



ICGP Library

Recommended Reading

July 2023
Issue 7

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

INSIDE

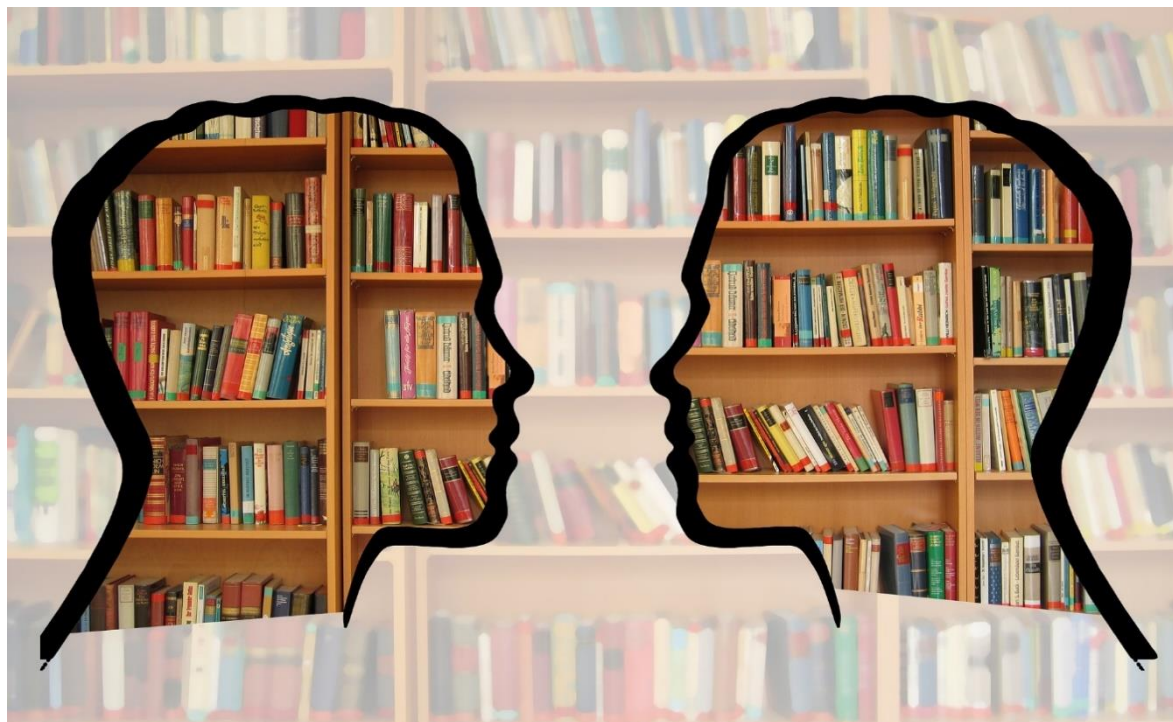
ICGP
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ICGP Publications

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

Latest Issue of Forum

[July/August 2023, Volume 40, no 6](#)

Digital decade: GPs at the forefront of eHealth evolution

👁 **View all Forums from 2023:**

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



GPWorks


Listen to our latest GP Works podcast where our new President *Dr Eamonn Shanahan* talks about the 3 generations of Shanahan GPs in Kerry, rural general practice and the important role of practice nurses.

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

Press Release: Government announces details of the provision of GP Visit Cards to over 500,000 more people (5th July)

Minister for Health Stephen Donnelly and Minister for Public Expenditure, NDP Delivery and Reform Paschal Donohoe have announced details of the commencement of the provision of GP Visit Cards to over 500,000 more people - children aged 6 and 7 and to all of those earning no more than the median income, following agreement with the Irish Medical Organisation (IMO). GP Visit Cards permit the holders to access GP care without charges. This measure represents the largest expansion in access to GP care without charges in the history of the State.

The extension of GP Visit Cards to children aged 6 and 7 will commence on August 11. Phase one of the extension of cards to those who earn the median household income or less will commence on September 11 and phase two on November 13.

 **Read the full Press Release:** [gov.ie - Government announces details of the commencement of the provision of GP Visit Cards to over 500,000 more people \(www.gov.ie\)](https://www.gov.ie/en/press-releases/government-announces-details-of-the-commencement-of-the-provision-of-gp-visit-cards-to-over-500000-more-people/)

ICGP Research Staff Publications

O'Callaghan ME, Fawsitt R, Gao J, Broughan J, McCombe G, Phelan A, Quinlan D, Collins C, Stanley F, Cullen W. **Irish general practitioner (GP) perspectives on impact of direct access radiology on patient care in the community: results from a mixed-methods study.** *Ir J Med Sci.* 2023 Jun 24. doi: 10.1007/s11845-023-03419-1. Epub ahead of print. PMID: 37354242.

Full-text: <https://link.springer.com/article/10.1007/s11845-023-03419-1>

Abstract

Since winter 2020/21, general practitioners (GPs) in the Republic of Ireland (RoI) have been granted access to diagnostic imaging studies on a new publicly funded pathway, expediting access to services previously obtained via hospital-based doctors. GPs felt enhancing access to diagnostics improved patient care by expediting diagnosis, decision-making, and treatment and by reducing hospital referrals. GPs were generally positive about the initiative and made some suggestions on future management of the initiative.

View all ICGP Research Staff Publications here:

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

Reports



HSE Climate Action Strategy 2023-2050 (June)

The Health Service Executive (HSE) recognises that it has a significant role to play in tackling the climate crisis by dealing with the growing health impacts of climate change and curbing its own emissions. The healthcare sector is a notable contributor to global greenhouse gas (GHG) emissions (est. 5- 15%) and one of the sectors at the forefront of supporting human health adapt to the impacts of climate change.

As Ireland's largest Public Body with a core objective to "use the resources available to it...to improve, promote and protect the health and welfare of the public", it has a duty to address climate change. This can be achieved by building and further focusing on reducing our carbon emissions, promoting low-carbon and sustainable solutions which

limit pollution, helping to reverse biodiversity loss, and supporting, and protecting the health and wellbeing of future generations which includes adapting to the impacts of climate change.

This Climate Action Strategy outlines their ambitions, actions, and goals to accelerate change. It addresses their mandated priorities in the Government's Climate Action Plan focused on energy efficiency. However, it also looks to move beyond this, by showing leadership and commitment to integrate sustainable actions and principles across areas such as buildings, green space development, transport, greener models of healthcare, procurement and more. Sustainability considerations will be core to future decisions and embedded into everyday ways of working and culture. The HSE is committed to achieving net-zero emissions no later than 2050.

 **Read the Report:** [HSE Climate Action Strategy 2023 - 2050](#)

HSE Health Services Healthy Ireland Implementation Plan 2023 - 2027 (7th July)

The plan sets out how the health service and partners will work to promote health and wellbeing to the public, patients, service users and staff in the coming years, to support people to live longer and healthier while also preventing chronic disease.

Chronic diseases and their complications account for up to 80% of general practitioner (GP) visits, 60% of hospital bed days, and 55% of the acute hospital budget. At least 30% of cancers and 80% of heart disease and diabetes could be prevented by addressing modifiable risk factors such as smoking, alcohol use, poor diet, and physical inactivity. According to McKinsey (2020), a 40% reduction in chronic disease could be achieved in the next two decades using interventions that already exist, with 70% of that reduction achievable through prevention by creating healthier environments and healthy behaviour changes.

 **Read the Report:** [Health services- Healthy Ireland implementation plan 2023-2027](#)

EBM Round-Up

NMIC Therapeutics Today (July 2023)

In this month's Therapeutics Today:

- Polypharmacy and cumulative anticholinergic burden in older adults hospitalised with a fall
- Low-dose aspirin and risk of serious falls and fractures in healthy older people
- COPD exacerbations and pneumonia hospitalisations among combination maintenance inhaler users
- Guidance/advice documents
- Regular features
 - July's medication reflection
 - Medication Safety Minutes
 - Updates to the HSE antibiotic prescribing website
 - Health Products Regulatory Authority (HPRA) updates
 - Health Protection Surveillance Centre updates

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



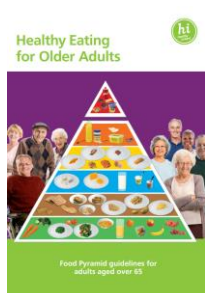
RESIST Newsletter (July 2023)

The latest RESIST newsletter (Edition 18) contains news and articles on infection prevention and control (IPC) and antimicrobial resistance.

This issue includes information on the following topics:

- Update from the Chief Clinical Officer, Dr Colm Henry
- A focus on HSE Climate Action strategy
- Launch of the NCEC Guidelines No. 30 Infection Prevention and Control
- Hand Hygiene Day updates and photos
- New AMRIC grant scheme 2023
- RESIST rollout
- AMS Resources for residential care facilities

👁️ **View** here: [RESIST Newsletter - Edition 18 - July 2023 \(hse.ie\)](https://www.hse.ie/resist-newsletter-edition-18-july-2023)



Healthy Eating Resources for Older Adults

These resources have been developed by the Department of Health with the Health Service Executive (HSE), Food Safety Authority of Ireland (FSAI) and Safefood. The pack is for adults aged over 65 who are in good health, mobile and living at home. They are designed to help older people make healthy food choices to maintain a healthy lifestyle. Older people have different nutrition needs and it's important that they have information on how to adapt their food intake to live their best life. The healthy eating food pyramid is the basis for a healthy diet, but as we age, consumption of certain food groups needs to be flexible to support individual needs.

👁️ **View** here: gov.ie/HealthyEatingOver65

Irish Medical Times Podcast: Medical Lives

Irish Medical Lives is a podcast from the Irish Medical Times that features conversations with the movers, shakers, and pioneers of Irish medicine in the 21st century. The new Medical Lives podcast features *Dr Austin O'Carroll*, the renowned inner city Dublin general practitioner and advocate for the marginalised.

🎧 **Listen** here: [Irish Medical Lives | Podcast on Spotify](https://open.spotify.com/show/irish-medical-lives)

FM Pivot: Disaster Planning for Community Family Physicians

The [Besroure Centre for Global Family Medicine at the College of Family Physicians of Canada](https://www.besroureurope.com/) is a hub of international collaboration dedicated to advancing family medicine globally through education and training, building worldwide relationships, and fostering research. FM Pivot aims to build this capacity through an online educational resource for community family physicians and their educators. Explore the free module "Disaster Planning for Community Family Physicians" to enhance pandemic care quality and efficiency.

👁️ **View** here: [Disaster Planning for Community Family Physicians - FM Pivot](https://www.besroureurope.com/disaster-planning-for-community-family-physicians-fm-pivot)

Irish Articles

1. McErlean S, Mbakaya B, Kennedy C. **Familial hypercholesterolaemia.** *BMJ*. 2023 Jul 10;382:e073280. doi: 10.1136/bmj-2022-073280. PMID: 37429609. Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/382/bmj-2022-073280>

2. Le Bonniec A, Meade O, Fredrix M, Morrissey E, O'Carroll RE, et al. **Exploring non-participation in colorectal cancer screening: A systematic review of qualitative studies.** *Soc Sci Med*. 2023 Jun 13;329:116022. doi: 10.1016/j.socscimed.2023.116022. Epub ahead of print. PMID: 37348182. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37348182/>
Full-text: <https://www.sciencedirect.com/science/article/pii/S0277953623003799?via%3Dihub>
Worldwide, colorectal cancer is a major public health issue. Despite the existence of screening programmes in many countries, global uptake remains low. This meta-ethnography aimed to analyse qualitative literature to explore attitudes towards colorectal cancer screening and reasons for non-participation in eligible people that do not participate when invited. Findings suggest multiple pathways to non-participation including ambivalence, aversion to the process and consequences of screening or lack of support. Persuasive messages and prompts to action to target ambivalence, reassurance regarding the screening procedures to target negative reactions, and increased support from healthcare professionals may be beneficial in increasing screening uptake.

3. Gil-Hernández E, Carrillo I, Tumelty ME, Srulovici E, Vanhaecht K, et al. **How different countries respond to adverse events whilst patients' rights are protected.** *Med Sci Law*. 2023 Jun 27:258024231182369. doi: 10.1177/00258024231182369. Epub ahead of print. PMID: 37365924. [Available via Inter-Library Loan – Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37365924/>
Patient safety is high on the policy agenda internationally. Learning from safety incidents is a core component in achieving the important goal of increasing patient safety. This study explores the legal frameworks in the countries to promote reporting, disclosure, and supporting healthcare professionals (HCPs) involved in safety incidents. A cross-sectional online survey was conducted to ascertain an overview of the legal frameworks at national level, as well as relevant policies. ERNST (The European Researchers' Network Working on Second Victims) group peer-reviewed data collected from countries was performed to validate information. Information from 27 countries was collected and analyzed, giving a response rate of 60%. A reporting system for patient safety incidents was in place in 85.2% (N = 23) of countries surveyed, though few (37%, N = 10) were focused on systems-learning. In about half of the countries (48.1%, N = 13) open disclosure depends on the initiative of HCPs. The tort liability system was common in most countries. No-fault compensation schemes and alternative forms of redress were less common. Support for HCPs involved in patient safety incidents was extremely limited, with just 11.1% (N = 3) of participating countries reporting that supports were available in all healthcare institutions. Despite progress in the patient safety movement worldwide, the findings suggest that there are considerable differences in the

approach to the reporting and disclosure of patient safety incidents. Additionally, models of compensation vary limiting patients' access to redress. Finally, the results highlight the need for comprehensive support for HCPs involved in safety incidents.

4. Darcy S, Kelly E, Choong D, McCarthy A, O'Dowd S, et al. **The impact of headache disorders: a prospective analysis of headache referrals to outpatient and inpatient neurology and emergency services in an Irish University teaching hospital.** *Ir J Med Sci.* 2023 Jun 27. doi: 10.1007/s11845-023-03425-3. Epub ahead of print. PMID: 37369930. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37369930/>
Full-text: <https://link.springer.com/article/10.1007/s11845-023-03425-3>
 Headache represents a significant proportion of disability globally in general practice, neurology outpatient settings, and emergency departments. There is scant literature regarding the impact of headache on healthcare services in Ireland. We aimed to investigate headache burden across the emergency department, inpatient stays, and neurology outpatient department referrals in an Irish University teaching hospital. Primary headache disorders have a large impact on hospital services. Diagnostic uncertainty is common; neuroimaging is relied upon. Appropriate care pathways, education, and resource allocation should be prioritized.
5. Elgammal A, Ryan J, Bradley C, Crean A, Bermingham M. **The impact of drug palatability on prescribing and dispensing of antibiotic formulations for paediatric patients: a cross-sectional survey of general practitioners and pharmacists.** *Fam Pract.* 2023 Jul 6:cmad071. doi: 10.1093/fampra/cmad071. Epub ahead of print. PMID: 37410016. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37410016/>
Full-text: <https://academic.oup.com/fampra/advance-article/doi/10.1093/fampra/cmad071/7220478?login=false>
 Palatability is a key element of paediatric acceptability for medicines. Many patient and drug factors are considered when choosing an antibiotic for a child. Pharmacists report that they receive questions about the palatability of oral liquid antibiotics for children. This study aimed to explore the experiences of GPs and pharmacists concerning palatability of oral liquid antibiotics for children. • This study identified palatability issues associated with oral liquid antibiotics for children reported by GPs and pharmacists. Pharmaceutical approaches to adapting oral liquid antibiotic formulations must be developed to improve palatability and thus paediatric acceptability.
6. Dempsey B, Connolly M, Higgins MF. **"I suppose we've all been on a bit of a journey": a qualitative study on providers' lived experiences with liberalised abortion care in the Republic of Ireland.** *Sex Reprod Health Matters.* 2023 Dec;31(1):2216526. doi: 10.1080/26410397.2023.2216526. PMID: 37335387; PMCID: PMC10281344. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37335387/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10281344/>
 The aim of this study was to explore service providers' lived experiences with abortion care in the Republic of Ireland following liberalisation in 2018 via public referendum. Data were collected using semi-structured interviews conducted between February 2020 and March 2021. Thirteen interviews were completed with providers who were directly involved in caring for patients accessing liberalised abortion care in the Republic of Ireland. The sample includes six general practitioners, three midwives, two obstetricians, and two nurses. Interpretative phenomenological analysis identified five super-ordinate themes in the providers' lived experiences: (1) public reactions to liberalised

abortion care; (2) lessons from the service implementation; (3) getting involved in abortion care; (4) moments of moral doubt; and (5) remaining committed to the provision of care. Following liberalisation, providers recalled isolated experiences with anti-abortion sentiments, particularly from those who continue to oppose abortion care. They believed that implementation has been mostly successful in delivering a safe, robust, and accessible service in general practice, though identified ongoing challenges in Irish hospitals. Personally, the providers supported access to care and began providing because they perceived a duty to facilitate access to care. Many, however, reported occasional moral doubts about their work. Despite these, none had considered leaving abortion care and all were proud of their work. They said that patients' stories were a constant reminder about the importance of safe abortion care. Further work is required to ensure that abortion is fully integrated and normalised and that all providers and patients have access to supports.

7. Cunningham J, Doyle F, Ryan JM, Clyne B, Cadogan C, et al. **Primary care-based models of care for osteoarthritis; a scoping review.** *Semin Arthritis Rheum.* 2023 May 16;61:152221. doi: 10.1016/j.semarthrit.2023.152221. Epub ahead of print. PMID: 37327762. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37327762/>

Full-text:

<https://www.sciencedirect.com/science/article/pii/S004901722300063X?via%3Dihub>

To identify and describe the extent, nature, characteristics, and impact of primary care-based models of care (MoCs) for osteoarthritis (OA) that have been developed and/or evaluated. There are emerging efforts internationally to develop evidence-based models focused on non-surgical primary care OA management. Notwithstanding variations in healthcare systems and resources, future research should focus on model development alignment with implementation science frameworks and theories, key stakeholder involvement including patient and public representation, provision of training and education for providers, treatment individualisation, integration and coordination of services across the care continuum and incorporation of behaviour change strategies to foster long-term adherence and self-management.

8. Riordan F, O'Mahony L, Sheehan C, Murphy K, O'Donnell M, et al **Implementing a community specialist team to support the delivery of integrated diabetes care: experiences in Ireland during the COVID-19 pandemic.** *HRB Open Res.* 2023 Jan 5;6:1. doi: 10.12688/hrbopenres.13635.1. PMID: 37441087; PMCID: PMC10333780. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37441087/>

Full-text: <https://hrbopenresearch.org/articles/6-1/v1>

While models of integrated care for people with chronic conditions have demonstrated promising results, there are still knowledge gaps about how these models are implemented in different contexts and which strategies may best support implementation. We aimed to evaluate the implementation of a multidisciplinary diabetes Community Specialist Team (CST) to support delivery of integrated type 2 diabetes care during COVID-19 in two health networks. This study illustrates how the CST benefited from shared space, enhanced networking, and leadership. When developing strategies to support implementation of integrated care, the need for administrative support, the practicalities of co-location to facilitate joint

appointments, and relative advantages of different delivery models should be considered.

Research Articles

1. Roitto HM, Aalto UL, Öhman H, Saarela RKT, Kautiainen H, et al. **Association of medication use with falls and mortality among long-term care residents: a longitudinal cohort study.** *BMC Geriatr.* 2023 Jun 19;23(1):375. doi: 10.1186/s12877-023-04096-6. PMID: 37331981; PMCID: PMC10278366. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37331981/>
Full-text: <https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-023-04096-6>
Falls in long-term care are common. The aim of our study was to explore how medication use is associated with incidence of falls, related consequences, and all-cause mortality among long-term care residents. Polypharmacy, opioid and anticholinergic medication use predicted incidence of falls in long-term care. The use of more than 10 medications predicted all-cause mortality. Special attention should be paid to both number and type of medications when prescribing in long-term care.
2. Brooks L, Elliott J, Stolee P, Boscart VM, Gimbel S, et al. **Development, successes, and potential pitfalls of multidisciplinary chronic disease management clinics in a family health team: a qualitative study.** *BMC Prim Care.* 2023 Jun 20;24(1):126. doi: 10.1186/s12875-023-02073-x. PMID: 37340362; PMCID: PMC10280863. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37340362/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10280863/>
The creation of Family Health Teams in Ontario was intended to reconfigure primary care services to better meet the needs of an aging population, an increasing proportion of which is affected by frailty and multimorbidity. However, evaluations of family health teams have yielded mixed results. Emphasis on collegiality among professionals, rather than on more traditional hierarchical relationships and common workspaces, created opportunities for better informal communication and shared learning and hence better care for patients. However, formal communication and process structures are required to optimize the deployment, engagement, and professional development of clinical resources to better support chronic disease management and to avoid internal care fragmentation for more complex patients with clustered chronic conditions.
3. Liddell A, Brown L, Williams S, Gonzalez-Chica D. **General practitioner assessment of lifestyle risk factors for chronic disease: a cross-sectional study in urban, rural and remote South Australia.** *Aust J Prim Health.* 2023 Jun 23. doi: 10.1071/PY23035. Epub ahead of print. PMID: 37348844. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37348844/>
Full-text: <https://www.publish.csiro.au/py/PY23035>
The assessment and management of the SNAP lifestyle risk factors (smoking, nutrition, alcohol intake and physical activity) is fundamental to primary prevention of chronic disease. This study investigates the prevalence of SNAP assessments conducted in South Australian general practice, according to patient risk profiles, and across urban, rural and remote locations. Greater attention to GP SNAP assessments is warranted to match the prevalence of SNAP risks across South Australia.

4. Laszlo N. **Perceptions and Proficiencies of Primary Care Physicians Treating Metabolic Syndrome: A Descriptive Survey-Based Study.** *J Contin Educ Health Prof.* 2023 Jun 21. doi: 10.1097/CEH.0000000000000506. Epub ahead of print. PMID: 37341573. [Available via Inter-Library Loan – Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37341573/>
 Metabolic syndrome (MetS) is a chronic condition that has been implicated in adverse public health outcomes worldwide, including in the United States. It has been linked to diseases such as type 2 diabetes and heart disease. Little is known about the perceptions and practices of primary care physicians (PCPs) regarding MetS. The only studies examining this research topic were conducted outside the United States. The aim of this study was to evaluate the MetS knowledge, proficiency, training, and practices of American PCPs, for the purpose of informing future physician education initiatives directed at MetS. Cumulative survey results revealed that most PCPs perceived themselves as knowledgeable on MetS, but only a minority demonstrated an understanding of leading-edge MetS protocols. Ninety-seven percent agreed that MetS is a condition of concern, but only 22% reported possessing sufficient time and resources to fully address MetS. Only half indicated that they had received training in MetS. Overall results suggested that a lack of time, training, and resources may pose the greatest obstacles to optimal MetS care. Future studies should aim to identify the specific reasons why these barriers exist.
5. Arias de la Torre J, Vilagut G, Ronaldson A, Valderas JM, Bakolis I, et al. **Reliability and cross-country equivalence of the 8-item version of the Patient Health Questionnaire (PHQ-8) for the assessment of depression: results from 27 countries in Europe.** *Lancet Reg Health Eur.* 2023 Jun 6;31:100659. doi: 10.1016/j.lanepe.2023.100659. PMID: 37332385; PMCID: PMC10272490. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37332385/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10272490/>
 The 8-item version of the Patient Health Questionnaire (PHQ-8) is one of the self-reported questionnaires most frequently used worldwide for the screening and severity assessment of depression. However, in some European countries its reliability is unknown, and it is unclear whether its psychometric properties vary between European countries. Therefore, the aim of this study was to assess the internal structure, reliability and cross-country equivalence of the PHQ-8 in Europe. The results from our study, likely the largest study to the date assessing the internal structure, reliability and cross-country comparability of a self-reported mental health assessment measure, shows that the PHQ-8 has an adequate reliability and cross-country equivalence across the 27 European countries included. These results highlight the suitability of the comparisons of the PHQ-8 scores in Europe. They could be helpful to improve the screening and severity assessment of depressive symptoms at the European level.
6. Morris A, Bright C, Cocks M, Gibson N, Goff L, et al. **Recommendations from Diabetes UK's 2022 diabetes and physical activity workshop.** *Diabet Med.* 2023 Jun 28:e15169. doi: 10.1111/dme.15169. Epub ahead of print. PMID: 37381170. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37381170/>
Full-text: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/dme.15169>
 To describe the process and outputs of a workshop convened to identify key priorities for future research in the area of diabetes and physical activity and provide recommendations to researchers and research funders on how best to address them. A one-day research workshop was conducted, bringing together researchers, people living with diabetes, healthcare professionals, and members of staff from Diabetes UK to identify and prioritise recommendations for future research into physical activity and diabetes. Workshop attendees prioritised four

key themes for further research: (i) Better understanding of the physiology of exercise in all groups of people: in particular, what patient metabolic characteristics influence or predict the physiological response to physical activity, and the potential role of physical activity in beta cell preservation; (ii) Designing physical activity interventions for maximum impact; (iii) Promoting sustained physical activity across the life course ; (iv) Designing physical activity studies for groups with multiple long-term conditions. This paper outlines recommendations to address the current gaps in knowledge related to diabetes and physical activity and calls on the research community to develop applications in these areas and funders to consider how to stimulate research in these areas.

7. Casey E, Kaplan-Lewis E, Gala K, Lakew R. **Successful Integration of HIV PrEP in Primary Care and Women's Health Clinical Practice: A Model for Implementation.** *Viruses*. 2023 Jun 13;15(6):1365. doi: 10.3390/v15061365. PMID: 37376664; PMCID: PMC10301619. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37376664/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10301619/>
Ending the HIV Epidemic is contingent upon the increased utilization of pre-exposure prophylaxis (PrEP). The majority of PrEP in the United States is prescribed in specialty care settings; however, to achieve national implementation goals, it is necessary to expand PrEP services in primary care and women's health clinics. To this end, a prospective cohort study was conducted of health care providers participating in one of three rounds of a virtual program aimed at increasing the number of PrEP prescribers in primary care and women's health clinics within the NYC Health and Hospitals network, the public healthcare system of New York City. Provider prescribing behavior was compared at pre-intervention (August 2018-September 2019) and post-intervention (October 2019-February 2021). Among 104 providers, the number prescribing PrEP increased from 12 (11.5%) to 51 (49%) and the number of individual patients on PrEP increased from 19 to 128. The program utilized clinical integration models centering on existing STI management workflows and was associated with increased numbers of PrEP prescribers and volume of prescriptions in primary care and women's health clinics. The dissemination of similar programs could support national scale-up of PrEP.
8. Iyengar N, Mitchell E. **The barriers and enablers of older person health assessments in Australian primary care: clinician and patient perspectives.** *BJGP Open*. 2023 Jul 4:BJGPO.2023.0091. doi: 10.3399/BJGPO.2023.0091. Epub ahead of print. PMID: 37402550. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37402550/>
Full-text: <https://bjgpopen.org/content/early/2023/07/04/BJGPO.2023.0091.long>
Health Assessments (HAs) were introduced for at-risk patients including older people, to have their health comprehensively monitored by their general practitioner (GP), to assess specific areas of health, such as risk factors for chronic disease and psychosocial problems, which may be overlooked in shorter consultations. Two forms of older person HAs are available for GPs to perform annually, HAs for non-Indigenous older Australians aged >75 (75+ HA) and for Aboriginal and Torres Strait Islander Australians aged >55 years (55+ ATSIHA). In the present study, we aim to explore the perspectives of older Australians undertaking HA (both 75+HA and 55+ATSIHA) and clinician perspectives (GPs and practice nurses (PNs)) to enhance the items covered within the HA and develop targeted education resources to improve uptake of HAs. Common barriers to both patients and clinicians include time, language, lack of relevance and fear of the unknown. Identification of risk factors and the opportunity to discuss topics not covered in shorter consults were common enablers for both patients and clinicians.

9. Boxley C, Dixit R, Adams K, Anderson R, Ratwani RM, Booker E. **The impact of COVID-19 on primary care accessibility and the role of telehealth for patients with chronic conditions.** *Health Policy Technol.* 2023 Sep;12(3):100772. doi: 10.1016/j.hlpt.2023.100772. Epub 2023 Jun 25. PMID: 37389330; PMCID: PMC10290735. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37389330/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10290735/>
Telehealth visits (i.e., talking with a physician via phone or video call) help patients continue to receive the medical care they need - especially during disruptive periods such as the COVID pandemic. Access to telehealth is the strongest predictor in determining how soon a patient will complete their reschedule primary care appointment. Because telehealth is so important, health care providers and systems need to continue to offer patients the ability to talk with their physician via phone or video call.
10. Bhui K, Newbury JB, Latham RM, Ucci M, Nasir ZA, et al. **Air quality and mental health: evidence, challenges and future directions.** *BJPsych Open.* 2023 Jul 5;9(4):e120. doi: 10.1192/bjo.2023.507. PMID: 37403494. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37403494/>
Full-text: <https://www.cambridge.org/core/journals/bjpsych-open/article/air-quality-and-mental-health-evidence-challenges-and-future-directions/FF3A143292CD1783BA7DC7B744573C5C>
Poor air quality is associated with poor health. Little attention is given to the complex array of environmental exposures and air pollutants that affect mental health during the life course. We gather interdisciplinary expertise and knowledge across the air pollution and mental health fields. We seek to propose future research priorities and how to address them. Through a rapid narrative review, we summarise the key scientific findings, knowledge gaps and methodological challenges. There is emerging evidence of associations between poor air quality, both indoors and outdoors, and poor mental health more generally, as well as specific mental disorders. Furthermore, pre-existing long-term conditions appear to deteriorate, requiring more healthcare. Evidence of critical periods for exposure among children and adolescents highlights the need for more longitudinal data as the basis of early preventive actions and policies. Particulate matter, including bioaerosols, are implicated, but form part of a complex exposome influenced by geography, deprivation, socioeconomic conditions and biological and individual vulnerabilities. Critical knowledge gaps need to be addressed to design interventions for mitigation and prevention, reflecting ever-changing sources of air pollution. The evidence base can inform and motivate multi-sector and interdisciplinary efforts of researchers, practitioners, policy makers, industry, community groups and campaigners to take informed action. There are knowledge gaps and a need for more research, for example, around bioaerosols exposure, indoor and outdoor pollution, urban design and impact on mental health over the life course.
11. Lukaschek K, Haas C, Wannemüller A, Brettschneider C, Dreischulte T, Margraf J, Gensichen J; PARADIES study group. **CBT-Intervention for panic disorder in primary care: 5 years follow-up of a cRCT during the Covid-19 pandemic.** *PLoS One.* 2023 Jun 30;18(6):e0287718. doi: 10.1371/journal.pone.0287718. PMID: 37390059; PMCID: PMC10313059. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37390059/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10313059/>
A practice team-based exercise programme with elements of cognitive behavioural therapy (CBT) and case management for patients with panic disorder with or without agoraphobia in primary care showed significant positive effects. Here, we analyse the long-term effects (>5 years) of this intervention in the stressful context of the Covid-19 pandemic. All participants of the original PARADIES cluster randomized controlled trial (cRCT; 2012-2016) were invited to

participate in a follow-up during the Covid-19 pandemic. Clinical outcomes were anxiety symptoms, number and severity of panic attacks, agoraphobic avoidance behaviour, Covid-specific anxiety symptom severity, depression, and patient assessment of chronic illness care. Data were analysed cross-sectionally for group differences (intervention, control) and longitudinally (T0: baseline, T1: 6 months and TCorona: >60 months). Of the original 419 participants, 100 participated in the 60 months follow-up (October 2020-May 2021). In the cross-sectional analysis, the anxiety symptom severity in the intervention group was lower than in the control group ($p = .011$, Cohen's $d = .517$). In the longitudinal analysis, both groups showed an increase of anxiety and depression symptoms compared to pre-pandemic level. The intervention may have had a lasting impact regarding anxiety severity despite the challenging context of the Covid-19 pandemic. However, we cannot say to what extent the intervention still played a role in participants' lives; other factors may also have helped with coping. The increase of anxiety and depression symptoms in both groups over time could be attributed to external circumstances.

12. Woodrow M, Carey C, Ziauddeen N, Thomas R, Akrami A, et al. **Systematic Review of the Prevalence of Long COVID**. *Open Forum Infect Dis*. 2023 May 3;10(7):ofad233. doi: 10.1093/ofid/ofad233. PMID: 37404951; PMCID: PMC10316694. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37404951/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10316694/>
Long COVID occurs in those infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) whose symptoms persist or develop beyond the acute phase. We conducted a systematic review to determine the prevalence of persistent symptoms, functional disability, or pathological changes in adults or children at least 12 weeks postinfection. The way in which Long COVID is defined and measured affects prevalence estimation. Given the widespread nature of SARS-CoV-2 infection globally, the burden of chronic illness is likely to be substantial even using the most conservative estimates.
13. Chen Y, Gao J, Lu M. **Medication adherence trajectory of patients with chronic diseases and its influencing factors: A systematic review**. *J Adv Nurs*. 2023 Jul 5. doi: 10.1111/jan.15776. Epub ahead of print. PMID: 37408103. [Available via Inter-library loan – Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37408103/>
To synthesize the published studies on medication adherence trajectories among patients with chronic diseases and identify the influencing factors. Fifty studies were included. Medication adherence trajectories among patients with chronic diseases were synthesized into six categories: adherence, non-adherence, decreasing adherence, increasing adherence, fluctuating adherence and moderate adherence. Low and moderate evidence showed that (1) patient-related factors, including age, sex, race, marital status and mental status; (2) healthcare team and system-related factors, including healthcare utilization, insurance and primary prescriber specialty; (3) socioeconomic factors including education, income and employment status; (4) condition-related factors including complications and comorbidities and (5) therapy-related factors including the number of medications, use of other medications, and prior medication adherence behaviours were factors influencing the medication adherence trajectory. Marital status and prior medication adherence behaviour were the only influencing factors with moderate evidence of an effect. The medication adherence trajectory among patients with chronic diseases varied widely. Further studies are warranted to determine contributory factors. Healthcare providers should be aware that patients' medication adherence has different trajectories and should take appropriate measures to improve patients' medication adherence patterns.

14. van der Velden RMJ, Hereijgers M, Arman N, van Middeldorp N, Franssen FME, Gawalko M, et al. **Implementation of a screening and management pathway for chronic obstructive pulmonary disease in patients with atrial fibrillation.** *Europace*. 2023 Jul 8;euad193. doi: 10.1093/europace/euad193. Epub ahead of print. PMID: 37421318. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37421318/>
Full-text: <https://academic.oup.com/europace/advance-article/doi/10.1093/europace/euad193/7221517?login=false>
Chronic obstructive pulmonary disease (COPD) negatively impacts the efficacy of heart rhythm control treatments in patients with atrial fibrillation (AF). Although COPD is recognized as a risk factor for AF, practical guidance about how and when to screen for COPD is not available. Herein, we describe the implementation of an integrated screening and management pathway for COPD into the existing pre-ablation work-up in an AF outpatient clinic infrastructure. A COPD care pathway can successfully be embedded in an existing AF outpatient clinic infrastructure, using (micro)spirometry and remote analysis of results. Although 1 out of 5 patients had results suggestive of an underlying chronic respiratory disease, only 62% of these patients opted for referral. Preselection of patients as well as patient education might increase the diagnostic yield and requires further research.
15. He Q, Chen X, Zeh P. **Promoting Self-care and Management for Patients With Type 2 Diabetes Based on Lifestyle Changes Under the Concept of Person-centered Care: A Review.** *Altern Ther Health Med*. 2023 Jul;29(5):302-307. PMID: 37083654. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37083654/>
Full-text: <http://alternative-therapies.com/oa/index.html?fid=8182>
Diabetes, a metabolic disease, can affect multiple organs and systems, including the heart, brain, kidneys, and nerves, and is the seventh leading cause of human death. Professional health education can help modify urbanization-related lifestyle habits, such as diet and physical activity, and is the foundation for self-management of type 2 diabetes. Recently published guidelines on diabetes nutrition and physical activity in the United Kingdom and China encouraged patients to self-manage their diabetes. Although patients are more aware of the need for disease self-management, they need more professional knowledge to manage the disease through lifestyle modifications, such as diet and exercise. Managing diabetes necessitates long-term treatments, guidance, and follow-up, with the support of the patients' families, caregivers, and the entire community.
16. Olesen AE, Vaever TJ, Simonsen M, Simonsen PG, Høj K. **Deprescribing in primary care without deterioration of health-related outcomes: a real-life, quality improvement project.** *Basic Clin Pharmacol Toxicol*. 2023 Jul 3. doi: 10.1111/bcpt.13925. Epub ahead of print. PMID: 37400998. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37400998/>
Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/bcpt.13925>
Medication reviews focusing on deprescribing can reduce potentially inappropriate medication; however, evidence regarding effects on health-related outcomes is sparse. In a real-life, quality improvement project using a newly developed chronic care model, we investigated how a general practitioner-led medication review intervention focusing on deprescribing affected health-related outcomes. We performed a before-after intervention study including care home residents and community-dwelling patients affiliated with a large Danish general practice. The primary outcomes were changes in self-reported health status, general condition, and functional level from baseline to 3-4 months follow-up. Of 105 included patients, 87 completed follow-up. From baseline to follow-up, 255 medication changes were made, of which 83% were deprescribing. Mean self-reported health status increased (0.55 [95% CI: 0.22 to 0.87]); the proportion with general condition rated as "average or above" was stable (0.06 [95% CI: -0.02 to

0.14]); and the proportion with functional level "without any disability" was stable (-0.05 [95% CI: -0.09 to 0.001]). In conclusion, this general practitioner-led medication review intervention was associated with deprescribing and increased self-reported health status without deterioration of general condition or functional level in real-life primary care patients. The results should be interpreted carefully given the small sample size and lack of control group.

17. El-Osta A, Sasco ER, Barbanti E, Webber I, Alaa A, et al. **Tools for measuring individual self-care capability: a scoping review.** *BMC Public Health*. 2023 Jul 8;23(1):1312. doi: 10.1186/s12889-023-16194-6. PMID: 37422637; PMCID: PMC10329804. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37422637/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10329804/>
Our ability to self-care can play a crucial role in the prevention, management and rehabilitation of diverse conditions, including chronic non-communicable diseases. Various tools have been developed to support the measurement of self-care capabilities of healthy individuals, those experiencing everyday self-limiting conditions, or one or more multiple long-term conditions. We sought to characterise the various non-mono-disease specific self-care measurement tools for adults as such a review was lacking. The aim of the review was to identify and characterise the various non-mono-disease specific self-care measurement tools for adults. Secondary objectives were to characterise these tools in terms of their content, structure and psychometric properties. Various tools exist to measure individual self-care capability, but few consider assessing capability against all seven pillars of self-care. There is a need to develop a comprehensive, validated tool and easily accessible tool to measure individual self-care capability including the assessment of a wide range of self-care practices. Such a tool could be used to inform targeted health and social care interventions.
18. Nakaishi L, Sugden SG, Merlo G. **Primary Care at the Intersection of Lifestyle Interventions and Unhealthy Substance Use.** *Am J Lifestyle Med*. 2022 Jun 27;17(4):494-501. doi: 10.1177/15598276221111047. PMID: 37426739; PMCID: PMC10328212. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37426739/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10328212/>
Primary care physicians are well-positioned to integrate lifestyle interventions into the management of patients with unhealthy substance use, who may also have mental and physical chronic health comorbidities. However, the COVID-19 pandemic exacerbated the U.S.'s poor state of health, revealing that its current approach to chronic disease management is neither effective nor sustainable. Today's full spectrum comprehensive care model requires an expanded toolkit. Lifestyle interventions broaden current treatment approaches and may enhance Addiction Medicine care. Primary care providers have the potential to have the greatest impact on unhealthy substance use care because they are experts in chronic disease management and their frontline accessibility minimizes healthcare barriers. Individuals with unhealthy substance use are at an increased risk of chronic physical conditions. Incorporating lifestyle interventions with unhealthy substance use care at every level of medicine, from medical school through practice, normalizes both as part of the standard care of medicine and will drive evidence-based best practices to support patients through prevention, treatment, and reversal of chronic diseases.
19. Hjalmarsson L, Kaiser B, Bischof T. **The impact of physician exits in primary care: A study of practice handovers.** *Health Policy*. 2023 Jul 3;135:104867. doi: 10.1016/j.healthpol.2023.104867. Epub ahead of print. PMID: 37437479. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37437479/>
Full-text: <https://www.sciencedirect.com/science/article/pii/S0168851023001525?via%3Dih>

[ub](#)

Recent studies on physician exits suggest that general practitioners (GPs) have an important impact on health care utilization and costs, but the transmission channels - interpersonal discontinuities of care, practice style differences and deterioration in access - are usually not clear. Our objective is to estimate the short-run and long-run impacts of switches in GPs on patients' health care utilization and costs, while all other factors of the health care setting remain the same. To do this, we collect data on handovers of primary care practices in Switzerland, occurring between 2007 and 2015. We link this data to rich insurance claims to construct a panel dataset of roughly 240,000 patients. Employing a difference-in-difference type framework, we find transitory increases in overall visits and costs, which are likely caused by the entering GP's initial re-assessment of patients' health care needs. Additionally, we find long-term increases in specialist health care utilization and ambulatory costs. The latter finding can be explained by changes in practice styles between the exiting GP and her successor, who is typically much younger and more likely to be female. In contrast to the literature on practice closures, we do not find evidence on reduced overall utilization rates. An important lesson for health policy is thus to preserve patients' access to care in the case of GP exits.

20. 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 May 5;BJGP.2022.0638. doi: 10.3399/BJGP.2022.0638. Epub ahead of print. PMID: 37429735. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37429735/>

Full-text: <https://bjgp.org/content/early/2023/07/10/BJGP.2022.0638.long>

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. The study used ethnographic methods to conduct a process evaluation of a social prescribing intervention delivered to support those living with long-term conditions in an economically deprived urban area of the North of England. 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.



Health Awareness

In July, we have Sarcoma Awareness Month; World Head & Neck Cancer Day (July 27th) and World Hepatitis Day (July 28th). Here, we focus on Sarcoma Awareness.

Sarcoma Awareness Month runs for the whole of July. Sarcomas are rare cancers that develop in the muscle, bone, nerves, cartilage, tendons, blood vessels and the fatty and fibrous tissues. St. Vincent's University Hospital (SVUH) hosted the annual sarcoma patient information day on Thursday, 13th July 2023 in the Education and Resource Centre on its campus. This all-day event was organised in collaboration with the Irish Sarcoma Group and Sarcoma Cancer Ireland, with the aim of raising awareness and providing information and education about this rare form of cancer.

Check out the [Irish Sarcoma Group](#) and [Sarcoma Cancer Ireland](#) for more details.

MHNC refers to cancers found in tissues of the mouth, head and neck. Over 700 cases of MHNC are diagnosed in Ireland every year. It mainly affects older people although more young people are being diagnosed now. A [Head and Neck Cancer Referral Toolkit for Primary Care](#) is available to assist Medical Practitioners to recognise clinical features that are suspicious of mouth, head and neck cancer and require urgent referral for specialist investigation.

Every year on 28 July, [WHO and partners mark World Hepatitis Day](#) to increase awareness and understanding of viral hepatitis and the diseases that it causes.

Lancet Series: Global Inequity in Diabetes

In this Series, a health equity perspective is used to review the large body of work on diabetes and its consequences and discuss the complex and intersecting ways in which structural inequity impacts social determinants of health and diabetes outcomes on a global scale.

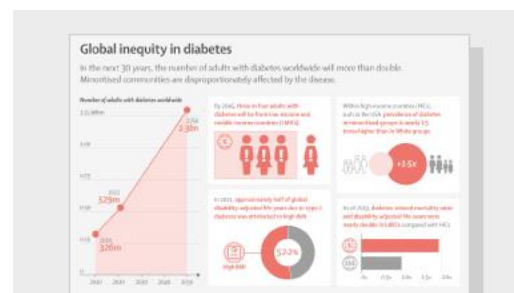
Diabetes has become a global crisis that is increasing exponentially and will have lasting effects on global health for generations to come. Inequity in diabetes is accelerating this global crisis, exacting outsized impacts on outcomes. In the next 30 years, the number of adults with diabetes worldwide will more than double. Minoritised communities are disproportionately affected by the disease. This series presents new conceptual frameworks, offer real-world regional perspectives, and provide strategic action plans.

Read the Lancet Series:

<https://www.thelancet.com/series/global-inequity-diabetes>

View the Infographic:

<https://www.thelancet.com/infographics-do/global-inequity-diabetes-2023>



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