



# ICGP Library

## Recommended Reading

August 2023  
Issue 8

*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

[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>

**Press Release: Minister for Health establishes Expert Taskforce to support expansion of pharmacist roles (24<sup>th</sup> July)**

Minister for Health Stephen Donnelly is setting up an Expert Taskforce to support the expansion of the role of pharmacists in Ireland. The Taskforce will examine how pharmacists can be enabled to operate at the top of their licence for the benefit of patients and the wider health service.

It will initially consider options to enable pharmacists to extend prescriptions for a range of medicines and medical conditions where appropriate. The Taskforce will also advise on



a comprehensive approach to facilitate pharmacist prescribing. This will include, but not be limited to, empowering pharmacists to assess and prescribe for common minor ailments within a community pharmacy setting and to use their expertise to operate as independent prescribers.

The Taskforce will be chaired by Dr Pat O'Mahony, and includes representatives from the HSE, the Pharmaceutical Society of Ireland, the Irish College of General Practitioners, as well as academic/training bodies.

 **Read the full Press Release:** [gov.ie - Minister for Health establishes Expert Taskforce to support expansion of pharmacist roles \(www.gov.ie\)](https://www.gov.ie/en/minister-for-health-establishes-expert-taskforce-to-support-expansion-of-pharmacist-roles/2AA00D46-19B9-E185-83BC012BB405BAA6.html)

## ICGP Research Staff Publications

1. O'Brien E, Walsh A, Boland F, Collins C, Harkins V, Smith S, O'Herlihy N, Clyne B, Wallace E. **General practitioner preferences for, access to and use of evidence in clinical practice: a mixed methods study.** *BJGP Open*. 2023 Jul 13:BJGPO.2023.0107. doi: 10.3399/BJGPO.2023.0107. Epub ahead of print. PMID: 37442591.

### Full-text:

<https://bjgpopen.org/content/early/2023/07/13/BJGPO.2023.0107.long>

### Abstract

General practitioners (GPs) aim to provide patient-centred care combining clinical evidence, clinical judgement, and patient priorities. Despite a recognition of the need to translate evidence to support patient care, barriers exist to the use of evidence in practice. To ascertain the needs and preferences of GPs regarding evidence-based guidance to support patient care. To prioritise content and optimise structure and dissemination of future evidence-based guidance. GPs indicated that rapid access to up-to-date, summarised evidence-based resources, available from their professional organisation is preferred. Evidence should reflect the disease burden of the population and involve multifaceted dissemination approaches.

2. Nicholson E, McDonnell T, Conlon C, De Brún A, Doherty E, Collins C, Bury G, McAuliffe E. **Factors that affect GP referral of a child with intellectual disability for a mild illness: A discrete choice experiment.** *J Appl Res Intellect Disabil*. 2023 Jul 25. doi: 10.1111/jar.13143. Epub ahead of print. PMID: 37489607.

**Full-text:** <https://onlinelibrary.wiley.com/doi/10.1111/jar.13143>

### Abstract

General practitioners (GP) report multiple challenges when treating individuals with intellectual disabilities which may influence referral rates. The study aimed to establish factors that influence GP's decision-making when referring a child with intellectual disabilities to the emergency department. Understanding the factors that influence referral is important for service improvement and to strengthen primary care provision for this population and their families.

**View** all ICGP Research Staff Publications 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



## Mental Health Commission (MHC) Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services (July)

In her final report on the provision of child and adolescent mental health services (CAMHS) in the State, the Inspector of Mental Health Services, Dr Susan Finnerty, has said that she cannot currently provide an assurance to all parents in Ireland that their children have access to a safe, effective and evidence-based mental health service.

The Inspector's independent review into CAMHS, which she commenced in April 2022 - and included the publication of an interim report in January 2023 - has now been finalised complete with 49 recommendations. Due to the seriousness of the concerns raised by the review, the Inspector has recommended that a comprehensive strategy for CAMHS and all other mental health services for children be prepared and approved by the HSE Board.

 **Read the Report:** [Mental Health Commission publishes final report on Child and Adolescent Mental Health Services | Mental Health Commission \(mhcirl.ie\)](https://www.mhcirl.ie/)

# EBM Round-Up



## NMIC Therapeutics Today (August 2023)

### In this month's Therapeutics Today:

- Familial hypercholesterolaemia
- Severe electrolyte disturbances due to proton pump inhibitors
- Vaccine hesitancy
- Guidance/advice documents
- Regular features
  - August'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](#).

## eLearning Modules & Webinars



### 1. WONCA Leadership Curriculum Webinar Series

The World Organization of Family Doctors (WONCA) is hosting a three-part webinar series on Physician Leadership. Expert speakers will share valuable insights and real-life experiences to help you kickstart your leadership journey. This webinar series is open to anyone interested in leadership or looking to enhance their skills, regardless of their current professional role or specialization. Whether you are a young doctor, a medical student, or a healthcare professional aspiring to take on leadership positions, this series is designed to cater to your needs.

Note: Limited spots available. Early registration is recommended to secure your place.

A Certificate will be awarded to all participants who attend all 3 webinars.

 **Register** here: [Meeting Registration - Zoom](#)

## 2. Rural and Planetary Health Educational Modules

In July 2023, the platform ScholarRx unveiled two groundbreaking educational modules, namely "Why Rural and Remote Health" and "Rural, Remote, and Planetary Health." These modules were developed as part of the Rural Seeds initiative and made possible through the Brick Builder Grant. The modules were crafted by Family Doctor Mayara Floss, a dedicated expert in the field, to provide a comprehensive understanding of rural and remote health challenges. The knowledge shared through these modules is freely accessible, emphasizing the importance of widespread dissemination. The content presents introductory concepts, real-world experiences, valuable insights, and thought-provoking conclusions to inspire positive changes in the realm of rural and remote healthcare.

 **View** here:

Rural, Remote, and Planetary

Health: <https://exchange.scholarrx.com/brick/lkdndk8d9y2p>

Why Rural and Remote

Health: <https://exchange.scholarrx.com/brick/1z050ylqndvk>

## 3. NIPC Short Courses & Series

The National Institute for Prevention and Cardiovascular Health (NIPC) offer free, online training and education programmes, designed for healthcare professionals in Ireland including the following:


- Delivering Evidence-based Obesity Management Advanced Practice Course

**Wednesday 4th October, 6:00pm - 8:00 pm**

- Cardiac Rehabilitation in Ireland

**Friday 29th September, 1:00pm - 5:00pm**

In collaboration with the Irish Nurses Cardiovascular Association (INCA), their next NIPC Series webinar '*Heart Failure Matters*', will take place on **Tuesday 26th September**, 19:00 - 20:30. Join an expert panel as they discuss the latest updates from The National Programme for Heart Failure in Ireland, new developments in pharmacological management, detection and screening, as well as patient self-management and carer considerations, followed by an expert panel discussion and audience Q&A session.

 **Register for the NIPC Short Courses here:** [Short Courses - NIPC - National Institute for Prevention and Cardiovascular Health](#)

**Register for the NIPC Series here:** [NIPC Series - NIPC - National Institute for Prevention and Cardiovascular Health](#)

## Irish Articles

1. Patel P, Bradley SH, McCutchan G, Brain K, Redmond P. **What should the role of primary care be in lung cancer screening?** *Br J Gen Pract.* 2023 Jul 27;73(733):340-341. doi: 10.3399/bjgp23X734397. PMID: 37500469.

2. Butler D. **Levelling up or left behind? Does increasing GP training numbers inadvertently widen health inequalities?** *Br J Gen Pract.* 2023 Jul;73(suppl 1):bjgp23X733965. doi: 10.3399/bjgp23X733965. PMID: 37479284.  
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37479284/>  
Increasing the GP workforce will not automatically level up healthcare provision; instead, increasing GP training numbers could worsen health inequity and inequalities. This is especially of concern if there are fewer opportunities to learn, train, and build confidence in under-served, socioeconomically deprived areas. To examine how representative of wider socioeconomic deprivation the postgraduate GP training practices are in Northern Ireland (NI). Postgraduate training practices had a statistically significant lower deprivation score and did not fully reflect the socioeconomic make-up of wider NI general practice. The results, however, are more favourable than the representation in other areas of the UK and better than undergraduate teaching opportunities in general practice. As GP recruitment is increased, representation of general practice in areas of high need and high socioeconomic deprivation is essential, otherwise it risks widening health inequalities.
3. Keye C, Varley J, Patton D. **The impact of menopause education on quality of life among menopausal women: a systematic review with meta-analysis.** *Climacteric.* 2023 Jul 21:1-9. doi: 10.1080/13697137.2023.2226318. Epub ahead of print. PMID: 37477236. [Available via Inter-Library Loan – Contact ICGP Library]  
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37477236/>  
A systematic review with meta-analysis was conducted to establish the impact of menopause health education on quality of life (QoL) among menopausal women. Research suggests that specific educational programs can support and enable women during the physical and emotional transition through menopause. Menopause health education demonstrated an improvement in both QoL and symptom control in menopausal women; however, given some weaknesses in the included studies, further research is justified. Limitations include participants' level of education, geographical location, risk of bias, that only half of the papers addressed participant use of hormone replacement therapy and length of follow-up.
4. Fox S, Foley T, Cahill S, Kilty C. **"Give me the knowledge, and I can do what I want with it, it's my right and my choice": Triangulated perspectives on the disclosure of young onset dementia.** *Dementia (London).* 2023 Jul 28:14713012231191958. doi: 10.1177/14713012231191958. Epub ahead of print. PMID: 37505214. [Open Access]  
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37505214/>  
Full-text: [https://journals.sagepub.com/doi/full/10.1177/14713012231191958?rfr\\_dat=cr\\_pub++0pubmed&url\\_ver=Z39.88-2003&rfr\\_id=ori%3Arid%3Acrossref.org](https://journals.sagepub.com/doi/full/10.1177/14713012231191958?rfr_dat=cr_pub++0pubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org)  
Receiving a diagnosis of young onset dementia is particularly distressing; the person under 65 years is often in employment, with financial commitments, young children, and an active social life. Some of the stress experienced by younger people experiencing cognitive changes can be reduced by an early and accurate diagnosis, but this is contingent on the timing of disclosure and a process which is sensitive and appropriate to the person. The study aim was to explore experiences of giving and receiving a diagnosis of young onset dementia, by triangulating the perspectives of the key parties involved. Many people with young onset dementia had unsatisfactory disclosure experiences. Health and social care professionals should provide a 'pre-disclosure' appointment, elicit the amount of information the person may want at the point of disclosure of the diagnosis, balance truth and

hope, provide contact details for follow-up, and overall be mindful of the individual in front of them. While young onset dementia may be a life-altering diagnosis, a disclosure meeting which is sensitively undertaken can increase the person's agency, coping ability, and ultimately empower them to live well with their diagnosis.

5. Meade O, O'Brien M, Noone C, Lawless A, McSharry J et al. **Exploring barriers and enablers to the delivery of Making Every Contact Count brief behavioural interventions in Ireland: A cross-sectional survey study.** *Br J Health Psychol.* 2023 Sep;28(3):753-772. doi: 10.1111/bjhp.12652. Epub 2023 Feb 26. PMID: 36843183. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/36843183/>  
**Full-text:** <https://bpspsychub.onlinelibrary.wiley.com/doi/10.1111/bjhp.12652>  
The public health impact of the Irish Making Every Contact Count (MECC) brief intervention programme is dependent on delivery by health care professionals. We aimed to identify enablers and modifiable barriers to MECC intervention delivery to optimize MECC implementation. Implementation interventions to enhance MECC delivery should target intentions and goals, beliefs about capabilities, negative emotions, environmental resources, skills and barriers to prioritization.
6. McNeill SG, McAteer J, Jepson R. **Interactions Between Health Professionals and Lesbian, Gay and Bisexual Patients in Healthcare Settings: A Systematic Review.** *J Homosex.* 2023 Jan 28;70(2):250-276. doi: 10.1080/00918369.2021.1945338. Epub 2021 Jul 22. PMID: 34292130. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/34292130/>  
**Full-text:** <https://www.tandfonline.com/doi/full/10.1080/00918369.2021.1945338>  
The ways in which health professionals (HPs) interact with individuals from sexual minorities can impact their perception of the health service and influence engagement. This systematic literature review aimed to identify and synthesize the qualitative literature exploring interactions between HPs and lesbian, gay and bisexual (LGB) patients in healthcare settings. Thematic analysis found five themes; HPs' lack of knowledge regarding LGB specific issues, identification of sexual orientation, discomfort in interactions, LGB patients' experience of heteronormative attitudes and perceived judgment or other negative attitudes.
7. Gregg EW, Patorno E, Karter AJ, Mehta R, Huang ES, et al. **Use of Real-World Data in Population Science to Improve the Prevention and Care of Diabetes-Related Outcomes.** *Diabetes Care.* 2023 Jul 1;46(7):1316-1326. doi: 10.2337/dc22-1438. PMID: 37339346; PMCID: PMC10300521. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37339346/>  
**Full-text:** <https://diabetesjournals.org/care/article/46/7/1316/151548/Use-of-Real-World-Data-in-Population-Science-to>  
The past decade of population research for diabetes has seen a dramatic proliferation of the use of real-world data (RWD) and real-world evidence (RWE) generation from non-research settings, including both health and non-health sources, to influence decisions related to optimal diabetes care. A common attribute of these new data is that they were not collected for research purposes yet have the potential to enrich the information around the characteristics of individuals, risk factors, interventions, and health effects. This report reviews the current landscape and applications of RWD in clinical effectiveness and population health research for diabetes and summarizes opportunities and best practices in the conduct, reporting, and dissemination of RWD to optimize its value and limit its drawbacks.

8. Ryan L, Coyne R, Heary C, Birney S, Crotty M, Dunne R, et al. **Weight stigma experienced by patients with obesity in healthcare settings: A qualitative evidence synthesis.** *Obes Rev.* 2023 Aug 2:e13606. doi: 10.1111/obr.13606. Epub ahead of print. PMID: 37533183. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37533183/>  
**Full-text:** <https://onlinelibrary.wiley.com/doi/10.1111/obr.13606>  
 Weight stigma research is largely focused on quantifiable outcomes with inadequate representation of the perspectives of those that are affected by it. This study offers a comprehensive systematic review and synthesis of weight stigma experienced in healthcare settings, from the perspective of patients living with obesity. A total of 1340 studies was screened, of which 32 were included in the final synthesis. Thematic synthesis generated three overarching analytical themes: (1) verbal and non-verbal communication of stigma, (2) weight stigma impacts the provision of care, and (3) weight stigma and systemic barriers to healthcare.
  
9. Healy R, Goodwin J, Kelly P. **'As for dignity and respect.... me bollix': A human rights-based exploration of service user narratives in Irish methadone maintenance treatment.** *Int J Drug Policy.* 2022 Dec;110:103901. doi: 10.1016/j.drugpo.2022.103901. Epub 2022 Nov 6. PMID: 36351318. [Available via Inter-Library Loan – Contact ICGP Library]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/36351318/>  
 This paper explores the narratives of service users of contemporary methadone maintenance treatment services (MMT) in the Republic of Ireland to obtain their perspectives in the context of them negotiating their right to health. The findings indicate that there is a significant 'chasm' between human rights, policy and best practice and how these are operationalised within the structures and practices of Irish MMT services. The treatment of service users, based on human rights principles such as equality, respect, autonomy, empowerment and personal choice remains aspirational and is unlikely to be fulfilled without addressing more systemic challenges such as funding, training of staff, service culture, governance and independent oversight of MMT services.
  
10. O'Mahony S. **'The area I'm from is very rough': Drug users' views on the role of social and economic factors in their experiences of drug-related harm.** *J Ethn Subst Abuse.* 2023 Mar 6:1-29. doi: 10.1080/15332640.2023.2177919. Epub ahead of print. PMID: 36877002. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/36877002/>  
**Full-text:** <https://www.tandfonline.com/doi/full/10.1080/15332640.2023.2177919>  
 The current study conducted 12 in-depth interviews with drug users experiencing harm in an Irish city, in order to elicit their views on the specific role they believe social and economic factors played in conditioning their later experiences of drug-related harm. The study participants highlight harms experienced in the education system, the family home, and the local community as more relevant to their later experiences of drug-related harm than their social deficits in education, a lack of resources in the local community or in their families. Many participants also discuss meaningful relationships as the last defence against these harms and argue that the loss of such relationships coincided with their most severe incidences of drug-related harm. The study concludes with a discussion of the conceptual framework of structural violence in terms of its potential for interpreting the participants' views and suggests several avenues for further research.
  
11. Boden M, Day E. **Illicit drug use in university students in the UK and Ireland: a PRISMA-guided scoping review.** *Subst Abuse Treat Prev Policy.* 2023 Mar 14;18(1):18. doi: 10.1186/s13011-023-00526-1. PMID: 36915093; PMCID: PMC10012457. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/36915093/>

**Full-text:**

<https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-023-00526-1>

Interest in the health and well-being of university students has increased in the UK and Ireland in the past two decades as their numbers have grown. Recent high-profile deaths of students after using illicit drugs have highlighted the importance of the topic for policy makers. This scoping review maps the state of the existing literature evaluating use of illicit drugs in university students in the UK and Ireland. It aims to highlight research gaps and inform policy. The domains identified offer a framework for university administrators, researchers and policy makers to understand the potential response to drug use in university students in the UK and Ireland. Recommendations are made to fill the gaps in the research evidence base.

12. 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.

13. Greenan E, Tynan G, Collins D, Murphy CC, Flood M, Ní Gabhann-Dromgoole J. **Beyond dry eye: The greater extent of Sjögren's systemic disease symptoms, the impact of COVID-19 and perceptions towards telemedicine identified through a patient co-designed study.** *Health Expect.* 2023 Jul 20. doi: 10.1111/hex.13823. Epub ahead of print. PMID: 37470291. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37470291/>

**Full-text:** <https://onlinelibrary.wiley.com/doi/10.1111/hex.13823>

Sjögren's ('SHOW-grins') is a chronic debilitating autoimmune disease characterised by dry eyes and dry mouth, secondary to reduced exocrine function of both the lacrimal and salivary glands. The persistent, severe and serious systemic complications of Sjögren's are poorly understood and often unappreciated, resulting in significant morbidity and treatment burden. This study aimed to explore the experiences of those living with Sjögren's, specifically access to healthcare and attitude towards telemedicine. Additionally, we sought to collect information regarding the impact of the pandemic on their quality of life (QoL). Clinicians should be aware of the range of symptoms experienced by patients with Sjögren's beyond those of sicca (dry eye and dry mouth) and fatigue. COVID-19 has negatively influenced the self-reported health and well-being of those with Sjögren's, particularly those with higher symptom scores. It is vital that optimised telemedicine models are implemented to ensure continuity in the provision of healthcare for those with chronic illness such as Sjögren's and in preparation for possible future pandemics.

14. Fotini T, Evelien C, Hans W, Ella A, Benedikt A, et al.; MENTUPP consortium members. **Outcome assessment of a complex mental health intervention in the workplace. Results from the MENTUPP pilot study.** *Int Arch Occup Environ Health*. 2023 Jul 14. doi: 10.1007/s00420-023-01996-3. Epub ahead of print. PMID: 37452149. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37452149/>  
**Full-text:** <https://link.springer.com/article/10.1007/s00420-023-01996-3>  
Multicomponent interventions are recommendable to achieve the greatest mental health benefits, but are difficult to evaluate due to their complexity. Defining long-term outcomes, arising from a Theory of Change (ToC) and testing them in a pilot phase, is a useful approach to plan a comprehensive and meaningful evaluation later on. This article reports on the pilot results of an outcome evaluation of a complex mental health intervention and examines whether appropriate evaluation measures and indicators have been selected ahead of a clustered randomised control trial (cRCT). The results of this outcome evaluation suggest that MENTUPP has the potential to strengthen employees' wellbeing and decrease anxiety symptoms and stigmatising attitudes. Additionally, this study demonstrates the utility of conducting pilot workplace interventions to assess whether appropriate measures and indicators have been selected. Based on the results, the intervention and the evaluation strategy have been optimised.

## Research Articles

1. Agustí A, Sisó-Almirall A, Roman M, Vogelmeier CF; members of the Scientific Committee of GOLD (Appendix). **Gold 2023: Highlights for primary care.** *NPJ Prim Care Respir Med*. 2023 Jul 31;33(1):28. doi: 10.1038/s41533-023-00349-4. PMID: 37524724; PMCID: PMC10390461. [Open Access]  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10390461/>  
The Global Initiative for Chronic Obstructive Lung Disease (GOLD) has issued its 2023 annual report. Compared with former versions, it has been significantly updated. Here, we summarize the most relevant changes for a Primary Care audience. The complete document can be downloaded for free from the GOLD web page ([www.goldcopd.org](http://www.goldcopd.org)), together with a "pocket guide" and a "teaching slide set".
2. Grazi L, D'Amico D, Guastafierro E, Demichelis G, Erbetta A, et al. **Efficacy of mindfulness added to treatment as usual in patients with chronic migraine and medication overuse headache: a phase-III single-blind randomized-controlled trial (the MIND-CM study).** *J Headache Pain*. 2023 Jul 14;24(1):86. doi: 10.1186/s10194-023-01630-0. PMID: 37452281; PMCID: PMC10347788. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37452281/>  
**Full-text:** <https://thejournalofheadacheandpain.biomedcentral.com/articles/10.1186/s10194-023-01630-0>  
Mindfulness gained considerable attention for migraine management, but RCTs are lacking. We aimed to assess the efficacy of a six-sessions mindfulness-based treatment added to treatment as usual (TaU) in patients with Chronic Migraine (CM) and Medication Overuse Headache (MOH) on headache frequency, medication intake, quality of life, disability, depression and anxiety, cutaneous allodynia, awareness of inner states, work-related difficulties, and disease cost. A mindfulness-based treatment composed of six-week session and 7-10 min daily self-practice added on to TaU is superior to TaU alone for the treatment of patients with CM and MOH.

3. English S, Vallis M. **Moving beyond eat less, move more using willpower: Reframing obesity as a chronic disease impact of the 2020 Canadian obesity guidelines reframed narrative on perceptions of self and the patient-provider relationship.** *Clin Obes.* 2023 Jul 30:e12615. doi: 10.1111/cob.12615. Epub ahead of print. PMID: 37518832. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37518832/>  
**Full-text:** <https://onlinelibrary.wiley.com/doi/10.1111/cob.12615>  
Obesity is becoming recognized as a complex, chronic medical condition. However, the dominant treatment narrative remains that goal weight can be achieved by eating less, moving more using willpower, placing responsibility for change on the person with obesity (PwO). This study evaluated the impact of revising this narrative, to viewing obesity as a treatable medical condition, on internalized weight bias and perceived patient-provider relationship. Within the context of this small-scale study evidence supports that the revised narrative promoting obesity as a complex, chronic but treatable medical condition that is not the result of personal failure has a positive impact on the perceived patient-provider relationship and is associated with reductions in internalized weight bias. This evidence supports the need to help PwO reframe obesity from a personal failure to a legitimate medical condition worthy of care.
4. Lyons J, Akbari A, Abrams KR, Azcoaga Lorenzo A, Ba Dhafari T, et al. **Trajectories in chronic disease accrual and mortality across the lifespan in Wales, UK (2005-2019), by area deprivation profile: linked electronic health records cohort study on 965,905 individuals.** *Lancet Reg Health Eur.* 2023 Jul 17;32:100687. doi: 10.1016/j.lanepe.2023.100687. PMID: 37520147; PMCID: PMC10372901. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37520147/>  
**Full-text:** <https://www.sciencedirect.com/science/article/pii/S2666776223001060?via%3Dihub>  
Understanding and quantifying the differences in disease development in different socioeconomic groups of people across the lifespan is important for planning healthcare and preventive services. The study aimed to measure chronic disease accrual, and examine the differences in time to individual morbidities, multimorbidity, and mortality between socioeconomic groups in Wales, UK. This study adds to the existing literature on health inequalities by demonstrating that individuals living in more deprived areas consistently experience accelerated time to diagnosis of chronic disease and death across all ages, accounting for competing risks.
5. Timmermans L, Golder E, Decat P, Foulon V, Van Hecke A, Schoenmakers B; Primary Care Academy. **Characteristics of self-management support (SMS) interventions and their impact on Quality of Life (QoL) in adults with chronic diseases: An umbrella review of systematic reviews.** *Health Policy.* 2023 Jul 25;135:104880. doi: 10.1016/j.healthpol.2023.104880. Epub ahead of print. PMID: 37536047. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37536047/>  
**Full-text:** <https://www.sciencedirect.com/science/article/pii/S0168851023001653?via%3Dihub>  
To provide an overview of types and characteristics of self-management support (SMS) interventions in adults with chronic disease and to assess the impact on the patient reported outcome Quality of Life (QoL). Interventions including educational components seem promising for supporting self-management and

showed a beneficial effect on QoL. More research is needed to explore where, by whom and how interventions are ideally delivered.

6. Frayne J, Milroy T, Simonis M, Lam A. **Challenges in diagnosing and managing endometriosis in general practice: A Western Australian qualitative study.** *Aust J Gen Pract.* 2023 Aug;52(8):547-555. doi: 10.31128/AJGP-10-22-6579. PMID: 37532442. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37532442/>

**Full-text:** <https://www1.racgp.org.au/ajgp/2023/august/challenges-in-diagnosing-and-managing-endometriosis/>

To reduce diagnostic delay for women with endometriosis-related symptoms, we need to understand general practitioners' (GPs) perspectives on the challenges they face in diagnosing and managing endometriosis. Qualitative interviews were conducted with nine Western Australian GPs to explore their knowledge, experiences and challenges with the diagnosis and management of endometriosis. Three themes were identified as challenges: eliciting symptoms, with subthemes of multiple and complex symptoms, clinician experience and awareness, time constraints and screening opportunities; delivering patient-centred care, with subthemes of cultural factors and health literacy, perceived gender biases and women's choices and priorities; and system and service, which included learning on the job, clearer diagnostic pathways, access to services and collaborative care models. GPs can be better supported in dealing with endometriosis through raising awareness and education; recognition of endometriosis as a complex chronic condition; and the development of pragmatic guidelines, with increased access to local centres for excellent and collaborative care.

7. Al-Chalabi S, Alderson H, Garratt N, Green D, Kalra PA, et al. **Improving outpatient clinic experience: the future of chronic kidney disease care and associated multimorbidity.** *BMJ Open Qual.* 2023 Aug;12(3):e002188. doi: 10.1136/bmjopen-2022-002188. PMID: 37532458. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37532458/>

**Full-text:** <https://bmjopenquality.bmj.com/content/12/3/e002188.long>

Chronic kidney disease (CKD) is estimated to affect more than 2.5 million adults in England, and this is expected to rise to 4.2 million by 2036 (1). Population-level digital healthcare systems have the potential to enable earlier detection of CKD providing an opportunity to introduce interventions that attenuate progression and reduce the risk of end-stage kidney disease (ESKD) and cardiovascular diseases (CVD). Services that can support patients with CKD, CVD, and diabetes mellitus (DM) have the potential to reduce fragmented clinical care and optimise pharmaceutical management. There is a pressing need to create new outpatient models of care to tackle the rising epidemic of cardio-renal metabolic diseases. This model of service has potential benefits at both organisational and patient levels including improving patient management via risk stratification, increased care capacity and reduction of variation of care. Patients will benefit from earlier intervention, appropriate referral for care, reduction in CKD-related complications, and reduction in hospital visits and cardiovascular events. In addition, this combined digital and patient-facing model of care will allow rapid translation of advances in cardio-renal metabolic diseases into clinical practice.

8. Patel KH, Chrisinger B. **Effectiveness of primary care interventions in conjointly treating comorbid chronic pain and depression: a systematic review and meta-analysis.** *Fam Pract.* 2023 Aug 2:cmad061. doi: 10.1093/fampra/cmad061. Epub ahead of print. PMID: 37530738.

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37530738/>

**Full-text:** <https://academic-oup-com.icgplibrary.idm.oclc.org/fampra/advance-article/doi/10.1093/fampra/cmab061/7235626?searchresult=1>

Chronic pain and depression are highly comorbid, but the lack of consensus on the best treatment strategies puts patients at high risk of suboptimal care-coordination as well as health and social complications. Therefore, this study aims to quantitatively assesses how effective different primary care interventions have been in treating the comorbid state of chronic pain and depression. In particular, this study evaluates both short-term outcomes-based specifically on measures of chronic pain and depression during an intervention itself-and long-term outcomes or measures of pain and depression in the months after conclusion of the formal study intervention. Based on the results of the meta-analysis, primary care interventions largely yielded small to moderate positive effects for depressive symptoms and no significant effects on pain. In one study, stepped-care to be more effective in treatment of comorbid chronic pain and depression than other interventions both during the intervention and upon post-intervention follow-up. As such, depression appears more amenable to treatment than pain, but the number of published RCTs assessing both conditions is limited. More research is needed to further develop optimal treatment strategies.

9. Steinacker JM, van Mechelen W, Bloch W, Börjesson M, Casasco M, et al. **Global Alliance for the Promotion of Physical Activity: the Hamburg Declaration.** *BMJ Open Sport Exerc Med.* 2023 Jul 27;9(3):e001626. doi: 10.1136/bmjsem-2023-001626. PMID: 37533594; PMCID: PMC10391804. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37533594/>

**Full-text:** <https://bmjopensem.bmj.com/content/9/3/e001626>

Non-communicable diseases (NCDs), including coronary heart disease, stroke, hypertension, type 2 diabetes, dementia, depression and cancers, are on the rise worldwide and are often associated with a lack of physical activity (PA). Globally, the levels of PA among individuals are below WHO recommendations. A lack of PA can increase morbidity and mortality, worsen the quality of life and increase the economic burden on individuals and society. In response to this trend, numerous organisations came together under one umbrella in Hamburg, Germany, in April 2021 and signed the 'Hamburg Declaration'. This represented an international commitment to take all necessary actions to increase PA and improve the health of individuals to entire communities. Individuals and organisations are working together as the 'Global Alliance for the Promotion of Physical Activity' to drive long-term individual and population-wide behaviour change by collaborating with all stakeholders in the community: active hospitals, physical activity specialists, community services and healthcare providers, all achieving sustainable health goals for their patients/clients. The 'Hamburg Declaration' calls on national and international policymakers to take concrete action to promote daily PA and exercise at a population level and in healthcare settings.

10. Salm C, Mentzel A, Sofroniou M, Metzner G, Farin E, Voigt-Radloff S, Maun A. **Analysis of the key themes in the healthcare of older people with multimorbidity in Germany: a framework analysis as part of the LoChro trial.** *BMJ Open.* 2023 Aug 1;13(8):e069814. doi: 10.1136/bmjopen-2022-069814. PMID: 37527899; PMCID: PMC10394557. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37527899/>

**Full-text:** <https://bmjopen.bmj.com/content/13/8/e069814.long>

Multimorbidity challenges healthcare systems. In Germany, coordination of healthcare for older multimorbid patients remains unstructured. This study aims to identify key themes in the healthcare of these patients and the inter-relationships between them. Participants had an average age of 77, with 13 diagnoses, taking

eight medications regularly. The five key themes describing the healthcare situation of these multimorbid patients were as follows: *insufficient coordination, overuse and underuse of medical care, doctor and patient roles*. Each theme covered three to four subcategories. The most significant inter-relationships between these themes were a lack of coordination leading to overuse and underuse of medical care. These were characterised by redundant inpatient stays, potential prescribing omissions and missed examinations. Deficiencies in vaccinations and secondary prevention were also demonstrated. Coordination of care for multimorbid older patients in Germany is still deficient. Future healthcare arrangements should be explored with the participation of physicians and patients.

11. Davies N, Kolodin V, Woodward A, Bhanu C, Jani Y, et al. **Models of care and the role of clinical pharmacists in UK primary care for older adults: A scoping review protocol.** *PLoS One*. 2023 Jul 27;18(7):e0276471. doi: 10.1371/journal.pone.0276471. PMID: 37498969; PMCID: PMC10374084. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37498969/>

**Full-text:**

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0276471>

There has been global investment of new ways of working to support workforce pressures, including investment in clinical pharmacists working in primary care by the NHS in the England. Clinical pharmacists are well suited to support older adults who have multiple long-term conditions and are on multiple medications. It is important to establish an evidence base for the role of clinical pharmacists in supporting older adults in primary care, to inform strategic and research priorities. The aim of this scoping review is to identify, map and describe existing research and policy/guidance on the role of clinical pharmacists in primary care supporting older adults, and the models of care they provide.

12. Meijvis VAM, Heringa M, Kwint HF, de Wit NJ, Bouvy ML. **Barriers and facilitators for the implementation of the CombiConsultation by general practitioners, pharmacists and practice nurses: a qualitative interview study.** *Int J Clin Pharm*. 2023 Aug;45(4):970-979. doi: 10.1007/s11096-023-01597-7. Epub 2023 May 30. PMID: 37253951; PMCID: PMC10366006. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37253951/>

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10366006/>

The CombiConsultation is a consultation with the pharmacist for patients with a chronic condition, aligned with the periodic consultation with the practice nurse or general practitioner. Implementation requires adjustments in the working methods of these healthcare providers and therefore behavioural changes. The aim of this study was to identify the barriers and facilitators that determine the behavioural changes by pharmacists, general practitioners and practice nurses required for the implementation of the CombiConsultation. All healthcare providers are motivated to implement the CombiConsultation. An existing collaborative practice, with a clear and accepted professional role of the pharmacist is essential. Training of pharmacists in consultation and clinical-reasoning skills can be beneficial, as well as arrangements on the consultation logistics, and reimbursement.

13. Handshaw JV, Celauro L, Francoforte K. **Impact of a Pharmacist-Led Telemedicine Visit in a Geriatric Primary Care Clinic.** *J Pharm Pract*. 2023 Aug 16:8971900231196178. doi: 10.1177/08971900231196178. Epub ahead of print. PMID: 37586717. [Available via inter-library loan – Contact the ICGP Library]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37586717/>

Unintentional medication discrepancies (UMD) are common amongst geriatric patients. If not addressed, these UMD can lead to suboptimal care and increased health care spending. Ambulatory care pharmacists are trained to identify and resolve UMD, and help tailor medication regimens to assure optimized and safe patient-centered care. The purpose of this retrospective study was to highlight the role of a remote, ambulatory care pharmacist in a geriatric primary care setting. This study highlights the utility of a remote, ambulatory care pharmacist in a geriatric primary care setting. Two-thirds of patients were noted to have at least 1 UMD, and more than 90% of patients were identified as having suboptimal regimens. This initiative shows the impact of a remote, ambulatory care pharmacist on patient care.

14. Hansen D, Coninx K, Beckers P, Cornelissen V, Kouidi E, et al.; EXPERT Network working group. **Appropriate exercise prescription in primary and secondary prevention of cardiovascular disease: why this skill remains to be improved among clinicians and healthcare professionals. A call for action from the EXPERT Network.** *Eur J Prev Cardiol.* 2023 Jul 17:zwad232. doi:

10.1093/eurjpc/zwad232. Epub ahead of print. PMID: 37458001. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37458001/>

**Full-text:** <https://academic.oup.com/eurjpc/advance-article/doi/10.1093/eurjpc/zwad232/7225121?login=false>

In Europe alone, on a yearly basis millions of people need an appropriate exercise prescription to prevent the occurrence or progression of cardiovascular disease (CVD). A general exercise recommendation can be provided to these individuals (at least 150 min of moderate-intensity endurance exercise, spread over 3-5 days/week, complemented by dynamic moderate-intensity resistance exercise 2 days/week). However, recent evidence shows that this one size does not fit all and that individual adjustments should be made according to the patient's underlying disease(s), risk profile and individual needs, to maximise clinical benefits of exercise. In this paper, we 1. argue that this general exercise prescription simply provided to all patients with CVD, or elevated risk for CVD, is insufficient for optimal CVD prevention, and 2. show that clinicians and healthcare professionals perform heterogeneously when asked to adjust exercise characteristics (e.g. intensity, volume and type) according to the patient's condition, hereby leading to suboptimal CVD risk factor control. Since exercise training is a class 1A intervention in the primary and secondary prevention of CVD, the awareness of the need to improve exercise prescription has to be raised among clinicians and healthcare professionals, if optimized prevention of CVD is ambitioned.

15. McConnell K, Heron N, Hart ND. **Explaining a diagnosis of Fibromyalgia in primary care: A scoping review.** *BJGP Open.* 2023 Jul 19:BJGPO.2023.0033. doi: 10.3399/BJGPO.2023.0033. Epub ahead of print. PMID: 37468158. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37468158/>

**Full-text:** <https://bjgpopen.org/content/early/2023/07/19/BJGPO.2023.0033.long>

Fibromyalgia is a common cause of chronic pain in the UK, with a huge individual and societal impact. Despite this, it remains difficult to diagnose and treat. The explanation of a fibromyalgia diagnosis can lead to difficult therapeutic relationships, with attitudinal issues and negative profiling of patients. This can lead to frustration, and have a harmful impact on health outcomes. To review how an explanation of a fibromyalgia diagnosis is provided in primary care in order to establish a model of best practice when educating patients on their diagnosis. Key aspects of fibromyalgia should be explained to patients in order for them to gain a

better understanding of their diagnosis. A 'one size fits all' model for explaining the fibromyalgia diagnosis to patients is inappropriate because patients' experiences are so individualised. Further research is required on whether different explanations impact patient outcomes.

16. Wickramasinghe B, Renzi C, Barclay M, Callister MEJ, Rafiq M, Lyratzopoulos G.

**Pre-diagnostic prescribing patterns in dyspnoea patients with as-yet-undiagnosed lung cancer: A longitudinal study of linked primary care and cancer registry data.** *Cancer Epidemiol.* 2023 Jul 18;86:102429. doi:

10.1016/j.canep.2023.102429. Epub ahead of print. PMID: 37473578. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37473578/>

**Full-text:**

<https://www.sciencedirect.com/science/article/pii/S1877782123001091?via%3Dihub>

Patients with as-yet undiagnosed lung cancer (LC) can present to primary care with non-specific symptoms such as dyspnoea, often in the context of pre-existing chronic obstructive pulmonary disease (COPD). Related medication prescriptions pre-diagnosis might represent opportunities for earlier diagnosis, but UK evidence is limited. Consequently, we explored prescribing patterns of relevant medications in patients who presented with dyspnoea in primary care and were subsequently diagnosed with LC. Linked primary care (Clinical Practice Research Datalink) and National Cancer Registry data were used to identify 5434 patients with incident LC within a year of a dyspnoea presentation in primary care between 2006 and 2016. Primary care prescriptions relevant to dyspnoea management were examined: antibiotics, inhaled medications, oral steroids, and opioid analgesics. Poisson regression models estimated monthly prescribing rates during the year pre-diagnosis. Variation by COPD status (52 % pre-existing, 36 % COPD-free, 12 % new-onset) was examined. Inflection points were identified indicating when prescribing rates changed from the background rate. 63 % of patients received 1 or more relevant prescriptions 1-12 months pre-diagnosis. Pre-existing COPD patients were most prescribed inhaled medications. COPD-free and new-onset COPD patients were most prescribed antibiotics. Most patients received 2 or more relevant prescriptions. Monthly prescribing rates of all medications increased towards time of diagnosis in all patient groups and were highest in pre-existing COPD patients. Increases in prescribing activity were observed earliest in pre-existing COPD patients 5 months pre-diagnosis for inhaled medications, antibiotics, and steroids. Results indicate that a diagnostic window of appreciable length exists for potential earlier LC diagnosis in some patients. Lung cancer diagnosis may be delayed if early symptoms are misattributed to COPD or other benign conditions.

17. Khazen M, Abu Ahmad W, Spolter F, Golan-Cohen A, Merzon E, Israel A, Vinker S, Rose AJ.

**Greater temporal regularity of primary care visits was associated with reduced hospitalizations and mortality, even after controlling for continuity of care.** *BMC Health Serv Res.* 2023 Jul 20;23(1):777. doi:

10.1186/s12913-023-09808-7. PMID: 37474968; PMCID: PMC10360299. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37474968/>

**Full-text:** <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-09808-7>

Previous studies have shown that more temporally regular primary care visits are associated with improved patient outcomes. To examine the association of temporal regularity (TR) of primary care with hospitalizations and mortality in

patients with chronic illnesses. Also, to identify threshold values for TR for predicting outcomes. We found an association between more temporally regular care in antecedent years and reduced hospitalization and mortality of patients with chronic illness in subsequent years, after controlling for covariates. There was no clear threshold value for temporal regularity; rather, more regular primary care appeared to be better across the entire range of the variable.

18. Kessler D, McCutcheon T, Rajachandrakumar R, Lees J, Deyell T, Levy M, Liddy C. **Understanding barriers to participation in group chronic disease self-management (CDSM) programs: A scoping review.** *Patient Educ Couns.* 2023 Jul 13;115:107885. doi: 10.1016/j.pec.2023.107885. Epub ahead of print. PMID: 37473604. [Available via Inter-Library Loan - contact ICGP Library]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37473604/>

To identify factors that influence enrollment in and attendance of chronic disease self-management (CDSM) group programs. Varied and individualized factors can facilitate or impede enrollment or attendance in group CDSM programs. Consideration of these factors and tailoring of programs is needed to facilitate patient ability to take part. Participatory co-design is a growing approach to ensure programs meet individual and community needs. More research is needed to identify the specific impact of using codesign on enrollment and attendance in group CDSM programs. Including community members and service users in design and implementation may enhance CDSM program access.

19. Dhaliwal KK, Watson KE, Lamont NC, Drall KM, Donald M, et al. **Managing 'sick days' in patients with chronic conditions: An exploration of patient and healthcare provider experiences.** *Health Expect.* 2023 Aug;26(4):1746-1756. doi: 10.1111/hex.13789. Epub 2023 Jun 8. PMID: 37291977; PMCID: PMC10349256. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37291977/>

**Full-text:** <https://onlinelibrary.wiley.com/doi/10.1111/hex.13789>

People with chronic medical conditions often take medications that improve long-term outcomes but which can be harmful during acute illness. Guidelines recommend that healthcare providers offer instructions to temporarily stop these medications when patients are sick (i.e., sick days). We describe the experiences of patients managing sick days and of healthcare providers providing sick day guidance to their patients. It is important to understand the perspectives of both patients and healthcare providers with respect to the management of sick days. This understanding can be used to improve care and outcomes for people living with chronic conditions during sick days.

20. Veroniki AA, Soobiah C, Nincic V, Lai Y, Rios P, et al. **Efficacy of sustained knowledge translation (KT) interventions in chronic disease management in older adults: systematic review and meta-analysis of complex interventions.** *BMC Med.* 2023 Jul 24;21(1):269. doi: 10.1186/s12916-023-02966-9. PMID: 37488589; PMCID: PMC10367354. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37488589/>

**Full-text:** <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-023-02966-9>

Chronic disease management (CDM) through sustained knowledge translation (KT) interventions ensures long-term, high-quality care. We assessed implementation of KT interventions for supporting CDM and their efficacy when sustained in older adults. **Outcome measures:** Sustainability, fidelity, adherence of KT interventions for CDM practice, quality of life (QOL) and quality of care (QOC). Data extraction, risk of bias (ROB) assessment: We screened, abstracted and appraised articles (Effective Practice and Organisation of Care ROB tool)

independently and in duplicate. KT intervention sustainability was infrequently defined and assessed. Sustained KT interventions have the potential to improve QOL and QOC in older adults with CDM. However, their overall efficacy remains uncertain and it varies by effect modifiers, including intervention type, chronic disease number, comorbidities, and participant age.

21. Treadwell J. **GP Evidence: a new website to support evidence-based practice.** *Br J Gen Pract.* 2023 Jul;73(suppl 1):bjgp23X734073. doi: 10.3399/bjgp23X734073. PMID: 37479260.

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37479260/>

GPs regularly prescribe lifelong treatments for long-term conditions, supported by clinical guidelines and encouraged by performance measures. However, GPs have a poor understanding of the absolute benefits and harms of these treatments, impairing their ability to engage in genuine shared decision making or optimally manage polypharmacy. There are few easily accessible and understandable sources of this kind of quantitative information. To produce a novel website to communicate understandable, usable information to GPs on the benefits and harms of treatments for long-term conditions alongside supporting information about the relevant evidence base. A new website, [gpevidence.org](https://gpevidence.org) (openly available from launch date, 1 February 2022) has been developed providing evidence on treatments for 12 common long-term conditions. It employs graphic design and 'content-designed' textual information within an information architecture mapping to GPs' practice and mental models. User-testing and preliminary evaluation have shown it successfully communicates complex evidence about the benefits and harms of treatments to GPs in a way that will be usable and useful in practice. It is possible to communicate quantitative information about the clinical evidence base behind treatments in a way that will be usable in practice and that complements existing clinical guidelines and normative practice. This has the potential to support shared decision making, improve the management of polypharmacy, and increase GPs' confidence in this area of practice.

22. Bruner LP, White AM, Proksell S. **Inflammatory Bowel Disease.** *Prim Care.* 2023 Sep;50(3):411-427. doi: 10.1016/j.pop.2023.03.009. Epub 2023 May 10. PMID: 37516511. [Available via Inter-Library Loan - contact ICGP Library]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37516511/>

Crohn disease and ulcerative colitis, the predominant forms of inflammatory bowel disease (IBD), occur in approximately 1% of the population and are typically characterized by chronic diarrhea (with or without bleeding), abdominal pain, and weight loss. The diagnosis is based on history, physical examination, laboratory studies, and endoscopic evaluation. Extraintestinal manifestations may coincide with or precede IBD diagnosis. Treatments have markedly advanced in the past decade, resulting in improved outcomes. IBD, itself, as well as immunosuppressive therapy can increase rates of certain conditions, making collaboration between primary care and gastroenterology imperative for ensuring comprehensive patient care.

23. Gisev N, Buizen L, Hopkins RE, Schaffer AL, Daniels B, et al. **Five-Year Trajectories of Prescription Opioid Use.** *JAMA Netw Open.* 2023 Aug 1;6(8):e2328159. doi: 10.1001/jamanetworkopen.2023.28159. PMID: 37561463; PMCID: PMC10415961. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37561463/>

**Full-text:**

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2808144>

There are known risks of using opioids for extended periods. However, less is

known about the long-term trajectories of opioid use following initiation. To identify 5-year trajectories of prescription opioid use, and to examine the characteristics of each trajectory group. Results of this cohort study suggest that most individuals commencing treatment with prescription opioids had relatively low and time-limited exposure to opioids over a 5-year period. The small proportion of individuals with sustained or increasing use was older with more comorbidities and use of psychotropic and other analgesic drugs, likely reflecting a higher prevalence of pain and treatment needs in these individuals.

24. Heavey SC, Bleasdale J, Rosenfeld EA, Beehler GP. **Collaborative Care Models to Improve Pain and Reduce Opioid Use in Primary Care: a Systematic Review.** *J Gen Intern Med.* 2023 Aug 14. doi: 10.1007/s11606-023-08343-9. Epub ahead of print. PMID: 37580632. [Available via inter-library loan – contact ICGP Library]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37580632/>

Collaborative care management (CCM) is an empirically driven model to overcome fractured medical care and improve health outcomes. While CCM has been applied across numerous conditions, it remains underused for chronic pain and opioid use. Our objective was to establish the state of the science for CCM approaches to addressing pain-related outcomes and opioid-related behaviors through a systematic review. CCM shows promise for improving pain-related outcomes, as well as facilitating buprenorphine for opioid use disorder. More robust research is needed to determine which aspects of CCM best support improved outcomes and how to maximize the effectiveness of such interventions.

25. Okpako T, Woodward A, Walters K, Davies N, Stevenson F, et al. **Effectiveness of self-management interventions for long-term conditions in people experiencing socio-economic deprivation in high-income countries: a systematic review and meta-analysis.** *J Public Health (Oxf).* 2023 Aug 8;fdad145. doi: 10.1093/pubmed/fdad145. Epub ahead of print. PMID: 37553102. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37553102/>

**Full-text:** <https://academic.oup.com/jpubhealth/advance-article/doi/10.1093/pubmed/fdad145/7238817?login=false>

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

26. Rigal L, Sarkhanova L, Mourey P, Paquet S, Ringa V, Panjo H, Gautier C, Falcoff H. **Impact of a patient reminder letter from their general practitioners on influenza vaccination: A quasi-experimental study in Paris, France.** *Eur J Gen Pract.* 2023 Dec;29(1):2232546. doi: 10.1080/13814788.2023.2232546. PMID: 37530613; PMCID: PMC10399464. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37530613/>

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10399464/>

Seasonal influenza vaccination coverage levels remain too low in many countries. This study aimed to evaluate the impact of a reminder letter from their general

practitioner (GP) on patients' influenza vaccination. Reminder letters could help increase influenza vaccination coverage.

27. Baljet E, Luijckx H, van den Bemt L, Schermer TR. **Chronic comorbid conditions and asthma exacerbation occurrence in a general population sample.** *NPJ Prim Care Respir Med.* 2023 Aug 11;33(1):29. doi: 10.1038/s41533-023-00350-x. PMID: 37567896; PMCID: PMC10421910.- [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37567896/>

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10421910/>

Chronic comorbid conditions are common in adults with asthma, and some may influence a patient's asthma exacerbation risk. We explored associations between eighteen chronic comorbid conditions and asthma exacerbation occurrence in adults with asthma in a cross-sectional study nested within a cohort study using data from the two-yearly US National Health and Nutrition Examination Survey (NHANES) program. Data of 2387 adults with self-reported doctor-diagnosed current asthma from the 2007 to 2018 NHANES surveys were selected. Investigated chronic comorbidities were: angina pectoris; congestive heart failure; coronary heart disease; depression; diabetes mellitus; soft and hard drug use; gastroesophageal reflux; gout; history of heart attack; history of stroke; hypercholesterolemia; hypertension; kidney failure; liver conditions; obesity; rheumatoid arthritis; and thyroid problems. Outcome was defined as asthma exacerbation category: no, moderate, or severe exacerbation(s) in the past year. Ordinal logistic regression analysis with correction for potential confounders was used to estimate odds ratios (OR) for moderate or severe exacerbations. Observed associations with increased severe asthma exacerbation occurrence were: obesity (OR = 1.67; 95% confidence interval 1.24, 2.26), and rheumatoid arthritis (OR = 1.55; 1.04, 2.30). History of stroke (OR = 1.95; 1.22, 3.11) and rheumatoid arthritis (OR = 1.33; 1.00, 1.75) showed associations with increased moderate exacerbation occurrence. Age-stratified analysis showed soft drug use, obesity, depression, thyroid problems, and rheumatoid arthritis to be associated with moderate and/or severe exacerbation occurrence in one or more 10-year age strata. In conclusion, several chronic comorbid conditions were associated with asthma exacerbation occurrence, which confirms but also complements previous studies. Our observations contribute to understanding exacerbation risk estimation and, ultimately, personalized asthma management.

28. Ochmann S, von Polenz I, Marcus ME, Theilmann M, Flood D, et al. **Diagnostic testing for hypertension, diabetes, and hypercholesterolaemia in low-income and middle-income countries: a cross-sectional study of data for 994 185 individuals from 57 nationally representative surveys.** *Lancet Glob Health.* 2023 Sep;11(9):e1363-e1371. doi: 10.1016/S2214-109X(23)00280-2. PMID: 37591584. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37591584/>

**Full-text:** [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00280-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00280-2/fulltext)

Testing for the risk factors of cardiovascular disease, which include hypertension, diabetes, and hypercholesterolaemia, is important for timely and effective risk management. Yet few studies have quantified and analysed testing of cardiovascular risk factors in low-income and middle-income countries (LMICs) with respect to sociodemographic inequalities. We aimed to address this knowledge gap. Our study shows opportunities for health systems in LMICs to improve the targeting of diagnostic testing for cardiovascular risk factors and adherence to diagnostic testing guidelines. Risk-factor-based testing

recommendations rather than sociodemographic characteristics should determine which individuals are tested.

29. Pellekooren S, Ben ÂJ, van Dongen JM, Pool-Goudzwaard AL, van Tulder MW, et al. **Predicting direct healthcare costs of general practitioner-guided care in patients with musculoskeletal complaints.** *Pain.* 2023 Aug 15. doi: 10.1097/j.pain.0000000000003028. Epub ahead of print. PMID: 37590126. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37590126/>

**Full-text:**

[https://journals.lww.com/pain/fulltext/9900/predicting\\_direct\\_healthcare\\_costs\\_of\\_general.384.aspx](https://journals.lww.com/pain/fulltext/9900/predicting_direct_healthcare_costs_of_general.384.aspx)

Information on healthcare utilization and costs of general practitioner (GP)-guided care in patients with musculoskeletal complaints is important for keeping healthcare affordable and accessible. A registry-based study was performed to describe healthcare utilization and costs of GP-guided care in patients with musculoskeletal complaints and to predict having higher direct healthcare costs. Healthcare costs of GP-guided care included all healthcare resources used by patients due to a musculoskeletal condition in 2018. Data were extracted from the database with a 1-year follow-up and descriptively analyzed. A general linear model was developed to predict having higher direct healthcare costs. In total, 403,719 patients were included, of whom 92% only received a single consultation. The number of referrals varied across the different types of complaints. Total annual direct healthcare costs amounted to €39,180,531, of which a key cost driver was referrals. Primary care consultations accounted for the largest part of referral-related costs. For all musculoskeletal conditions combined, the mean annual direct healthcare cost per patient was €97 (SEM = €0.18). Older age, being a woman, low socioeconomic status, spine complaints, high number of musculoskeletal diagnoses, and a high comorbidity score were predictive of having higher direct healthcare costs and explained 0.7% of the variance. This study showed that mean annual direct healthcare costs of GP-guided care in patients with musculoskeletal conditions were relatively low and did not differ considerably across conditions. The predictive model explained a negligible part of the variance in costs. Thus, it is unclear which factors do predict high direct healthcare costs in this population.

30. Bell B, Shah S, Coulson N, McLaughlin J, Logan P, Luke R, Avery AJ. **The impact of ageing on adults with cerebral palsy.** *BJGP Open.* 2023 Aug 17:BJGPO.2023.0028. doi: 10.3399/BJGPO.2023.0028. Epub ahead of print. PMID: 37591553. [Open Access]

**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37591553/>

**Full-text:**

<https://bjgpopen.org/content/early/2023/08/16/BJGPO.2023.0028.long>

Cerebral palsy (CP) is one of the most common neurological disorders in children and results in lifelong physical impairments. Adults with CP have approximately the same life expectancy as their non-disabled peers, so helping them to stay healthy throughout the life course will have long-term cost benefits via reductions in hospital admissions, long term care and unemployment rates. This paper reports on a national online survey that explores how adults with CP experience ageing. We found that age was associated with a decline in mobility and a higher level of pain, although the relationships were weak. It is possible that the low healthcare usage among our respondents is due to services not being available to respond to their needs.

31. Jones JL, Simons K, Manski-Nankervis JA, Lumsden NG, Fernando S, et al. **Chronic disease IMPACT (chronic disease early detection and improved management in primary care project): An Australian stepped wedge cluster randomised trial.** *Digit Health*. 2023 Aug 14;9:20552076231194948. doi: 10.1177/20552076231194948. PMID: 37588155; PMCID: PMC10426307. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37588155/>  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10426307/>  
Interrelated chronic vascular diseases (chronic kidney disease (CKD), type 2 diabetes (T2D) and cardiovascular disease (CVD)) are common with high morbidity and mortality. This study aimed to assess if an electronic-technology-based quality improvement intervention in primary care could improve detection and management of people with and at risk of these diseases. This electronic-technology-based intervention in primary care has potential to help translate guidelines into practice but requires further refining to achieve widespread improvements across the interrelated chronic vascular diseases.
32. Morgan T, Ralston A, Davey A, Holliday EG, Nelson M, et al. **Absolute cardiovascular risk assessment by Australian early-career general practitioners: a cross-sectional study.** *Fam Med Community Health*. 2023 Aug;11(3):e002251. doi: 10.1136/fmch-2023-002251. PMID: 37604595. [Open Access]  
**Abstract:** <https://pubmed.ncbi.nlm.nih.gov/37604595/>  
**Full-text:** <https://fmch.bmj.com/content/11/3/e002251.long>  
To determine the prevalence and associations of general practice registrars' performing absolute cardio-vascular risk (ACVR) assessment (ACVRa). Continuity of care is associated with registrars assessing ACVR, reinforcing the importance of care continuity in general practice. Registrars' assessment of an individual patient's ACVR is targeted to patients with individual risk factors, but this may entail ACVRa underutilisation in female patients and younger age groups.



## Health Awareness

In August, we have World Breast Feeding Week (1<sup>st</sup>-7<sup>th</sup> August) and International Overdose Awareness Day/IOAD (31<sup>st</sup> August). Here, we focus on Breastfeeding.

World Alliance for Breastfeeding Action (WABA) hosts #WorldBreastfeedingWeek each year from August 1st to August 7th to inform, anchor, engage and galvanize action on breastfeeding and related issues. #WBW2023 will focus on breastfeeding and employment/work. It will showcase the impact of paid leave, workplace support and emerging parenting norms on breastfeeding through the lens of parents themselves. Target audiences including governments, policymakers, workplaces, communities and parents will be engaged to play their critical roles in empowering families and sustaining breastfeeding-friendly environments in the post-pandemic work life. The theme is aligned with thematic area 4 of the WBW-SDG 2030 campaign.

The [ICGP Glas Toolkit \(2023\)](#) has a section on the promotion of breastfeeding.

For more information on getting involved this year, visit <https://worldbreastfeedingweek.org/>.

The IOAD 2023 theme “Recognizing those people who go unseen” is about acknowledging people in our communities who are affected by overdose but might go unseen in the crisis. To learn more about this event: <https://www.overdoseday.com/>

## Free GP care for children aged 6 and 7


***From Friday 11 August 2023, the Under 6s GP Visit Card scheme has been expanded to become the Under 8s GP Visit Card scheme now providing free GP care for all children aged under 8 in Ireland.***

This expansion of free GP care to children aged 6 and 7 is the first stage of the expansion in eligibility for GP care without charges under the GP Agreement 2023. GP Visit Cards allow the holders to see their doctor without any charge, while still having to pay for medicines and other services. Children under 6 years of age have been eligible for GP Visit Cards since 2015.

In addition, eligibility for income-based means tested GP Visit Cards is being widened in two phases commencing next month. The first phase is being introduced on Monday 11th September, and the second phase commences on Monday, 13th November next.

Read the Press Release: [gov.ie - Minister for Health encourages families to register for free GP care for children aged 6 and 7 \(www.gov.ie\)](https://www.gov.ie/en/minister-for-health-encourages-families-to-register-for-free-gp-care-for-children-aged-6-and-7/2023-08-11/)

Read the GP Agreement 2023: [gov.ie - GP Agreement 2023 \(www.gov.ie\)](https://www.gov.ie/en/gp-agreement-2023/2023-08-11/)



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