: 10.3310/nihropenres.13290.2. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36814638/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7614213/>
 Accessing and receiving care remotely (by telephone, video or online) became the default option during the coronavirus disease 2019 (COVID-19) pandemic, but in-person care has unique benefits in some circumstances. We are studying UK general practices as they try to balance remote and in-person care, with recurrent waves of COVID-19 and various post-pandemic backlogs. General practices' responses to pandemic-induced disruptive innovation appear unique and situated. We anticipate that by focusing on depth and detail, this longitudinal study will throw light on why a solution that works well in one practice does not work at all in another. As the study unfolds, we will explore how practices achieve timely diagnosis of urgent or serious illness and manage continuity of care, long-term conditions and complex needs.
12. Htun HL, Teshale AB, Cumpston MS, Demos L, Ryan J, et al. **Effectiveness of social prescribing for chronic disease prevention in adults: a systematic review and meta-analysis of randomised controlled trials.** *J Epidemiol Community Health.* 2023 Feb 22;jech-2022-220247. doi: 10.1136/jech-2022-220247. Epub ahead of print. [Available via inter-library loan - contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36813546/>
 Social prescribing (SP) enables healthcare professionals to link patients with non-medical interventions available in the community to address underlying socioeconomic and behavioural determinants. We synthesised the evidence to

understand the effectiveness of SP for chronic disease prevention. SP exercise interventions probably increased physical activity slightly; however, no benefits were observed for metabolic factors. Determining whether SP is effective in modifying the determinants of chronic diseases and promotes sustainable healthy behaviours is limited by the current evidence of quantification and uncertainty, warranting further rigorous studies.

13. Moschonis G, Siopis G, Jung J, Eweka E, Willems R, et al.; DigiCare4You Consortium. **Effectiveness, reach, uptake, and feasibility of digital health interventions for adults with type 2 diabetes: a systematic review and meta-analysis of randomised controlled trials.** *Lancet Digit Health.* 2023 Mar;5(3):e125-e143. doi: 10.1016/S2589-7500(22)00233-3. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36828606/>
Full-text: [https://www.thelancet.com/journals/landig/article/PIIS2589-7500\(22\)00233-3/fulltext](https://www.thelancet.com/journals/landig/article/PIIS2589-7500(22)00233-3/fulltext)
Digital health interventions have shown promising results for the management of type 2 diabetes, but a comparison of the effectiveness and implementation of the different modes is not currently available. Therefore, this study aimed to compare the effectiveness of SMS, smartphone application, and website-based interventions on improving glycaemia in adults with type 2 diabetes and report on their reach, uptake, and feasibility. Smartphone application and SMS interventions, but not website-based interventions, were associated with better glycaemic control. However, the studies' heterogeneity should be recognised. Considering that both smartphone application and SMS interventions are effective for diabetes management, clinicians should consider factors such as reach, uptake, patient preference, and context of the intervention when deciding on the mode of delivery of the intervention. Nine in ten people worldwide own a feature phone and can receive SMS and four in five people have access to a smartphone, with numerous smartphone applications being available for diabetes management. Clinicians should familiarise themselves with this modality of programme delivery and encourage people with type 2 diabetes to use evidence-based applications for improving their self-management of diabetes. Future research needs to describe in detail the mediators and moderators of the effectiveness and implementation of SMS and smartphone application interventions, such as the optimal dose, frequency, timing, user interface, and communication mode to both further improve their effectiveness and to increase their reach, uptake, and feasibility.
14. Duda-Sikuła M, Kurpas D. **Barriers and Facilitators in the Implementation of Prevention Strategies for Chronic Disease Patients-Best Practice GuideLines and Policies' Systematic Review.** *J Pers Med.* 2023 Feb 4;13(2):288. doi: 10.3390/jpm13020288. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36836522/>
Full-text: <https://www.mdpi.com/2075-4426/13/2/288>
Visits of chronically ill patients account for 80% of primary care consultations. Approximately 15-38% of patients have three or more chronic diseases, and 30% of hospitalisations result from the deteriorating clinical condition of these patients. The burden of chronic disease and multimorbidity is increasing in combination with the growing population of elderly people. The study aimed to find the best practice guidelines and policies influencing effective intervention and making it possible to personalize prevention strategies. Apart from clinical treatment, it is essential to increase the effectiveness of non-clinical interventions that could empower chronic patients to increase their involvement in therapy. The review focuses on the best practice guidelines and policies in non-medical interventions and the barriers to and facilitators of their implementation into everyday practice. A systematic review of practice guidelines and policies was conducted to answer the research question. The authors screened databases and included 47 full-text recent studies in the qualitative synthesis.

15. Eliasson G, Janson C, Johansson G, Larsson K, Lindén A, et al. **Comorbid conditions as predictors of mortality in severe COPD - an eight-year follow-up cohort study.** *Eur Clin Respir J.* 2023 Feb 26;10(1):2181291. doi: 10.1080/20018525.2023.2181291. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36861117/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9970194/>
Co-morbidities are common in chronic obstructive pulmonary disease (COPD) and are associated with increased morbidity and mortality. The aim of the present study was to explore the prevalence of several comorbid conditions in severe COPD, and to investigate and compare their associations with long-term mortality. In addition to the risk factors high age, low BMI and poor lung function; impaired kidney function appears to be an important risk factor for mortality in the long term, which should be taken into account in the medical care of patients with severe COPD.
16. Pryke R, Guha IN. **Time to focus on chronic liver diseases in the community: A review of primary care hepatology tools, pathways of care and reimbursement mechanisms.** *J Hepatol.* 2023 Mar;78(3):663-671. doi: 10.1016/j.jhep.2022.10.010. Epub 2022 Oct 23. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36283499/>
Full-text: [https://www.journal-of-hepatology.eu/article/S0168-8278\(22\)03146-4/fulltext](https://www.journal-of-hepatology.eu/article/S0168-8278(22)03146-4/fulltext)
Addressing primary care's low confidence in detecting and managing chronic liver disease is becoming increasingly important owing to the escalating prevalence of its common lifestyle-related metabolic risk factors - obesity, physical inactivity, smoking and alcohol consumption. Whilst liver blood testing is frequently carried out in the management of long-term conditions, its interpretation is not typically focused on specific liver disease risk. Educational steps for primary care should outline how liver fibrosis is the flag of pathological concern, encourage use of pragmatic algorithms such as fibrosis-4 index to differentiate between those requiring referral for further fibrosis risk assessment and those who can be managed in the community, and emphasise that isolated minor liver function test abnormalities are unreliable for estimating the risk of fibrosis progression. Measures to increase primary care's interest and engagement should make use of existing frameworks for the management of long-term conditions, so that liver disease is considered alongside other metabolic disorders, including type 2 diabetes, cardiovascular disease, chronic kidney disease etc. Selling points when considering the required investment in developing local fibrosis assessment pathways include reduced repeat testing of minor abnormalities and improved secondary care referrals, plus improvements in the patient's journey through long-term multimorbidity care. A focus on improving chronic liver disease is likely to have wide-ranging benefits across co-existing metabolic disorders, particularly when pathways are aligned with community lifestyle support services. The important message for primary care is to increase the value of existing monitoring rather than to generate more work.
17. Woodward A, Davies N, Walters K, Nimmons D, Stevenson F, et al. **Self-management of multiple long-term conditions: A systematic review of the barriers and facilitators amongst people experiencing socioeconomic deprivation.** *PLoS One.* 2023 Feb 21;18(2):e0282036. doi: 10.1371/journal.pone.0282036. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36809286/>
Full-text: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0282036>
Multiple long-term conditions are rising across all groups but people experiencing socioeconomic deprivation are found to have a higher prevalence. Self-management strategies are a vital part of healthcare for people with long-term conditions and effective strategies are associated with improved health

outcomes in a variety of health conditions. The management of multiple long-term conditions are, however, less effective in people experiencing socioeconomic deprivation, leaving them more at risk of health inequalities. The purpose of this review is to identify and synthesise qualitative evidence on the barriers and facilitators of self-management on long-term conditions in those experiencing socioeconomic deprivation. Self-management of multiple long-term conditions is challenging for people experiencing socioeconomic deprivation due to barriers around financial constraints and health literacy, which can lead to poor mental health and wellbeing. To support targeted interventions, greater awareness is needed among health professionals of the barriers/challenges of self-management among these populations.

18. Mainous AG 3rd, Xie Z, Dickmann SB, Medley JF, Hong YR. **Documentation and Treatment of Obesity in Primary Care Physician Office Visits: The Role of the Patient-Physician Relationship.** *J Am Board Fam Med.* 2023 Mar 3;jabfm.2022.220297R1. doi: 10.3122/jabfm.2022.220297R1. Epub ahead of print. [Available via Inter-Library Loan – Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36868866/>
 An ongoing patient-physician relationship may increase the likelihood of acknowledging obesity and providing a treatment plan. The purpose of the study was to investigate if continuity of care was associated with recording of obesity and receipt of a weight-loss treatment plan. There are many missed opportunities for prevention of obesity-related disease. Continuity of care with a primary care physician was associated with benefits in treatment likelihood, but greater emphasis on managing obesity in a primary care visit seems warranted.
19. Pel-Littel RE, Buurman BM, van de Pol MH, Twisk JWR, Tulner LR, et al. **Effects of a shared decision making intervention for older adults with multiple chronic conditions: the DICO study.** *BMC Med Inform Decis Mak.* 2023 Mar 1;23(1):42. doi: 10.1186/s12911-023-02099-2. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36859287/>
 Full-text: <https://bmcmmedinformdecismak.biomedcentral.com/articles/10.1186/s12911-023-02099-2>
 To evaluate the effects of a shared decision making (SDM) intervention for older adults with multiple chronic conditions (MCCs). This study provides scope for improvement of SDM in geriatrics. Engaging older adults with MCCs and informal caregivers in the decision making process should be an essential part of SDM training for geriatricians, beyond the SDM steps of explaining options, benefits and harms. More attention should be paid to the integration of preparatory work in the consultation.
20. He J, Ouyang N, Guo X, Sun G, Li Z, et al.; CRHCP Study Group. **Effectiveness of a non-physician community health-care provider-led intensive blood pressure intervention versus usual care on cardiovascular disease (CRHCP): an open-label, blinded-endpoint, cluster-randomised trial.** *Lancet.* 2023 Mar 2:S0140-6736(22)02603-4. doi: 10.1016/S0140-6736(22)02603-4. Epub ahead of print. [Available via Inter-Library Loan – Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36871573/>
 Effectiveness of a non-physician community health-care provider-led intensive blood pressure intervention on cardiovascular disease has not been established. We aimed to test the effectiveness of such an intervention compared with usual care on risk of cardiovascular disease and all-cause death among individuals with hypertension. The non-physician community health-care provider-led intensive blood pressure intervention is effective in reducing cardiovascular disease and death.
21. Rees J, Burton A, Walters K, Cooper C. **Exploring the provision and support of care for long-term conditions in dementia: A qualitative study combining interviews and document analysis.** *Dementia* (London). 2023 Mar

7:14713012231161854. doi: 10.1177/14713012231161854. Epub ahead of print. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36883009/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9996169/>

This study aimed to explore how care for long-term conditions is provided and supported for people with dementia in the community. Six main themes were identified from eight case studies: 1) Balancing support and independence, 2) Implementing and adapting advice for dementia contexts, 3) Prioritising physical, cognitive and mental health needs, 4) Competing and entwined needs and priorities, 5) Curating supportive professional networks, 6) Family carer support and coping. These findings reflect the dynamic nature of dementia care which requires the adaptation of support in response to changing need. We witnessed the daily realities for families of implementing care recommendations in the community, which were often adapted for the contexts of family carers' priorities for care of the person living with dementia and what they were able to provide. Realistic self-management plans which are deliverable in practice must consider the intersection of physical, cognitive and mental health needs and priorities, and family carers needs and resources.

22. Williamson K, Blane DN, Grieve E, Lean MEJ. **Overlooked and under-evidenced: Community health and long-term care service needs, utilization, and costs incurred by people with severe obesity.** *Clin Obes.* 2023 Apr;13(2):e12570. doi: 10.1111/cob.12570. Epub 2022 Nov 29. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36447339/>
Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/cob.12570>
Numbers of people with severe obesity ($\text{BMI} \geq 40 \text{ kg/m}^2$), with need for community health and long-term care (LTC) services, are increasing, but documentation is lacking. We identified individuals with severe obesity known to community health and care professionals in a representative United Kingdom region and used an investigator-administered questionnaire to record needs and use of community health and LTC services. Data were verified against health and LTC records. Local and published sources informed detailed micro-costing. Twenty-five individuals (15 women) consented, aged 40-87 (mean = 62) years, BMI 40-77 (mean = 55) kg/m^2 : 20 participants (80%) were housebound. Twenty-two different cross-sector community health and LTC services were used, including community equipment service ($n = 23$), district nursing ($n = 20$), occupational therapy ($n = 14$), and LTC ($n = 12$). Twenty-four (96%) participants used three or more services, with longest care episode lasting over 14 years. Total annual service costs incurred by participants varied from £2053 to £82 792; mean £26 594 (lower estimate £80 064; mean £22 462/upper estimate £88 870; mean £30 726), with greatest costs being for LTC. Individual costs for equipment (currently provided) and home adaptations (ever provided) ranged widely, from zero to £35 946. Total mean annual costs increased by ascending BMI category, up to BMI 70 kg/m^2 . This study provides a framework with which to inform service provision and economic analysis of weight management interventions. People with severe obesity may need sustained care from multiple community care services.
23. Hakimjavadi R, Karunanathan S, Fung C, Levi C, Helmer-Smith M, et al. **Using electronic consultation (eConsult) to identify frailty in provider-to-provider communication: a feasibility and validation study.** *BMC Geriatr.* 2023 Mar 9;23(1):136. doi: 10.1186/s12877-023-03870-w. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36894892/>
Full-text: <https://bmgeriatr.biomedcentral.com/articles/10.1186/s12877-023-03870-w>
Frailty is a complex age-related clinical condition that increases vulnerability to stressors. Early recognition of frailty is challenging. While primary care providers (PCPs) serve as the first point of contact for most older adults, convenient tools for

identifying frailty in primary care are lacking. Electronic consultation (eConsult), a platform connecting PCPs to specialists, is a rich source of provider-to-provider communication data. Text-based patient descriptions on eConsult may provide opportunities for earlier identification of frailty. We sought to explore the feasibility and validity of identifying frailty status using eConsult data. The availability of frailty-related terms establishes the feasibility of using provider-to-provider communication on eConsult to identify patients with high likelihood of living with this condition. The higher average of frailty-related terms in LTC (versus community) cases, and agreement between clinician-provided frailty ratings and the frequency of frailty-related terms, support the validity of an eConsult-based approach to identifying frailty. There is potential for eConsult to be used as a case-finding tool in primary care for early recognition and proactive initiation of care processes for older patients living with frailty.

24. Nee R, Yuan CM, Narva AS, Yan G, Norris KC. **Overcoming barriers to implementing new guideline-directed therapies for chronic kidney disease.** *Nephrol Dial Transplant.* 2023 Feb 28;38(3):532-541. doi: 10.1093/ndt/gfac283. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36264305/>

Full-text: <https://academic.oup.com/ndt/article/38/3/532/6764731?login=false>

For the first time in many years, guideline-directed drug therapies have emerged that offer substantial cardiorenal benefits, improved quality of life and longevity in patients with chronic kidney disease (CKD) and type 2 diabetes. These treatment options include sodium-glucose cotransporter-2 inhibitors, nonsteroidal mineralocorticoid receptor antagonists and glucagon-like peptide-1 receptor agonists. However, despite compelling evidence from multiple clinical trials, their uptake has been slow in routine clinical practice, reminiscent of the historical evolution of angiotensin-converting enzyme inhibitor and angiotensin II receptor blocker use. The delay in implementation of these evidence-based therapies highlights the many challenges to optimal CKD care, including: (i) clinical inertia; (ii) low CKD awareness; (iii) suboptimal kidney disease education among patients and providers; (iv) lack of patient and community engagement; (v) multimorbidity and polypharmacy; (vi) challenges in the primary care setting; (vii) fragmented CKD care; (viii) disparities in underserved populations; (ix) lack of public policy focused on health equity; and (x) high drug prices. These barriers to optimal cardiorenal outcomes can be ameliorated by a multifaceted approach, using the Chronic Care Model framework, to include patient and provider education, patient self-management programs, shared decision making, electronic clinical decision support tools, quality improvement initiatives, clear practice guidelines, multidisciplinary and collaborative care, provider accountability, and robust health information technology. It is incumbent on the global kidney community to take on a multidimensional perspective of CKD care by addressing patient-, community-, provider-, healthcare system- and policy-level barriers.

25. Morris RL, Giles S, Campbell S. **Involving patients and carers in patient safety in primary care: A qualitative study of a co-designed patient safety guide.** *Health Expect.* 2023 Apr;26(2):630-639. doi: 10.1111/hex.13673. Epub 2023 Jan 16. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36645147/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10010084/>

Involving patients is a key premise of national and international policies on patient safety, which requires understanding how patients or carers want to be involved and developing resources to support this. This paper examines patients' and carers' views of being involved in patient safety in primary care and their views of potentially using a co-designed patient safety guide for primary care (PSG-PC) to foster both involvement and their safety. Involving patients and carers in patient safety needs a tailored and personalized approach that enables patients and carers to use resources like the PSG-PC routinely and helps

challenge assumptions about their willingness and ability to be involved in patient safety. Doing so would raise awareness of opportunities to be involved in safety in line with personal preference.

26. Calderón-Larrañaga S, Greenhalgh T, Clinch M, Robson J, Dostal I, et al. **Unravelling the potential of social prescribing in individual-level type 2 diabetes prevention: a mixed-methods realist evaluation.** *BMC Med.* 2023 Mar 13;21(1):91. doi: 10.1186/s12916-023-02796-9. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36907857/>
Full-text: <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-023-02796-9>
Social prescribing (SP) usually involves linking patients in primary care with services provided by the voluntary and community sector. Preliminary evidence suggests that SP may offer a means of connecting patients with community-based health promotion activities, potentially contributing to the prevention of long-term conditions, such as type 2 diabetes (T2D). Our study suggests that SP may offer an opportunity for individual-level T2D prevention to shift away from standardised, targeted and short-term strategies to approaches that are increasingly personalised, inclusive and long-term. Primary care-based SP seems most ideally placed to deliver such approaches where practitioners, providers and commissioners work collectively to achieve holistic, accessible, sustained and integrated services.
27. Borg R, Carlson N, Søndergaard J, Persson F. **The Growing Challenge of Chronic Kidney Disease: An Overview of Current Knowledge.** *Int J Nephrol.* 2023 Mar 1;2023:9609266. doi: 10.1155/2023/9609266. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36908289/>
Full-text: <https://www.hindawi.com/journals/ijn/2023/9609266/>
Chronic kidney disease (CKD) is becoming one of the world's most prevalent noncommunicable chronic diseases. The World Health Organization projects CKD to become the 5th most common chronic disease in 2040. Causes of CKD are multifactorial and diverse, but early-stage symptoms are often few and silent. Progression rates are highly variable, but patients encounter both an increased risk for end-stage kidney disease (ESKD) as well as increased cardiovascular risk. End-stage kidney disease incidence is generally low, but every single case carries a significant burden of illness and healthcare costs, making prevention by early intervention both desirable and worthwhile. This review focuses on the prevalence, diagnosis, and causes of CKD. In addition, we discuss the developments in the general treatment of CKD, with particular attention to what can be initiated in general practice. With the addition of recent landmark findings and the expansion of the indication for using sodium-glucose cotransporter 2 inhibitors, there are now new effective treatments to add to standard therapy. This will also be relevant for primary care physicians as many patients with CKD have their family physician as their primary health care professional handling kidney function preservation. In the future, more precise and less invasive diagnostic methods may not only improve the determination of the underlying cause of CKD but may also carry information regarding which treatment to use (i.e. personalized medicine). This could lead to a reduced number of preventive treatments per individual, while at the same time improving the prognosis. This review summarizes ongoing efforts in this area.
28. Pytell JD, Rubenstein LV. **So What Do We Do Now? New Opioid Prescribing Guidelines, Implementation Science, and How to Improve the Care of Patients Receiving Long-Term Opioid Therapy in Primary Care.** *J Gen Intern Med.* 2023 Mar 15. doi: 10.1007/s11606-023-08138-y. Epub ahead of print. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36922469/>
Full-text: <https://link.springer.com/article/10.1007/s11606-023-08138-y>
Every day, primary care clinicians across the country face the daunting challenge

of reconciling a dynamic understanding of pain treatment with a patient receiving long-term opioid therapy during a 20-min visit while also addressing other healthcare needs. Over the past 30 years, several factors, including psychological stress, economic hardships, the COVID pandemic, and continued opioid prescribing by clinicians, have contributed to a sharp increase in the number of patients receiving long-term opioid therapy and seeking treatment in primary care. Despite this growing issue, there is a lack of research on interventions supporting the primary care treatment of patients receiving long-term opioid therapy. Even fewer studies have used implementation science to understand how their interventions worked or did not work and how to make them more effective.

29. 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 Mar;39(3):387-398. doi:

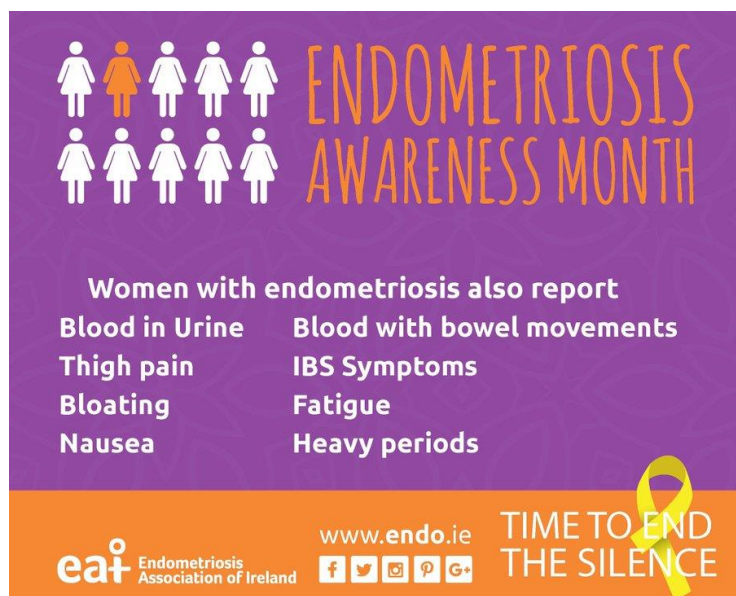
10.1080/03007995.2022.2141483. Epub 2023 Jan 24. [Open Access]

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 also lead to reduced quality of life, need for caregiver support, work loss, hospital and rehabilitation costs, nursing home costs, and increased mortality. Although osteoporosis is common, it is often undiagnosed or untreated, leaving many people at risk for experiencing broken bones. A broken bone increases the risk of more broken bones. Given the growing size of the aging global population, osteoporosis and the risk of broken bones represent an urgent problem and growing burden. We need ways to make it easier for primary care practitioners (PCPs), such as family physicians, internists, physician assistants, nurse practitioners, and nurses, to include osteoporosis care as part of routine clinical visits. 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, four-step approach to help PCPs and patients navigate the journey from osteoporosis diagnosis to a treatment plan. The four 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.



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An ICGP article was featured in the top 10 articles in BJGP Open for 2022.

The [Top Most Read Research Articles](#) reveals the topics of particular interest and relevance to BJGP Open readers in 2022, with communication, remote consulting, and technological approaches in primary care remaining high on the agenda.

Brennan et al's scoping review provides 'likely the most comprehensive account of research to date'. Read the full article here: [Enhancing the management of long COVID in general practice: a scoping review](#)



Visit loveyourbrain.ie for all information about Brain Awareness Week.


Development of [National Endometriosis Framework](#) Announced.

New [TILDA Infographic](#) to mark World Kidney Day 2023.

Health Awareness

March is a busy month for Health Awareness. Endometriosis Awareness Month takes place as well as World Obesity Day (Mar 4th), International Women's Day (Mar 8th), World Kidney Day (Mar 10th), Brain Awareness Week (Mar 13th-19th), World Sleep Day (Mar 18th) World Down Syndrome Day (Mar 21st) and World Tuberculosis Day (Mar 24th). Here, we focus on Obesity Awareness.

Ireland has one of the highest levels of obesity in Europe, with 60% of adults and over one in five children and young people living with overweight and obesity. This [World Obesity Day](#), start a conversation about obesity with someone you know. The [Truth about Weight video](#) celebrates the efforts of weight management and recognises the struggles of living with Obesity. Oscar winner Brendan Fraser, who starred in *The Whale*, playing a morbidly obese man, spoke out about society's treatment of people with the disease, calling for the 'need to stop the bias against those with obesity'. The [Obesity in Adults: A 2022 Adapted Clinical Practice Guideline for Ireland](#) acts as a guide to high quality evidence-based obesity care, and in conjunction with the Model of Care for the Management of Adult Overweight and Obesity, improve the standard of care for individuals with obesity in all regions of Ireland.



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