



# ICGP Library

## Recommended Reading

October 2023  
Issue 10

*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

[October 2023, Volume 40, no 8](#)

**ADHD: Do we know the extent of it?**

 **View all Forums from 2023:**

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



### ICGP Pre-Budget Submission 2024

The ICGP has highlighted the serious workforce and workload crisis in general practice, as GPs retire and the population and eligibility to free GP care grows and calls for greater resources to build bigger GP practices in urban areas, and infrastructure for rural practices.

 **Read the [Press Release](#).**



## ICGP Staff Research Articles

1. Hayes E, Gannon L, Quinlan D. **Sepsis and documentation physiological vital signs in GP Out-of-Hours.** *Ir Med J.* 2023 Oct;116(9):858. [Open Access]

**Full-text:** <https://imj.ie/sepsis-and-documentation-of-six-physiological-vital-signs-in-gp-out-of-hours/>

### **Abstract:**

Sepsis is increasing in incidence. International guidelines recommend GP assessment of physiological vital signs in patients with acute infection to promote early detection of sepsis. This study assessed GP documentation of six physiological vital signs in clinical records of non-pregnant patients with lower respiratory tract infection (LRTI) or urinary tract infection (UTI) attending GP Out-of-Hours (GP-OOH) in 2016. The clinical records of over 98% of patients presenting with LRTI or UTI to GP-OOH had suboptimal documentation of the six physiological vital signs. Routine accurate assessment and documentation of physiological vital signs in patients with acute infection may enhance early recognition of sepsis.

2. Keyes B, McCombe G, Broughan J, Frawley T, Guerandel A, Gulati G, Kelly BD, Osborne B, O'Connor K, Cullen W. **Enhancing GP care of mental health disorders post-COVID-19: a scoping review of interventions and outcomes.** *Ir J Psychol Med.* 2023 Sep;40(3):470-486. doi: 10.1017/ipm.2022.17. Epub 2022 May 12. PMID: 35545971. [Open Access]

**Full-text:** <https://www.cambridge.org/core/journals/irish-journal-of-psychological-medicine/article/enhancing-gp-care-of-mental-health-disorders-postcovid19-a-scoping-review-of-interventions-and-outcomes/5B08C7BFD63219E8E5D0872F16AED54D>

### **Abstract**

Considerable literature has examined the COVID-19 pandemic's negative mental health sequelae. It is recognised that most people experiencing mental health problems present to primary care and the development of interventions to support GPs in the care of patients with mental health problems is a priority. This review examines interventions to enhance GP care of mental health disorders, with a view to reviewing how mental health needs might be addressed in the post-COVID-19 era. With increasing recognition of the mental health sequelae of COVID-19, there is a lack of large scale trials researching the acceptability or effectiveness of general practice interventions. Furthermore there is a lack of research regarding possible biological interventions (psychiatric medications) for mental health problems arising from the pandemic.

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

[https://www.icgp.ie/index.cfm?spPath=research/reports\\_statements/2AA00D46-19B9-E185-83BC012BB405BAA6.html](https://www.icgp.ie/index.cfm?spPath=research/reports_statements/2AA00D46-19B9-E185-83BC012BB405BAA6.html)


## Reports



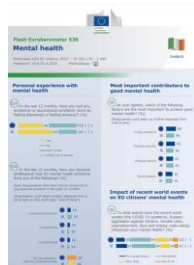
### **ESRI Research Bulletin 'Telemedicine adoption during COVID-19 among older people with varying digital technology engagement' (3<sup>rd</sup> October)**

This research investigates the use of telemedicine among older adults in Ireland during the COVID-19 pandemic. Using a sample of over 2,600 over-50s in Ireland, it finds that over half (52.5%) used some form of telemedicine, primarily for remote appointments with GPs (36.1%). Factors such as internet access, computer ownership, and internet use in 2018 were positively associated with telemedicine use. These associations were stronger among the younger cohort of older people (under 70 years) and those in non-

Dublin urban areas. On the other hand, remote clinician appointments were not statistically significantly affected by whether high-speed broadband internet was available in the older person's home.

 **Read the Bulletin:** [Telemedicine adoption during COVID-19 among older people with varying digital technology engagement](#) | [ESRI](#)

## **Eurobarometer: Public Opinion in the European Union 'Mental Health Survey' (October)**



89% of respondents consider that mental health promotion is as important as physical health promotion. At the same time, less than half of respondents agree that people with mental health issues receive the same level of care as those with a physical condition. 46% of respondents have experienced an emotional or psychosocial problem, such as feeling depressed or anxious, in the past twelve months. 54% of respondents with a mental health issue have not received help from a professional. Most respondents replied that recent world events have influenced their mental health 'somewhat' (44%) or 'to a great extent' (18%).

Ireland has the highest proportion of citizens in the EU claiming that either they or a family member had encountered one or more issues accessing mental health services. The Eurobarometer poll revealed that 44pc of Irish people had difficulty in receiving treatment for a mental health issue compared to the EU average of 25pc. The results are from a survey conducted in June of almost 27,000 people across all EU member states, including over 1,000 Irish people on attitudes to mental health. Four out of 10 Irish people complained that accessing mental health services was too expensive. The survey also found that 63pc of Irish people said they had experienced an emotional or psychosocial problem, such as feeling depressed or anxious, in the previous 12 months. It was the third highest rate after Lithuania and Malta and significantly above the EU average of 46pc. However, 49pc of Irish people said they had received no professional health for their mental health problems.

Download a Country Factsheet on Ireland for more information.

 **Read more:** [Surveys - Eurobarometer \(europa.eu\)](#)

## **EBM Round-Up**

### **NMIC Therapeutics Today (October 2023)**

#### **In this month's Therapeutics Today:**

- Venous thromboembolism with use of hormonal contraception and non-steroidal anti-inflammatory drugs
- Prevalence and predictors of primary non-adherence in primary care
- Aspirin for secondary prevention of cardiovascular disease
- Guidance/advice documents
- NMIC therapeutic bulletins on lipid lowering therapy
- National Survey on Digital Health and Social Care
- Regular features
  - October's medication reflection - see below
  - Medication Safety Minutes

- Updates to the HSE antibiotic prescribing website
- Health Products Regulatory Authority (HPRA) updates
- Health Protection Surveillance Centre updates

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

## WONCA News



### WONCA and WFPHA sign MoU for Primary Healthcare (October 1<sup>st</sup>)

In a significant development at the historic Sigmund Freud Museum in Vienna, the World Organization of Family Doctors (WONCA) and the [World Federation of Public Health Associations \(WFPHA\)](#) have entered into a Memorandum of Understanding (MoU). This cooperative effort marks an important stride towards addressing the global challenges associated with achieving Universal Health Care (UHC) by 2030, as outlined in the Astana 2018 declaration.

The recently ratified MOU between WONCA and WFPHA is a pragmatic call to action, urging a renewed commitment to comprehensive health and social care with a strong focus on PHC. This partnership highlights the importance of inter-professional and interdisciplinary teamwork as the cornerstone of resilient health and social service systems.

Central to this collaboration is the establishment of the Global Forum for Primary Health Care (GlobalPHC), a pioneering initiative aimed at uniting multiple health worker organizations. The GlobalPHC seeks to advocate for comprehensive healthcare, the realization of UHC, and the promotion of shared values that underlie effective healthcare systems.

 **Read** the full [Memorandum of Understanding \(MoU\)](#).

## Irish Articles

1. Rourke M, Fitzpatrick P, Popoola O, Boms R, Mooney T, Heavey L, Mohan CM, Martin CM, Jessop L, Russell NE. **The effect of HPV vaccination on the rate of high-grade cytology in 25-year-old women attending cervical screening in Ireland.** *Ir J Med Sci.* 2023 Oct 19. doi: 10.1007/s11845-023-03551-y. Epub ahead of print. PMID: 37853306. [Open Access]

**Full-text:** [https://link.springer.com/article/10.1007/s11845-023-03551-y#:~:text=For%20the%20corresponding%20period%20from,proportions%20\(p%20%3C%200.001\)](https://link.springer.com/article/10.1007/s11845-023-03551-y#:~:text=For%20the%20corresponding%20period%20from,proportions%20(p%20%3C%200.001))

Women vaccinated through the initial catch-up HPV vaccination programme (2011/12 to 2013/14) first became eligible for cervical screening in 2019 at age 25. This study aims to examine the changes in detection of HG cytology outcomes in 25-year-olds screened from 2010 to 2022 compared to population data on HPV vaccination in this group. This study provides early evidence of the potential impact of HPV vaccination on cervical disease in the Republic of Ireland. Despite lower vaccination uptake in the initial catch-up group, we are seeing early signs of the positive protective effect of HPV vaccination in women at the time of their first cervical screening test. Plans to incorporate individual-level HPV vaccination status for women on the cervical screening register will allow more detailed assessment of the impact of HPV vaccination.

2. Braithwaite J, Pichumani A, Crowley P. **Tackling climate change: the pivotal role of clinicians.** *BMJ*. 2023 Sep 28;382:e076963. doi: 10.1136/bmj-2023-076963. PMID: 37770093. [Open Access]  
**Full-text:** <https://www.bmj.com/content/382/bmj-2023-076963.long>  
 Every healthcare professional, manager, policymaker, politician, and patient has a role to play in securing net zero carbon emissions in healthcare, and front line clinicians can make a profound difference. This article offers an overview of the carbon footprint of healthcare, as a preview to the BMJ's Actions for Sustainable Healthcare series, which will highlight practical actions clinicians can take to support reaching the net zero goal.
3. Cole JA, Gonçalves-Bradley DC, Alqahtani M, Barry HE, Cadogan C, Rankin A, Patterson SM, Kerse N, Cardwell CR, Ryan C, Hughes C. **Interventions to improve the appropriate use of polypharmacy for older people.** *Cochrane Database Syst Rev*. 2023 Oct 11;10(10):CD008165. doi: 10.1002/14651858.CD008165.pub5. PMID: 37818791; PMCID: PMC10565901. [Open Access]  
**Full-text:**  
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008165.pub5/full>  
 Inappropriate polypharmacy is a particular concern in older people and is associated with negative health outcomes. Choosing the best interventions to improve appropriate polypharmacy is a priority, so that many medicines may be used to achieve better clinical outcomes for patients. This is the third update of this Cochrane Review. It is unclear whether interventions to improve appropriate polypharmacy resulted in clinically significant improvement. Since the last update of this review in 2018, there appears to have been an increase in the number of studies seeking to address potential prescribing omissions and more interventions being delivered by multidisciplinary teams.
4. Chan A, Brennan J, Hickey L, Finucane K. **Assessing care quality in general practice; a qualitative study of general practitioners in Ireland.** *BJGP Open*. 2023 Oct 9:BJGPO.2023.0104. doi: 10.3399/BJGPO.2023.0104. Epub ahead of print. PMID: 37813473. [Open Access]  
**Full-text:**  
<https://bjgpopen.org/content/early/2023/10/06/BJGPO.2023.0104.long>  
 It is estimated that each year in Ireland, approximately 29 million consultations occur in general practice with a patient satisfaction level of 90%. To date, research has been lacking on how GPs assess the quality of care. This is the first study to examine how GPs in Ireland assess care quality as a holistic construct during daily care. The qualitative approach applied yielded rich and diverse insights into the many assessment points that GPs use to inform their approach and actions as clinicians, managers, collaborators, and leaders to maximise patient care. The theory produced is likely useful and applicable for practicing GPs, healthcare administration, policymakers, and funders in planning and executing changes for quality improvement.
5. Durand L, Keenan E, O'Reilly D, Bennett K, O'Hara A, Cousins G. **Prescription drugs with potential for misuse in Irish prisons: analysis of national prison prescribing trends, by gender and history of opioid use disorder, 2012 to 2020.** *BMC Psychiatry*. 2023 Oct 6;23(1):725. doi: 10.1186/s12888-023-05195-9. PMID: 37803285; PMCID: PMC10559424. [Open Access]  
**Full-text:** <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-023-05195-9>  
 Pharmacotherapy is essential for the delivery of an equivalent standard of care in prison. Prescribing can be challenging due to the complex health needs of prisoners and the risk of misuse of prescription drugs. This study examines prescribing trends for drugs with potential for misuse (opioids, benzodiazepines, Z-drugs, and gabapentinoids) in Irish prisons and whether trends vary by gender



and history of opioid use disorder (OUD). While the observed reductions in prescription opioid, benzodiazepine and Z-drug prescribing is consistent with guidance for safe prescribing in prisons, the increase in gabapentinoid (primarily pregabalin) prescribing and the high level of prescribing to women is concerning. Our findings suggest targeted interventions may be needed to address prescribing in women, and men with a history of OUD.

6. Dunne F, Newman C, Alvarez-Iglesias A, Ferguson J, Smyth A, et al. **Early Metformin in Gestational Diabetes: A Randomized Clinical Trial.** *JAMA*. 2023 Oct 3. doi: 10.1001/jama.2023.19869. Epub ahead of print. PMID: 37786390.

[Available via inter-Library Loan – Contact ICGP Library]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37786390/>

Gestational diabetes is a common complication of pregnancy and the optimal management is uncertain. To test whether early initiation of metformin reduces insulin initiation or improves fasting hyperglycemia at gestation weeks 32 or 38. Early treatment with metformin was not superior to placebo for the composite primary outcome. Prespecified secondary outcome data support further investigation of metformin in larger clinical trials.

7. Lawlor N, Prihodova L, Byrne D, Etherton M, Rahill F, Wilson C, O'Sullivan EJ. **A qualitative analysis of women's postnatal experiences of breastfeeding supports during the perinatal period in Ireland.** *PLoS One*. 2023 Jul 26;18(7):e0288230. doi: 10.1371/journal.pone.0288230. PMID: 37494302; PMCID: PMC10370717. [Open Access]

**Ful-text:**

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0288230>

Ireland has among the lowest rates of breastfeeding worldwide. Despite policies to support breastfeeding, breastfeeding initiation and exclusivity remain low in Ireland. Greater knowledge about support received in the maternity unit may in part shed light on why this is so. Our aim was to analyse women's experiences of the breastfeeding supports available in the early postnatal period in Ireland. We conducted an analysis of an open-ended question on a cross-sectional survey about breastfeeding support conducted in the Republic of Ireland in 2022. Two themes were generated from the data: (i) 'Breastfeeding support in theory but not in practice.' Although breastfeeding was promoted by healthcare professionals antenatally, breastfeeding challenges were rarely mentioned. Participants then felt unsupported in overcoming challenges postnatally. (ii) 'Support was either inaccessible due to lack of staff/time, inadequate; i.e., unhelpful or non-specific, and/or physically inappropriate.' Most participants described receiving supports that were less than optimal in aiding them to establish breastfeeding. While many described difficulties in accessing supports, others found support to be 'non-specific,' 'rushed' and sometimes 'rough.' A lack of knowledge, time and support from healthcare professionals was frequently described, which was often recognised as a failing of the healthcare system. Women require practical, informative, and specific breastfeeding support. Barriers such as lack of time and trained staff in the maternity unit need to be addressed.

8. Shahid F, Doherty A, Wallace E, Schmiedl S, Alexander GC, Dreischulte T. **Prescribing cascades in ambulatory care: A structured synthesis of evidence.** *Pharmacotherapy*. 2023 Sep 25. doi: 10.1002/phar.2880. Epub ahead of print. PMID: 37743815. [Open Access]

**Full-text:** <https://accpjournals.onlinelibrary.wiley.com/doi/10.1002/phar.2880>

The strength of evidence for specific ambulatory care prescribing cascades, in which a marker drug is used to treat an adverse event caused by an index drug, has not been well characterized. To perform a structured, systematic, and transparent review of the evidence supporting ambulatory care prescribing cascades. Ninety-four potential prescribing cascades identified through a previously published systematic review. Although we identified 18 of 94 prescribing cascades supported by strong clinical evidence and most adverse

events associated with index drugs are included in FDA label, the evidentiary basis for prescribing cascades varies, with many requiring further evidence of clinical relevance.

9. Neves AL, Esteva M, Hoffman R, Harris M. **Primary care practitioners' priorities for improving the timeliness of cancer diagnosis in primary care: a European cluster-based analysis.** *BMC Health Serv Res.* 2023 Sep 16;23(1):997. doi: 10.1186/s12913-023-09891-w. PMID: 37716971. [Open Access]

**Full-text:** <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-09891-w>

Diagnosing cancer at an early stage increases the likelihood of survival, and more advanced cancers are more difficult to treat successfully. Primary care practitioners (PCPs) play a key role in timely diagnosis of cancer. PCPs' knowledge of their own patient populations and health systems could help improve the planning of more effective approaches to earlier cancer recognition and referral. How PCPs act when faced with patients who may have cancer is likely to depend on how their health systems are organised, and this may be one explanation for the wide variation on cancer survival rates across Europe. To identify and characterise clusters of countries whose PCPs perceive the same factors as being important in improving the timeliness of cancer diagnosis. Our study identified three distinct clusters of European countries within which PCPs had similar views on the factors that would improve the timeliness of cancer diagnosis. Further work is needed to understand what it is about the clusters that have produced these patterns, allowing healthcare systems to share best practice and to reduce disparities.

10. Cummins NM, Barry LA, Garavan C, Devlin C, Corey G, et al.; BDBP Team; Galvin R. **Clinician consensus on "Inappropriate" presentations to the Emergency Department in the Better Data, Better Planning (BDBP) census: a cross-sectional multi-centre study of emergency department utilisation in Ireland.** *BMC Health Serv Res.* 2023 Sep 18;23(1):1003. doi: 10.1186/s12913-023-09760-6. PMID: 37723478. [Open Access]

**Full-text:** <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-09760-6>

Utilisation of the Emergency Department (ED) for non-urgent care increases demand for services, therefore reducing inappropriate or avoidable attendances is an important area for intervention in prevention of ED crowding. This study aims to develop a consensus between clinicians across care settings about the "appropriateness" of attendances to the ED in Ireland. Multidisciplinary clinicians agree that "inappropriate" use of the ED in Ireland is an issue. However, obtaining consensus on appropriateness of attendance is challenging and there was a significant cohort of complex heterogeneous presentations where agreement could not be reached by clinicians in this study. This research again demonstrates the complexity of ED crowding, the introduction of evidence-based care pathways targeting avoidable presentations may serve to alleviate the problem in our EDs.

11. Morrissey E, Murphy A, Murphy P *et al.* **Supporting GPs and people with hypertension to maximise medication use to control blood pressure: Protocol for a pilot cluster RCT of the MIAMI intervention** [version 2; peer review: 1 approved with reservations]. *HRB Open Res* 2023, 6:6. [Open Access]

**Full-text:** <https://doi.org/10.12688/hrbopenres.13661.2>

Hypertension is one of the most important risk factors for stroke and heart disease. Recent international guidelines have stated that '*poor adherence to treatment - in addition to physician inertia - is the most important cause of poor blood pressure control*'. The Maximising Adherence, Minimising Inertia (MIAMI) intervention, which has been developed using a systematic, theoretical, user-centred approach, aims to support general practitioners (GPs) and people with hypertension to maximise medication use, through the facilitation of adequate information exchange within consultations about long-term antihypertensive medication use and adherence skill development. The aim of the MIAMI pilot cluster randomised

controlled trial (RCT) is to gather and analyse feasibility data to allow us to (1) refine the intervention, and (2) determine the feasibility of a definitive RCT. This pilot cluster RCT of the MIAMI intervention will allow us to gather valuable acceptability and feasibility data to further refine the intervention so it optimally designed for both GP and patient use. In particular, the qualitative component will provide an insight into GP and patient experiences of using the intervention.

## Research Articles

1. Lee YJ, Hong SJ, Kang WC, Hong BK, Lee JY, Lee JB, Cho HJ, Yoon J, Lee SJ, Ahn CM, Kim JS, Kim BK, Ko YG, Choi D, Jang Y, Hong MK; LODESTAR investigators. Rosuvastatin versus atorvastatin treatment in adults with coronary artery disease: secondary analysis of the randomised LODESTAR trial. *BMJ*. 2023 Oct 18;383:e075837. doi: 10.1136/bmj-2023-075837. PMID: 37852649. [Open Access]  
**Full-text:** <https://www.bmj.com/content/383/bmj-2023-075837.long>  
To compare the long term efficacy and safety of rosuvastatin with atorvastatin treatment in adults with coronary artery disease. In adults with coronary artery disease, rosuvastatin and atorvastatin showed comparable efficacy for the composite outcome of all cause death, myocardial infarction, stroke, or any coronary revascularisation at three years. Rosuvastatin was associated with lower LDL cholesterol levels but a higher risk of new onset diabetes mellitus requiring antidiabetics and cataract surgery compared with atorvastatin.
2. Thebault JL, Roche N, Abdoul H, Lorenzo A, Similowski T, Ghasarossian C.  
**Efficacy and safety of oral corticosteroids to treat outpatients with acute exacerbations of COPD in primary care: a multicentre pragmatic randomised controlled study.** *ERJ Open Res*. 2023 Sep 11;9(5):00057-2023. doi: 10.1183/23120541.00057-2023. PMID: 37701369; PMCID: PMC10493709. [Open Access]  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10493709/>  
To compare prednisone and placebo for the treatment of outpatients treated for acute exacerbations of chronic obstructive pulmonary disease (COPD) in a primary care setting. Although the planned sample size was not achieved, the study does not suggest that oral corticosteroids are more effective than placebo for the treatment of an acute exacerbation of COPD in a primary care setting.
3. Ng SHX, Chai GT, George PP, Kaur P, Yip WF, Chiam ZY, Neo HY, Tan WS, Hum A.  
**Prognostic Factors of Mortality in Non-Chronic Obstructive Pulmonary Disease Chronic Lung Disease: A Scoping Review.** *J Palliat Med*. 2023 Sep 13. doi: 10.1089/jpm.2023.0263. Epub ahead of print. PMID: 37702606. [Available via Inter-Library Loan – contact ICGP Library]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37702606/>  
Patients with chronic lung disease (CLD) experience a heavy symptom burden at the end of life, but their uptake of palliative care is notably low. Having an understanding of a patient's prognosis would facilitate shared decision making on treatment options and care planning between patients, families, and their clinicians, and complement clinicians' assessments of patients' unmet palliative needs. While literature on prognostication in patients with chronic obstructive pulmonary disease (COPD) has been established and summarized, information for other CLDs remains less consolidated. Summarizing the mortality risk factors for non-COPD CLDs would be a novel contribution to literature. Hence, we aimed to identify and summarize the prognostic factors associated with non-COPD CLDs from the literature. This comprehensive overview of prognostic factors for patients with non-COPD CLDs would facilitate the identification and prioritization of candidate factors to predict short-term mortality, supporting tool development for decision making and to identify high-risk patients for palliative needs assessments.



Literature focused on patients with ILDs, and more studies should be conducted on other CLDs to bridge the knowledge gap.

4. Mosnaim G. **Asthma in Adults**. *N Engl J Med*. 2023 Sep 14;389(11):1023-1031. doi: 10.1056/NEJMcp2304871. PMID: 37703556. [Available via Inter-Library Loan – Contact ICGP Library]

Asthma is characterized by recurring symptoms, airflow obstruction, bronchial hyperresponsiveness, and underlying inflammation. A stepped approach to symptom control and reduction of exacerbations is recommended.

5. Suchsland MZ, Gaster B, Raetz J, Belza B, McGuire L, Olivari B, Tracy K, Fitzpatrick AL. **Developing a cognitive assessment toolkit for primary care: qualitative assessment of providers' needs and perceptions of usability in clinical practice**. *BMC Health Serv Res*. 2023 Sep 19;23(1):1006. doi: 10.1186/s12913-023-09991-7. PMID: 37726722. [Open Access]

**Full-text:** <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-09991-7>

Burden of dementia is expected to substantially increase. Early dementia is underdiagnosed in primary care. Given the benefits of active management of dementia, earlier detection in primary care is imperative. The aim of this study was to understand primary care provider (PCP) perceptions of implementing a cognitive assessment toolkit in primary care. Providers stressed simplicity, ease, and efficiency for implementation of a cognitive assessment toolkit. Incorporating these findings into the development of clinical tools and workflows may increase cognitive evaluations conducted by PCPs.

6. McConnachie A, Ellis DA, Wilson P, McQueenie R, Williamson AE. **Quantifying unmet need in General Practice: a retrospective cohort study of administrative data**. *BMJ Open*. 2023 Sep 15;13(9):e068720. doi: 10.1136/bmjopen-2022-068720. PMID: 37714681; PMCID: PMC10510933. [Open Access]

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10510933/>

To assess whether patients attending general practices (GPs) in socioeconomically (SE) deprived areas receive the same amount of care, compared with similar patients (based on age, sex and level of morbidity) attending GPs in less deprived areas. If not, to quantify the additional resource that would be required by GPs in deprived areas to achieve parity. If GPs in more SE deprived areas were to give an equal amount of direct contact time to patients with the same level of need served by GPs in less SE deprived areas, this would require a 14% increase in patient contact time. This represents a significant unmet need, supporting the case for redistribution of resources to tackle the inverse care law.

7. Barreira C, Barreira R. **Marcus Gunn Syndrome in Primary Care: A Case Report**. *Cureus*. 2023 Aug 19;15(8):e43738. doi: 10.7759/cureus.43738. PMID: 37727169; PMCID: PMC10506854. [Open Access]

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10506854/>

Marcus Gunn syndrome (MGS) is a rare craniofacial condition characterized by abnormal eyelid movements synchronized with jaw muscle activity. This case report describes a one-month-old girl with right eyelid ptosis and involuntary movements of the right eyelid during sucking. The diagnosis of MGS was made based on clinical observations. The etiology of MGS is not well-defined, and long-term follow-up is necessary to assess the progression of the condition. Early referral to ophthalmologists and neurologists/pediatricians is important to evaluate concomitant conditions and prevent secondary complications. Primary care physicians, who maintain continuous contact with patients, play a crucial role in detecting initial symptoms, initiating appropriate investigations, and coordinating multidisciplinary care. By raising awareness among primary care physicians about the signs, symptoms, and referral pathways for MGS, this case report aims to improve the recognition and management of this rare condition in primary care settings. Emphasizing the role of family doctors in the early

identification and referral of MGS can lead to better outcomes for affected patients.

8. Asatullina Z, Sineglazova AV. **Cardiac Structure and Function in Patients With Obesity and Non-alcoholic Fatty Liver Disease.** *Cureus*. 2023 Aug 18;15(8):e43711. doi: 10.7759/cureus.43711. PMID: 37724205; PMCID: PMC10505491. [Open Access]  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10505491/>  
Non-alcoholic fatty liver disease (NAFLD) has emerged as a leading cause of chronic liver disease worldwide. The global prevalence of NAFLD is expected to increase dramatically with the increasing prevalence of obesity and type 2 diabetes mellitus (T2DM). The role of NAFLD as a cardiometabolic risk factor or component of metabolic syndrome on the heart remains unclear. Thus, the independent effect of NAFLD on structural and functional heart parameters warrants validation. Our goal was to study cardiac structure and function in subjects with obesity and NAFLD. The presence of NAFLD without cardiovascular disease and diabetes mellitus revealed an association with the structural and functional parameters of the heart. The results of this study can also be used to improve the effectiveness of a comprehensive assessment of patients and to develop strategies for the primary and secondary prevention of heart failure with preserved ejection fraction in NAFLD.
9. Rahim NE, Flood D, Marcus ME, Theilmann M, Aung TN, et al. **Diabetes risk and provision of diabetes prevention activities in 44 low-income and middle-income countries: a cross-sectional analysis of nationally representative, individual-level survey data.** *Lancet Glob Health*. 2023 Oct;11(10):e1576-e1586. doi: 10.1016/S2214-109X(23)00348-0. PMID: 37734801. [Open Access]  
**Full-text:** [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00348-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00348-0/fulltext)  
The global burden of diabetes is rising rapidly, yet there is little evidence on individual-level diabetes prevention activities undertaken by health systems in low-income and middle-income countries (LMICs). Here we describe the population at high risk of developing diabetes, estimate diabetes prevention activities, and explore sociodemographic variation in these activities across LMICs. A large proportion of individuals across LMICs are at high risk of diabetes but less than half reported receiving fundamental prevention activities overall, with the lowest receipt of these activities among people in low-income countries and with no formal education. These findings offer foundational evidence to inform future global targets for diabetes prevention and to strengthen policies and programmes to prevent continued increases in diabetes worldwide.
10. Mattke S, Batie D, Chodosh J, Felten K, Flaherty E, et al. **Expanding the use of brief cognitive assessments to detect suspected early-stage cognitive impairment in primary care.** *Alzheimers Dement*. 2023 Sep;19(9):4252-4259. doi: 10.1002/alz.13051. Epub 2023 Apr 19. PMID: 37073874. [Open Access]  
**Full-text:** <https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/alz.13051>  
Mild cognitive impairment remains substantially underdiagnosed, especially in disadvantaged populations. Failure to diagnose deprives patients and families of the opportunity to treat reversible causes, make necessary life and lifestyle changes and receive disease-modifying treatments if caused by Alzheimer's disease. Primary care, as the entry point for most, plays a critical role in improving detection rates. We convened a Work Group of national experts to develop consensus recommendations for policymakers and third-party payers on ways to increase the use of brief cognitive assessments (BCAs) in primary care. The group recommended three strategies to promote routine use of BCAs: providing primary care clinicians with suitable assessment tools; integrating BCAs into routine workflows; and crafting payment policies to encourage adoption of BCAs. Sweeping changes and actions of multiple stakeholders are necessary to improve

detection rates of mild cognitive impairment so that patients and families may benefit from timely interventions.

11. Krockow EM, Emerson T, Youssef E, Scott S, Tromans S. **Evidencing general acceptability of open-label placebo use for tackling overtreatment in primary care: a mixed methods study.** *BMC Med.* 2023 Sep 19;21(1):362. doi: 10.1186/s12916-023-03074-4. PMID: 37726759; PMCID: PMC10510165. [Open Access]

**Full-text:** <https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-023-03074-4>

Overtreatment poses a challenge to healthcare systems due to harmful consequences of avoidable side-effects and costs. This study presents the first account for examining the feasibility of placebo use for reducing overtreatment in primary care, including whether public attitudes support the use of different placebo types in place of inappropriate prescriptions of antibiotics, antidepressants, or analgesics. Findings from PPI and three studies indicate general support for combatting overprescribing in primary care through clinical placebo use. This is an indicator for wider UK public support for a novel, behavioural strategy to target a long-standing healthcare challenge. General acceptability appears to be highest for the use of open-label + impure placebos in the context of antibiotic overprescribing.

12. Oslo Chronic Fatigue Consortium; Alme TN, Andreasson A, Asprusten TT, Bakken AK, Beadsworth MB, et al. **Chronic fatigue syndromes: real illnesses that people can recover from.** *Scand J Prim Health Care.* 2023 Sep 23:1-5. doi: 10.1080/02813432.2023.2235609. Epub ahead of print. PMID: 37740918. [Open Access]

**Full-text:** <https://www.tandfonline.com/doi/full/10.1080/02813432.2023.2235609>

The 'Oslo Chronic Fatigue Consortium' consists of researchers and clinicians who question the current narrative that chronic fatigue syndromes, including post-covid conditions, are incurable diseases. Instead, we propose an alternative view, based on research, which offers more hope to patients. Whilst we regard the symptoms of these conditions as real, we propose that they are more likely to reflect the brain's response to a range of biological, psychological, and social factors, rather than a specific disease process. Possible causes include persistent activation of the neurobiological stress response, accompanied by associated changes in immunological, hormonal, cognitive and behavioural domains. We further propose that the symptoms are more likely to persist if they are perceived as threatening, and all activities that are perceived to worsen them are avoided. We also question the idea that the best way to cope with the illness is by prolonged rest, social isolation, and sensory deprivation. Instead, we propose that recovery is often possible if patients are helped to adopt a less threatening understanding of their symptoms and are supported in a gradual return to normal activities. Finally, we call for a much more open and constructive dialogue about these conditions. This dialogue should include a wider range of views, including those of patients who have recovered from them.

13. Holt A, Batinica B, Liang J, Kerr A, Crengle S, et al. **Development and validation of cardiovascular risk prediction equations in 76,000 people with known cardiovascular disease.** *Eur J Prev Cardiol.* 2023 Sep 28:zwad314. doi: 10.1093/eurjpc/zwad314. Epub ahead of print. PMID: 37767960. [Available via Inter-Library Loan – contact ICGP Library]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37767960/>

Using regionwide New Zealand health databases, methods of predicting hospitalisation risk in patients with existing heart disease was developed. Using only data from health databases, it was possible to predict the risk accurately. Among patients with existing heart disease, the predicted risk varied markedly which could help improve preventive strategies.

14. Song M, Le TTA, Denny S, Lennox NG, McPherson L, Ware RS, Harley D. **Reasons for Encounters and Comorbidities in Adolescents with Intellectual Disability in General Practice: A Retrospective Analysis of Data from the Ask Study.** *Children (Basel)*. 2023 Aug 25;10(9):1450. doi: 10.3390/children10091450. PMID: 37761411. [Open Access]  
**Full-text:** <https://www.mdpi.com/2227-9067/10/9/1450>  
Adolescents with intellectual disability have substantial health needs. This retrospective analysis of data from the Ask Study describes reasons for primary care encounters and the prevalence and incidence of chronic physical and mental conditions among a cohort of community-dwelling adolescents with intellectual disability. Participants attended secondary schools in southern Queensland, Australia. Primary care data were extracted from primary care records. Demographic and health information was collected using carer-completed questionnaires. Reasons for primary care encounters, disease prevalence at age 16 years, and disease incidence through adolescence were reported. Data were obtained for 432 adolescents with intellectual disability (median follow-up: 4.1 years). Skin problems (29.4 per 100 encounters) were the most common reason patients presented for primary care, followed by psychological and behavioural problems (14.4 per 100 encounters) and musculoskeletal problems (13.8 per 100 encounters). Conditions with the highest prevalence were autism spectrum disorder (18.6%) and asthma (18.1%). The prevalence of epilepsy, visual impairment, and cerebral palsy were 14.7, 11.1, and 8.0%, respectively. Gastroesophageal reflux had the highest incidence (9.4 cases per 1000 person-years). Adolescents with intellectual disability have significant healthcare needs, which general practitioners need to be aware of and address. Study findings should inform the development of training programs for general practitioners.
15. Manca DP, Fernandes C, Lofters A, Aubrey-Bassler K, Shea-Budgell M, et al. **Results from the BETTER WISE trial: a pragmatic cluster two arm parallel randomized controlled trial for primary prevention and screening in primary care during the COVID-19 pandemic.** *BMC Prim Care*. 2023 Sep 28;24(1):200. doi: 10.1186/s12875-023-02159-6. PMID: 37770854. [Open Access]  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10537846/>  
Cancer and chronic diseases are a major cost to the healthcare system and multidisciplinary models with access to prevention and screening resources have demonstrated improvements in chronic disease management and prevention. Research demonstrated that a trained Prevention Practitioner (PP) in multidisciplinary team settings can improve achievement of patient level prevention and screening actions seven months after the intervention. We did not observe an improvement in cancer and chronic disease prevention and screening (CCDPS) outcomes at 12 months after a BETTER WISE prevention visit: due to the COVID-19 pandemic, the study was not implemented as planned. Though benefits were described in those who received the intervention before COVID-19, the sample size was too small to make conclusions. This study may be a harbinger of a substantial decrease and delay in CCDPS activities under COVID restrictions.
16. Boehmer KR, Álvarez-Villalobos NA, Barakat S, de Leon-Gutierrez H, Ruiz-Hernandez FG, et al. **The impact of health and wellness coaching on patient-important outcomes in chronic illness care: A systematic review and meta-analysis.** *Patient Educ Couns*. 2023 Sep 15;117:107975. doi: 10.1016/j.pec.2023.107975. Epub ahead of print. PMID: 37738790. [Available via Inter-Library Loan – contact ICGP Library]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37738790/>  
Health and Wellness Coaching (HWC) may be beneficial in chronic condition care. We sought to appraise its effectiveness on quality of life (QoL), self-efficacy (SE), depression, and anxiety. HWC improves QoL, SE, and depression across chronic illness populations. Future research needs to standardize intervention reporting and outcome collection. Future HWC studies should standardize intervention

components, reporting, and outcome measures, apply relevant chronic illness theories, and aim to follow participants for greater than one year.

17. Sideman AB, Ma M, Hernandez de Jesus A, Alagappan C, Razon N, et al. **Primary Care Practitioner Perspectives on the Role of Primary Care in Dementia Diagnosis and Care.** *JAMA Netw Open.* 2023 Sep 5;6(9):e2336030. doi: 10.1001/jamanetworkopen.2023.36030. PMID: 37768660. [Open Access]

**Full-text:**

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2809953>

Although the barriers to dementia care in primary care are well characterized, primary care practitioner (PCP) perspectives could be used to support the design of values-aligned dementia care pathways that strengthen the role of primary care. To describe PCP perspectives on their role in dementia diagnosis and care. In this qualitative study of PCP perspectives on their role in dementia care, there was alignment between PCP perspectives about the core values of primary care and their work diagnosing and providing care for people living with dementia. The study also identified a mismatch between these values and the health systems infrastructure for dementia care in their practice environment.

18. Kolltveit BH, Graue M, Borge CR, Frisk B. **Patients' experiences with participating in a team-based person-centred intervention for patients at risk of or diagnosed with COPD in general practice.** *Pilot Feasibility Stud.* 2023 Sep 25;9(1):164. doi: 10.1186/s40814-023-01398-9. PMID: 37749601; PMCID: PMC10518959. [Open Access]

**Full-text:**

<https://pilotfeasibilitystudies.biomedcentral.com/articles/10.1186/s40814-023-01398-9>

Symptoms and complications of chronic obstructive pulmonary disease (COPD) can affect daily activities and quality of life, and patients with COPD require long-term follow-up by their general practitioner. Providing patients with or at risk of COPD practical skills and motivation to improve their self-management is important. On this background, an interdisciplinary follow-up program was designed based on the Guided Self-Determination counselling method to facilitate problem-solving and mutual decision-making between healthcare professionals and patients. The aim of the study was to explore patients and healthcare professionals' experiences with the Guided Self-Determination-program to investigate feasibility issues. The findings indicated that patients with or at risk of COPD experienced enhanced self-management skills after participating in a structured and systematic team-based follow-up in general practice with use of the Guided Self-Determination method. The regularity of the follow-up seemed to be important to succeed to help the patients making lifestyle changes to increase health benefits. However, the Guided Self-Determination method was experienced as time consuming among the general practitioners and nurses, and there are currently no available financial rates for this type of treatment in Norway which may be a barrier to further implementation.

19. Syed U, Subramanian A, Wraith DC, Lord JM, McGee K, Ghokale K, Nirantharakumar K, Haroon S. **Incidence of immune-mediated inflammatory diseases following COVID-19: a matched cohort study in UK primary care.** *BMC Med.* 2023 Sep 21;21(1):363. doi: 10.1186/s12916-023-03049-5. PMID: 37735654; PMCID: PMC10512476. [Open Access]

**Full-text:** <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-023-03049-5>

Some patients infected with severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) go on to experience post-COVID-19 condition or long COVID. Preliminary findings have given rise to the theory that long COVID may be due in part to a deranged immune response. In this study, we assess whether there is an association between SARS-CoV-2 infection and the incidence of immune-mediated inflammatory diseases (IMIDs). SARS-CoV-2 was associated with an



increased incidence of IMIDs including T1DM, IBD and psoriasis. However, these findings could be potentially due to ascertainment bias. Further research is needed to replicate these findings in other populations and to measure autoantibody profiles in cohorts of individuals with COVID-19.

20. Shah AD, Subramanian A, Lewis J, Dhalla S, Ford E, Haroon S, Kuan V, Nirantharakumar K. **Long Covid symptoms and diagnosis in primary care: A cohort study using structured and unstructured data in The Health Improvement Network primary care database.** *PLoS One*. 2023 Sep 26;18(9):e0290583. doi: 10.1371/journal.pone.0290583. PMID: 37751444; PMCID: PMC10521988. [Open Access]  
**Full-text:** <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0290583>  
Long Covid is a widely recognised consequence of COVID-19 infection, but little is known about the burden of symptoms that patients present with in primary care, as these are typically recorded only in free text clinical notes. To compare symptoms in patients with and without a history of COVID-19, and investigate symptoms associated with a Long Covid diagnosis. Numerous symptoms are reported to primary care at least 12 weeks after COVID-19 infection, but only a subset are commonly associated with a GP diagnosis of Long Covid.
21. Pasea L, Dashtban A, Mizani M, Bhuva A, Morris T, Mamza JB, Banerjee A. **Risk factors, outcomes and healthcare utilisation in individuals with multimorbidity including heart failure, chronic kidney disease and type 2 diabetes mellitus: a national electronic health record study.** *Open Heart*. 2023 Sep;10(2):e002332. doi: 10.1136/openhrt-2023-002332. PMID: 37758654; PMCID: PMC10537985. [Open Access]  
**Full-text:** <https://openheart.bmj.com/content/10/2/e002332.long>  
Heart failure (HF), type 2 diabetes (T2D) and chronic kidney disease (CKD) commonly coexist. We studied characteristics, prognosis and healthcare utilisation of individuals with two of these conditions. HF, CKD and T2D carry significant mortality and healthcare burden in combination. Compared with other disease pairs, individuals with CKD and HF had the most severe risk factor profile, prognosis and healthcare utilisation. Service planning, policy and prevention must take into account and monitor data across conditions.
22. Barry ES, Teunissen P, Varpio L. **Followership in interprofessional healthcare teams: a state-of-the-art narrative review.** *BMJ Lead*. 2023 Sep 11:leader-2023-000773. doi: 10.1136/leader-2023-000773. Epub ahead of print. PMID: 37696538. [Open Access]  
**Full-text:** <https://bmjleader.bmj.com/content/early/2023/09/11/leader-2023-000773>  
A state-of-the-art (SotA) literature review-a type of narrative review- was conducted to answer: What historical developments led to current conceptualisations of followership in interprofessional healthcare teams (IHTs)? Leadership and followership are closely linked concepts. For leaders and followers in today's IHTs to flourish, the focus must be on followers being active members of the team instead of passive members. Since theories are increasingly encouraging distributed leadership, shared leadership and/or situational leadership, then we must understand the followership work that all team members need to harness. We need to be cognizant of team dynamics that work within different contexts and use leadership and followership conceptualisations that are congruent with those contexts.
23. 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 Sep;57(18):1203-1209. doi: 10.1136/bjsports-2022-106195. Epub 2023 Feb 16. PMID: 36796860. [Open Access]  
**Full-text:** <https://bjsm.bmj.com/content/57/18/1203.long>

To synthesise the evidence on the effects of physical activity on symptoms of depression, anxiety and psychological distress in adult populations. Physical activity is highly beneficial for improving symptoms of depression, anxiety and distress across a wide range of adult populations, including the general population, people with diagnosed mental health disorders and people with chronic disease. Physical activity should be a mainstay approach in the management of depression, anxiety and psychological distress.

24. Ward K, Vagholkar S, Lane J, Raghuraman S, Lau AYS. **Are chronic condition management visits translatable to telehealth? Analysis of in-person consultations in primary care.** *Int J Med Inform.* 2023 Oct;178:105197. doi: 10.1016/j.ijmedinf.2023.105197. Epub 2023 Aug 19. PMID: 37619394. [Open Access]

**Full-text:**

<https://www.sciencedirect.com/science/article/pii/S1386505623002150?via%3Dihub>

Telehealth was rapidly adopted in primary care during COVID-19. However, there is a lack of research assessing how translatable in-person consultations are to telehealth. To examine insights from in-person GP-Patient consultations for patients with chronic conditions, including 1/frequency, duration, conditions of physical examinations, and when they occur during consultations, 2/types of physical artefacts used, 3/clinical tasks performed, and 4/translatability of clinical tasks to telehealth. All tasks observed across chronic condition management visits were deemed translatable/potentially translatable to telehealth. However, physical interactions between GPs and patients are still essential. Future research in telehealth should focus on examining ways to support physical examination, reduce uncertainty, promote safety netting, and facilitate patients' safety at home with effective technology and support.,

25. Pandelani FF, Nyalunga SLN, Mogotsi MM, Mkhathshwa VB. **Chronic pain: its impact on the quality of life and gender.** *Front Pain Res (Lausanne).* 2023 Sep 13;4:1253460. doi: 10.3389/fpain.2023.1253460. PMID: 37781217; PMCID: PMC10534032. [Open Access]

**Full-text:** <https://www.frontiersin.org/articles/10.3389/fpain.2023.1253460/full>

Chronic pain poses a considerable challenge to individuals' well-being, leading to decreased quality of life, limitations in daily functioning, and a higher reliance on healthcare services, resulting in significant economic burdens. In South Africa, chronic pain ranks among the prevalent chronic health conditions, although the exact prevalence might differ across different regions. To address this issue effectively, it is crucial to gain a comprehensive understanding of the problem by utilising the most up-to-date and relevant data available. The aim of this study was to assess the impact of chronic pain on the quality of life and gender of the patients attending a primary healthcare centre. The exact Fisher test conducted to assess the association between the experienced chronic pain and its impact on the quality of life yielded a significant result, with a p-value of 0.0071 ( $p < 0.05$ ). This indicates that a considerable number of patients are currently enduring chronic pain that has a noticeable effect on their overall quality of life. These findings offer invaluable insights that are essential for enhancing resource allocation at the primary care level and facilitating a more comprehensive evaluation of pain management in our communities.

26. Jønsson ABR, Martiny FHJ, Søndergaard MK, Brodersen JB, Due TD, et al. **Introducing extended consultations for patients with severe mental illness in general practice: Results from the SOFIA feasibility study.** *BMC Prim Care.* 2023 Oct 5;24(1):206. doi: 10.1186/s12875-023-02152-z. PMID: 37798651. [Open Access]

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10552249/>

People with a severe mental illness (SMI) have shorter life expectancy and poorer quality of life compared to the general population. Most years lost are due to

cardiovascular disease, respiratory disease, and various types of cancer. We co-designed an intervention to mitigate this health problem with key stakeholders in the area, which centred on an extended consultations for people with SMI in general practice. This study aimed to 1) investigate general practitioners' (GPs) experience of the feasibility of introducing extended consultations for patients with SMI, 2) assess the clinical content of extended consultations and how these were experienced by patients, and 3) investigate the feasibility of identification, eligibility screening, and recruitment of patients with SMI. Our findings suggest that it is feasible to introduce extended consultations for patients with SMI in general practice, which were also found to be well-suited for eliciting patients' values and preferences. Larger studies with a longer follow-up period could help to assess the long-term effects and the best implementation strategies of these consultations.

27. Pollard T, Gibson K, Griffith B, Jeffries J, Moffatt S. **Implementation and impact of a social prescribing intervention: an ethnographic exploration.** *Br J Gen Pract.* 2023 Sep 28;73(735):e789-e797. doi: 10.3399/BJGP.2022.0638. PMID: 37429735; PMCID: PMC10355812. [Open Access]

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10355812/>

Social prescribing involves referral of patients from primary care to link workers, who work with them to access appropriate local voluntary and community sector services. To explore how a social prescribing intervention was delivered by link workers and the experiences of those referred to the intervention. • Social prescribing provided significant help for some people living with long-term health conditions. However, link workers experienced challenges in embedding social prescribing in an established primary care and voluntary sector landscape. The organisations providing social prescribing drew on broader social discourses emphasising personal responsibility for health, which encouraged a drift towards an approach that emphasised empowerment for lifestyle change more than intensive support. Pressures to complete assessments, required for funding, also encouraged a drift to this lighter-touch approach. A focus on individual responsibility was helpful for some clients but had limited capacity to improve the circumstances or health of those living in the most disadvantaged circumstances. Careful consideration of how social prescribing is implemented within primary care is required if it is to provide the support needed by those living in disadvantaged circumstances.

28. Mbaezue RN, Okafor AT, Nkwocha BI, Ibeneme CN, Opara AC, Akahara DE, Okobi OE. **The Effectiveness of Common Interventions in the Management of Sickle Cell Disease in Primary Care Settings: A Review.** *Cureus.* 2023 Sep 6;15(9):e44780. doi: 10.7759/cureus.44780. PMID: 37809245; PMCID: PMC10558056. [Open Access]

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10558056/>

Sickle cell disease (SCD), a chronic condition that affects men and women equally, continues to present a public health burden in the United States due to its associated morbidity and complications. Despite advances in medical knowledge and the design of novel therapies for managing the disease, its burden remains compounded because of increasing rates of immigration arising from global displacements and economic unrest in many countries. We thus conducted a comprehensive literature review of publications from 2000 to 2022 to gather guidelines on managing SCD, with a search through four databases, PubMed, Embase, Google Scholar, and Cochrane; 42 articles met the final inclusion criteria after the full-text article screening process. In the United States healthcare system, primary care physicians (PCPs) are generally providers who cater to the lifelong management of chronic medical conditions, SCD not being an exception. While more SCD patients now present to primary care clinics, many PCPs still lack the confidence and adequate experience necessary to manage the condition effectively. The gap created by the shortage of PCPs extensively equipped to

provide comprehensive SCD care leads to poor health outcomes for patients. It is imperative now more than ever to continue to raise awareness about this condition at the provider level, to ensure that patients receive well-rounded care to improve their quality of life and clinical outcomes. Providing up-to-date knowledge about existing and novel therapies and/or modalities of SCD treatment would undoubtedly equip the PCPs with self-assurance to manage the condition adeptly. Thus, we explore various public health interventions such as hydroxyurea therapy, pneumococcal vaccination, penicillin therapy, iron chelation therapy, and clinical decision support tools that have been implemented in primary healthcare settings and shown to be effective in improving SCD care. We also discuss recent advancements that can lead to improved outcomes for SCD patients in the future.

29. Alturkistani A, Greenfield G, Beaney T, Norton J, Costelloe CE. **Cross-sectional analyses of online appointment booking and repeat prescription ordering user characteristics in general practices of England in the years 2018-2020.**

*BMJ Open*. 2023 Oct 12;13(10):e068627. doi: 10.1136/bmjopen-2022-068627. PMID: 37827735. [Open Access]

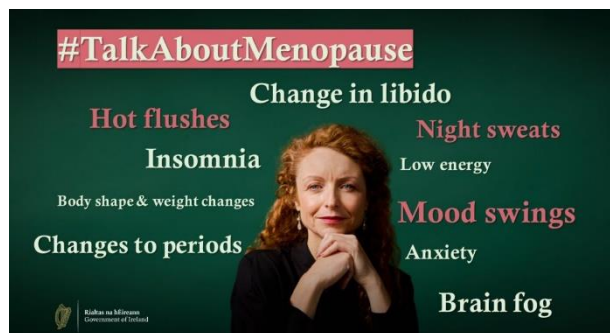
**Full-text:** <https://bmjopen.bmj.com/content/13/10/e068627.long>

To explore the characteristics of the General Practice Patient Survey (GPPS) respondents using the different functionalities of the online services in the context of England's National Health Service General Practices. We hypothesised that respondents who are older, with lower socioeconomic status and non-white ethnicity would be less likely to use online services, while long-term conditions might increase their usage. Specific groups of respondents were more likely to use online services such as patients with long-term conditions or those with deafness or hearing loss. While online services could provide efficiency to patients and practices it is essential that alternatives continue to be provided to those that cannot use or choose not to use online services. Understanding the different patients' needs could inform solutions to increase the uptake and use of the services.

30. Östergård K, Kuha S, Kanste O. **Health-care leaders' and professionals' experiences and perceptions of compassionate leadership: A mixed-methods systematic review.** *Leadersh Health Serv (Bradf Engl)*. 2023 Oct 16;ahead-of-print(ahead-of-print). doi: 10.1108/LHS-06-2023-0043. PMID: 37823549. [Open Access]

**Full-text:** <https://www.emerald.com/insight/content/doi/10.1108/LHS-06-2023-0043/full/html>

The purpose of this study is to identify and synthesise the best evidence on health-care leaders' and professionals' experiences and perceptions of compassionate leadership. Compassionate leadership can possibly address human resource-related challenges, such as health-care professionals' burnout, turnover and the lack of patient safety. It should be taken into consideration by health-care leaders, their education and health-care organisations when developing their effectiveness. This review synthesised the knowledge of compassionate leadership in health care and its benefits by providing seven core elements of health-care leaders' and professionals' experiences and perceptions of compassionate leadership.



### Health Awareness

October is a busy month when it comes to Health Awareness with Breast Cancer Awareness Month and World Mental Health Month. There is also National Breastfeeding Week (Oct 1<sup>st</sup>-7<sup>th</sup>), World Meningitis Day (Oct 5<sup>th</sup>), World Mental Health Day (Oct 10<sup>th</sup>), World Menopause Day (Oct 18<sup>th</sup>), and World Osteoporosis Day (Oct 20<sup>th</sup>). Here, we focus on Menopause and Mental Health.

The purpose of **World Menopause day** is to raise awareness of the menopause and the support options available for improving health and wellbeing. The recently launched [InforMDMenopause](#) project provides evidence-based, relatable information on the menopause and perimenopause through a number of free in-person workshops delivered to the community and an online platform. The **Department of Health** have launched a [menopause campaign](#). The **ICGP** have also developed some [useful patient information videos about Menopause](#), what it is, how it is diagnosed, and what to expect from its treatment.

The theme for **World Mental Health Day** this year's theme is 'Mental Health is a Universal Human Right'. Visit [Mental Health Ireland](#) to find out how to get involved and help raise awareness and highlight each individual right to enjoy the highest attainable standards of mental health and universal care.

- Recognise the [symptoms of Meningitis](#).
- Go Pink this October for Breast Cancer Awareness Month with the [National Breast Cancer Research Institute](#).
- 'Build Better Bones' is the 2023 theme for [World Osteoporosis Day](#).

### American Diabetes Association (ADA) 2023 Standards of Care in Diabetes


*The ADA publish annually-updated Standards of Care – comprehensive, evidence-based guidelines for the prevention, diagnosis and treatment of diabetes.*

This year, the [2023 ADA Standards in Care](#) included almost 100 new or revised recommendations affecting all types of diabetes. New guidelines include updates to recommendations around obesity, hypertension, heart failure medication, social determinants of health, and lipid management.

### Budget 2024

*Budget 2024 was announced on the 10<sup>th</sup> October with the overall 2024 allocation for health of €22.5 billion.*

An additional €800 million in core funding is being provided to meet the needs of an ageing and growing population. This is the smallest increase in funding for some years. Read the [Press Release](#).



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