



ICGP Library

Recommended Reading

September 2023
Issue 9

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

[September 2023, Volume 40, no 7](#)

Taking the Lead: New College chair outlines her priorities

👁 **View all Forums from 2023:**

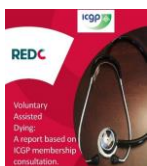
<https://www.icgp.ie/go/library/forum>



ICGP Membership Consultation regarding Voluntary Assisted Dying

The ICGP recently engaged the services of RedC to undertake a qualitative consultation among members on the topic of voluntary assisted dying. The College is making the ICGP commissioned RedC report available to all members.

 **Read the [Report](#).**





ICGP Digital Learning Hub

College Members can now access a range of interactive digital learning resources available within the GP Training Digital Learning Hub. These resources, whilst developed for GP Trainees, are a useful repository of case-based information. They can be used for self-directed learning valid for CPD and provide foundational information on clinical and non-clinical topics. The modules on topics such as global health; adolescent mental health; low back pain, menopause and more are also now available through the ICGP Library Catalogue to make them more accessible and easier to locate.

👁️ **Access the [online modules](#).**
Browse the [ICGP Library Catalogue](#).

ICGP Research Staff Publications

McEllistrem B, Owens M, Whitford DL. **Cross-border contextualisation of family medicine curriculum: an examination of the process.** *Int J Med Educ.* 2023 Aug 31;14:117-122. doi: 10.5116/ijme.64e3.740e. PMID: 37661729.

Full-text: <https://www.ijme.net/archive/14/family-medicine-curriculum/>

Abstract

This study explores a method of transferring a post graduate medical education curriculum internationally and contextualising it to the local environment. This paper also explores the experiences of those local medical educationalists involved in the process. Learning outcomes and associated material were transferable between "home" and "host" institution. Where differences were discovered this novel approach places "host" practitioners' experiences and knowledge central to the adaptation process, thereby rendering a fit for purpose curriculum. Host satisfaction with the outcome of the processes, as well as ancillary benefits were clearly identified.

👁️ **View all ICGP Research Staff Publications here:**
https://www.icgp.ie/index.cfm?spPath=research/reports_statements/2AA00D46-19B9-E185-83BC012BB405BAA6.html

Reports



The European Definition of General Practice/Family Medicine

The 2023 Revision of the Definition of General Practice/Family Medicine was unanimously approved by the representatives of all Member Organizations present at the last WONCA Europe Council.



This revision focuses on relatively new but critically important challenges for GPs related to One Health, Planetary Health and the Sustainable Development Goals. According to the provisions of the amended Definition, these areas together form a bedrock for the functioning and development of General Practice/Family Medicine.

📖 **Read the 2023 Revision: [Definition of General Practice/Family Medicine](#)**



ESRI 'Towards universal healthcare in Ireland - what can we learn from the literature?' (14th September)

Ireland remains an anomaly in Europe in not providing universal healthcare. In 2017, an all-party parliamentary committee published a report (the Sláintecare report) recommending the establishment of a high quality, universal public healthcare system for

Ireland. The report recommended the introduction of universal GP and primary care, ending private practice in public hospitals, reducing or removing out-of-pocket fees and substantially increasing public healthcare expenditure and capacity in a tax-funded system. While there has been some progress in implementing the proposals set out in the Sláintecare report, much more is required to move towards universal healthcare in Ireland.

The aim of the analysis in this report is to review the national and international literature on universal healthcare to identify if there are lessons for Ireland as it seeks to move towards a universal healthcare system.

The analysis identified three key lessons:

First, as a starting point a definition of universal healthcare is required. While the term universal healthcare is commonly used both in Ireland and elsewhere, it is somewhat unclear what is actually meant by the term. Definitions and interpretations can and do differ widely. An explicit definition will provide a starting point for thinking about what a universal healthcare system might look like in practice and will help identify appropriate metrics for its measurement. Within the Sláintecare report there is ambiguity about what definition of universal healthcare is implied and what a universal healthcare in Ireland might look like in practice. This includes the role that user charges and private health insurance (PHI) would play in a universal system.

Second, there are different dimensions to universal healthcare. When moving towards universal healthcare it is likely there will be trade-offs between increasing population coverage, service coverage and/or cost coverage (e.g. the proportion of the cost that is covered by the patient). No healthcare system achieves 100 per cent coverage of the total population for all potential healthcare services at no cost to users. In addition, reform proposals such as universal GP care could improve cost coverage; however, if there are not a sufficient number of GPs to meet the additional demand that would arise from its introduction, then the availability or timeliness of services may be negatively impacted.

Third, there is no one way to achieve universal healthcare; however careful consideration of the role of PHI in a universal healthcare system is required. While a proportion of healthcare is financed by PHI in many universal healthcare systems, what is unusual in Ireland is the size of the PHI market in terms of the proportion of the population covered by PHI and relatedly the degree of regulation. Previous research has shown that achieving universal healthcare through the extensive use of PHI can give rise to a number of potential issues including inequitable access to healthcare services and high administrative costs among insurers, which are likely to be passed on to consumers.

 **Read the Report:** [Towards universal healthcare in Ireland - what can we learn from the literature? | ESRI](#)

HIQA National Engagement on Digital Health and Social Care - Professional Survey (4th September)

The Health Information and Quality Authority (HIQA) is carrying out a National Engagement on Digital Health and Social Care in partnership with the Department of Health and the Health Service Executive (HSE). The engagement is being conducted in the context of [EU targets](#) where the public will have electronic access to their medical records by 2030 and it will inform the forthcoming [Health Information Bill](#). In addition, under the [Sláintecare](#) health reform programme, the Government has goals around using digital technologies in health and social care.



If you work in dentistry, medicine, nursing or midwifery, pharmacy, pre-hospital emergency care, psychology, or are registered with CORU (Ireland's multi-profession health regulator), please complete the [online survey](#).

Because of the COVID-19 pandemic, there were many accelerated changes in how people interact with health and social care services. People booked vaccination appointments online, recorded positive tests through the HSE website, or had their vaccination certificate on smart phones. Health professionals started consulting with the people they treat or care for on video or telephone calls rather than having in-person appointments. In addition, the cyber-attack in the HSE brought about potential changes in attitudes to eHealth information technologies.

It is important to seek the views of the public and professionals in health and social care on these changes. Therefore, the National Engagement on Digital Health and Social Care aims to understand the opinions and attitudes of professionals and the public in relation to the digitalisation of health and social care.

 **Read more:** [National Engagement on Digital Health and Social Care - Professional Survey | HIQA](#)

EY Report: [How public readiness can drive digital health transformation | EY Ireland](#)

Medical Council Patient Research (15th September)

The online public opinion research*, conducted by B&A in August 2023 with responses from over 1,000 adults, shows **the importance adults in Ireland place on being treated as a partner with their doctor in a healthcare setting**, as well as who they feel is at risk of substandard patient care.

Key highlights from the research include:

- **80%** of respondents feel it is important that they be treated as a partner in their healthcare by medical professionals, with those aged over 50 most likely to strongly agree with this statement
- When asked what being treated as a partner in healthcare in a medical setting would look like to you, communication-related themes emerged prominently, with **15%** stating communication and clear explanations, while **11%** referenced being listened to and taken seriously
- A strong majority (**89%**) of people surveyed believe that one or more minority groups is at risk of receiving sub-standard healthcare
 - Of this, over half (**57%**) feel that the elderly is the minority group most at risk, with key reasons being unable to advocate or speak up for themselves (**20%**) and that they can't afford healthcare (**19%**)
- Of the **11%** of adults who answered 'being listened to/taken seriously' as an important aspect of partnership in a healthcare setting, there was an uneven division by gender: **16%** among women and just **7%** among men for whom this was a concern
- When asked what would make visiting the doctor a more positive experience, just under two in five (**39%**) referenced shorter waiting times for an appointment and/or to be seen on time while in the doctor's surgery. Other themes included being listened to (**10%**), approachable and understanding doctors with appointments not being rushed (**10%**) and a welcoming and caring approach (**8%**)

- When referring to groups at risk of substandard medical care, key reasons provided by respondents include not being able to afford healthcare (**18%**), ageism, bias, racism, or LGBTQI+ prejudice (**17%**), and being unable to advocate or speak up for themselves (**13%**)

 **Read the Press Release:** [Medical Council - New Medical Council research reveals 80% of Irish patients want to be treated as a partner in their healthcare](#)

EBM Round-Up



NMIC Therapeutics Today (September 2023)

In this month's Therapeutics Today:

- The cardiac and renal benefits and safety aspects of SGLT2 inhibitors
- Folic acid supplementation to prevent neural tube defects
- Association between daily step count and all-cause and cardiovascular mortality
- Guidance/advice documents
- Regular features
 - September's medication reflection
 - Medication Safety Minutes
 - Updates to the HSE antibiotic prescribing website
 - Health Products Regulatory Authority (HPRA) updates
 - Health Protection Surveillance Centre (HPSC) updates

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

NMIC Bulletin (September 2023, vol. 29, No.3 and 4) Update on Lipid Lowering Therapy

BULLETIN 1 - LIPID LOWERING THERAPY : CARDIOVASCULAR DISEASE PREVENTION

- Cardiovascular disease (CVD) is a major cause of morbidity and mortality
- Dyslipidaemia is one of the main causal and modifiable risk factors for CVD
- Familial hypercholesterolaemia is frequently underdiagnosed and undertreated
- Lifestyle interventions are the cornerstone of management for all patients in the prevention and management of CVD

BULLETIN 2 - LIPID LOWERING THERAPY : PHARMACOLOGICAL MANAGEMENT

- A large body of evidence supports the use of lipid lowering therapy (LLT) such as statins for primary and secondary prevention of cardiovascular disease
- Patients should be informed about the benefits and risks of LLT
- An important cause of statin non-adherence is "statin intolerance", which is thought to be over-estimated
- Patients who do not meet their lipid lowering therapeutic targets need consideration for intensification of LLT

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



Drugnet Ireland: Issue 86

Drugnet Ireland is the Health Research Board's quarterly drug and alcohol research and policy newsletter. It provides summaries and analysis of recent publications and policy developments and well as overviews of particular issues relating to the drug and alcohol situation Ireland. Experts from the EMCDDA national focal point and from the HRB Evidence Centre contribute content to the newsletter.

 [View this issue.](#)

Irish Articles

1. O'Malley R, Lydon S, Faherty A, O'Connor P. **Identifying Factors that Support the Delivery of Exceptional Care in General Practice and Development of the IDEAL Framework: A Qualitative Study.** *Qual Health Res.* 2023 Sep 11:10497323231197387. doi: 10.1177/10497323231197387. Epub ahead of print. PMID: 37694934. [Open Access]
Full-text: <https://journals.sagepub.com/doi/full/10.1177/10497323231197387>
The positive deviance approach seeks to identify and learn from those that perform exceptionally well. Positive deviance as an approach to quality improvement is gaining traction in general practice. This study aimed to explore and compare stakeholders' perceptions of the factors that support the delivery of exceptional care in general practice and to refine a previously developed theoretical framework of factors associated with positively deviant care in general practice: the Identifying and Disseminating the Exceptional to Achieve Learning (IDEAL) framework. Semi-structured interviews were conducted with 33 purposively sampled patients, general practitioners, practice nurses, and practice managers in Irish general practice. Subsequently, a directed content analysis approach was employed to deductively analyse interview data using the IDEAL framework, and newly emerging factors were inductively analysed and abstracted into the framework. Several distinct strategies (e.g. patient activation and team collaboration), structures (e.g. facilities and staffing), and contextual factors (e.g. communication and rapport, and culture) were found to support the delivery of exceptional care, and differences in perceptions, values, and expectations emerged between patients and practice staff. Interview data largely supported the pre-determined factors posited by the IDEAL framework, and new factors were abstracted into the framework (e.g. facilities and infrastructure). Stakeholder engagement regarding the factors supporting exceptional care in general practice supported and extended the IDEAL framework, contributing to a more comprehensive understanding of how exceptional care is delivered in general practice. The refined framework will support researchers, policymakers, and teams looking to support, measure, and achieve exceptionally good patient care in general practice.
2. Cronin M, McGilloway S. **Supporting family carers in Ireland: the role of the general practitioner.** *Ir J Med Sci.* 2023 Apr;192(2):951-961. doi: 10.1007/s11845-022-03031-9. Epub 2022 Jun 15. PMID: 35701648; PMCID: PMC9197724. [Open Access]
Full-text: <https://link.springer.com/article/10.1007/s11845-022-03031-9>
Ireland has over half a million family carers who provide care to a family member or loved one. Internationally, it is recognised that general practitioners (GPs) have a critical role to play in the identification and support of family carers, but, to date, no guidelines exist in Ireland to support GPs in this role. The aim of this study was to examine how carers are currently supported (or not) by healthcare professionals in Ireland, with a particular focus on the role of the GP. The findings suggest

important gaps in terms of the role of GPs vis-à-vis their support of family carers. GPs themselves indicated that they need both greater clarity regarding their role with family carers and more training and resources in this regard. A requirement for more streamlined communication and information provision was also highlighted by both GPs and carers. Carers reported a need for more information on the role of GPs in supporting carers as well as more support in addressing, in particular, the psychological complexities of carer identity and help seeking.

3. Busher A, McAvoy H, Cox DW, Kavanagh PM. **Knowledge, attitudes and practices of Irish doctors regarding stop smoking care and electronic cigarettes.** *Ir J Med Sci.* 2023 Sep 12. doi: 10.1007/s11845-023-03507-2. Epub ahead of print. PMID: 37698805.
Full-text: <https://link-springer-com.icgplibrary.idm.oclc.org/article/10.1007/s11845-023-03507-2>
Smoking continues to cause harm on a huge scale in Ireland. Doctors can help this harm through providing safe, effective and clinically sound stop smoking care, but the needs of Irish doctors in this area are largely uncharted. We assessed the knowledge, attitudes and practices of Irish doctors regarding stop smoking care and electronic cigarettes. While there is a strong reservoir support and areas of good reported practice in stop smoking care among doctors in Ireland, the development of their knowledge and skills in arranging effective care should be supported if doctors are to fulfil their huge potential role in tackling the harm caused by smoking.
4. Connolly S. **Improving access to healthcare in Ireland: an implementation failure.** *Health Econ Policy Law.* 2023 Aug 22:1-11. doi: 10.1017/S1744133123000130. Epub ahead of print. PMID: 37605942.
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37605942/> (Available via Inter-Library Loan, Contact ICGP Library)
There are significant barriers to accessing health and social care services in Ireland including high user charges, long waits and limited availability of some services. While a number of reform proposals have committed to improving access to health care, implementation of these proposals has been limited. The aim of this paper is to identify and discuss policy implementation failures concerned with improving access to health and social care services in Ireland. Four potential reasons for the repeated failure to implement stated reform proposals are identified including a failure to identify and address the practicalities of implementation, competing health care demands, the political cycle and stakeholder resistance. While there has been a shift in Irish health care policy documents in the last 10 years with increasing emphasis on ensuring access to health care based on need rather than ability to pay, a repeated failure to implement the proposed reforms raises questions as to whether there is a real commitment to improving access to health care.
5. Farrell J, Cullen W, Broughan J. **Joint and soft tissue injections in Irish primary care: a survey of GPs' attitudes and practices.** *BJGP Open.* 2023 Jun 27;7(2):BJGPO.2022.0093. doi: 10.3399/BJGPO.2022.0093. PMID: 36720561; PMCID: PMC10354398. [Open Access]
Full-text: <https://bjgpopen.org/content/7/2/BJGPO.2022.0093.long>
Musculoskeletal conditions are common in primary care, causing significant morbidity. Intra-articular and soft tissue corticosteroid injections are commonly performed by GPs internationally. It is unknown how commonly they are performed by GPs in the Republic of Ireland. To determine the frequency and type of joint and soft tissue injections performed by GPs in the Republic of Ireland and investigate factors affecting their use. Most GPs surveyed carried out joint and soft tissue injections, most commonly injecting the shoulder and knee. Irish GPs

experience many of the same barriers to performing intra-articular injection as experienced internationally.

6. Kennedy B, Lundy D, Mackey R, Hartley C, Soffe K. **Novel method of breaking down barriers in the provision of menopause care in Ireland.** *Post Reprod Health*. 2023 Aug 25;20533691231198946. doi: 10.1177/20533691231198946. Epub ahead of print. PMID: 37625800. [Available via Inter-Library loan – Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37625800/>
A novel method of providing education and support to GP's was developed. The goal was to create a rapidly accessed peer advisory community to empower GP HRT prescribing. This project developed, with the cooperation of specialists, a cost-effective rapid method of educating and empowering GP's to be supported to safely treat their patients in their menopause transition. With further support and development, we believe it is the model that could be adopted in many countries.
7. O'Connor R. **'Dopesick'; why a critical view of the literature may save your patient's life.** *Educ Prim Care*. 2023 Aug 30;1-5. doi: 10.1080/14739879.2023.2243880. Epub ahead of print. PMID: 37646134.
Full-text: <https://www.tandfonline-com.icgplibrary.idm.oclc.org/doi/full/10.1080/14739879.2023.2243880>
Teaching critical literature appraisal is challenging. Providing a compelling clinical context using 'cinemeduation' stimulates interest in the topic. After watching the first episode of the mini-series 'Dopesick', where the scope, timeline and extent of the problem of opioid abuse are clearly seen, abstracts of the period literature strongly supporting the use of Oxycontin for use in chronic pain are shown. All were published in highly ranked medical journals. A simple paper evaluation structure is suggested. It is PPICOREAD which stands for the following questions: Who Paid for the study? What was the Population studied? What was the Intervention given in the study? What was the Control group used? What was the Outcome and was it of clinical significance to you? Was the trial Registered? Was there an Educational element for you? Was there anything Applicable to your practice? What was the Duration of the trial? Is this duration sufficient to reassure you that the trial is relevant to your practice? The very poor quality and dishonest nature of the conclusions of these papers are quickly and easily uncovered in a supervised workshop. The causes for these clear discrepancies are discussed. The devastating consequences are described.
8. McCarthy SE, Hogan C, Jenkins L, Schwanberg L, Williams DJ, Mellon L, Walsh A, Keane T, Rafter N. **Videos of simulated after action reviews: a training resource to support social and inclusive learning from patient safety events.** *BMJ Open Qual*. 2023 Jul;12(3):e002270. doi: 10.1136/bmjopen-2023-002270. PMID: 37553274; PMCID: PMC10414102. [Open Access]
Full-text: <https://bmjopenquality.bmj.com/content/12/3/e002270.long>
Innovation in the education and training of healthcare staff is required to support complementary approaches to learning from patient safety and everyday events in healthcare. Debriefing is a commonly used learning tool in healthcare education but not in clinical practice. Little is known about how to implement debriefing as an approach to safety learning across a health system. After action review (AAR) is a debriefing approach designed to help groups come to a shared mental model about what happened, why it happened and to identify learning and improvement. This paper describes a digital-based implementation strategy adapted to the Irish healthcare system to promote AAR uptake. The digital strategy aims to assist implementation of national level incident management policies and was collaboratively developed by the RCSI University of Medicine and

Health Sciences and the National Quality and Patient Safety Directorate of the Health Service Executive. During the COVID-19 pandemic, a well-established in-person AAR training programme was disrupted and this led to the development of a series of open access videos on AAR facilitation skills (which accompany the online version of this paper). These provide: (1) an introduction to the AAR facilitation process; (2) a simulation of a facilitated formal AAR; (3) techniques for handling challenging situations that may arise in an AAR and a (4) reflection on the benefits of the AAR process. These have the potential to be used widely to support learning from patient safety and everyday events including excellent care.

9. Barry T, Kasemiire A, Quinn M, Deasy C, Bury G, et al.; Out-of-Hospital Cardiac Arrest Registry Steering Group. **Outcomes of out-of-hospital cardiac arrest in Ireland 2012-2020: Protocol for an observational study.** *HRB Open Res.* 2023 Mar 10;6:17. doi: 10.12688/hrbopenres.13699.1. PMID: 37662479; PMCID: PMC10474347. [Open Access]
Full-text: <https://hrbopenresearch.org/articles/6-17/v1>
 Out-of-hospital cardiac arrest (OHCA) is a leading cause of preventable mortality that now affects almost 3,000 people each year in Ireland. Survival is low at 6-7%, compared to a European average of 8%. The Irish Out-of-Hospital Cardiac Registry (OHCAR) prospectively gathers data on all OHCA in Ireland where emergency medical services attempted resuscitation. The Irish health system has undergone several developments that are relevant to OHCA care in the period 2012-2020. OHCAR data provides a means of exploring temporal trends in OHCA incidence, care, and outcomes over time. It also provides a means of exploring whether system developments were associated with a change in key outcomes. This research aims to summarise key trends in available OHCAR data from the period 2012 - 2020, to explore and model predictors of bystander CPR, bystander defibrillation, and survival, and to explore the hypothesis that significant system level temporal developments were associated with improvements in these outcomes. The findings of this research will be used to understand temporal trends in the care processes and outcomes for OHCA in Ireland over the period 2012-2020. The results can further be used to optimise future health system developments for Out-of-Hospital Cardiac Arrest in both Ireland and internationally.
10. Kennedy F, Ward A, Mockler D, Villani J, Broderick J. **Scoping review on Physical Health Conditions in Irish Travellers (Mincéiri).** *BMJ Open.* 2023 Aug 28;13(8):e068876. doi: 10.1136/bmjopen-2022-068876. PMID: 37640559. [Open Access]
Full-text: <https://bmjopen.bmj.com/content/13/8/e068876.long>
 The objective of this scoping review was to collate physical health conditions in Mincéiri-Irish Travellers. Overall, Irish Travellers experience a disproportionate burden of physical health conditions compared with background populations. Healthcare providers need to be aware of the unique physical health burden experienced by many Irish Travellers. Multifaceted strategies are needed to improve the health profile of this vulnerable and marginalised group.
11. Swaithe L, Campbell L, Anthierens S, Skrybant M, Schiphof D, et al. **Series: Public engagement with research. Part 4: Maximising the benefits of involving the public in research implementation.** *Eur J Gen Pract.* 2023 Dec;29(1):2243037. doi: 10.1080/13814788.2023.2243037. PMID: 37609798; PMCID: PMC10448833. [Open Access]
Abstract: <https://www.tandfonline.com/doi/full/10.1080/13814788.2023.2243037>
 This final article in the four-part series focuses on the often neglected yet important role of the public in implementing research in General Practice and Primary Care more broadly. Experience in implementation of findings from

research with public engagement in Primary Care has highlighted how partnership working with patients and the public is important in transitioning from 'what we know' from the evidence-base to 'what we do' in practice. Factors related to Primary Care research that make public engagement important are highlighted e.g. implementing complex interventions, implementing interventions that increase health equity, implementing interventions in countries with different primary healthcare system strengths. Involvement of patients and public can enhance the development of modelling and simulation included in studies on systems modelling for improving health services. We draw on the emerging evidence base to describe public engagement in implementation and offer some guiding principles for engaging with the public in the implementation in General Practice and Primary Care in general. Illustrative case studies are included to support others wishing to offer meaningful engagement in implementing research evidence.

Research Articles

1. de Chiffre JMD, Ormstrup TE, Kusk MW, Hess S. **Patients from general practice with non-specific cancer symptoms: a retrospective study of symptoms and imaging.** *BJGP Open*. 2023 Aug 21:BJGPO.2023.0058. doi: 10.3399/BJGPO.2023.0058. Epub ahead of print. PMID: 37604580. [Open Access] **Full-text:** <https://bjgpopen.org/content/early/2023/08/21/BJGPO.2023.0058.long>
Patients with non-specific symptoms or signs of cancer (NSSC) present a challenge as they are a heterogeneous population that are not candidates for fast-track work-up in an organ-specific cancer preplanned pathway. Denmark has a cancer preplanned pathway for this population (NSSC-CPP), but several issues remain unclarified, eg, distribution and significance of symptoms and findings and choice of imaging. We investigated symptoms, cancer diagnoses, and diagnostic yield of CT and [¹⁸F]FDG-PET/CT in NSSC-CPP patients to improve the overall diagnostic process. Our findings were in accordance with the literature. Patients with non-specific symptoms or signs of cancer had a cancer prevalence of 21%, most frequently gastrointestinal. The most frequent symptom was weight loss and even as the only symptom, it is a potential marker for cancer. CT and [¹⁸F]FDG-PET/CT were sensitive with high NPV, whereas PPV was superior in CT. Better stratification by symptoms or findings is an obvious focus point for future studies to further optimise the NSSC-CPP workup strategy.
2. Nagpal TS, Pearce N, Sockalingam, S, Hawa Rz, Dhaliwal K et al. **A scoping review of obesity education interventions for current and prospective medical professionals in Canada.** *Obesity Pillars*. 2023. 8. 100085. 10.1016/j.obpill.2023.100085. [Open Access] **Full-text:** <https://www.sciencedirect.com/science/article/pii/S2667368123000311>
Obesity is a prevalent chronic disease in Canada. Individuals living with obesity frequently interact with medical professionals who must be prepared to provide evidence-based and person-centred care options. The purpose of this scoping review was to summarize existing educational interventions on obesity in Canada for current and prospective medical professionals and to identify key future directions for practice and research. Although there have been few obesity-specific educational interventions for current and prospective medical professionals in Canada, existing evidence shows positive learning outcomes. These findings advocate for continued investment in the development of obesity medical training and educational interventions.
3. Yoo SGK, Chung GS, Bahendeka SK, Sibai AM, Damasceno A, et al. **Aspirin for Secondary Prevention of Cardiovascular Disease in 51 Low-, Middle-, and**

High-Income Countries. *JAMA*. 2023 Aug 22;330(8):715-724. doi: 10.1001/jama.2023.12905. PMID: 37606674; PMCID: PMC10445202. [Available via Inter-Library Loan, contact ICGP Library]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37606674/>

Aspirin is an effective and low-cost option for reducing atherosclerotic cardiovascular disease (CVD) events and improving mortality rates among individuals with established CVD. To guide efforts to mitigate the global CVD burden, there is a need to understand current levels of aspirin use for secondary prevention of CVD. To report and evaluate aspirin use for secondary prevention of CVD across low-, middle-, and high-income countries. Worldwide, aspirin is underused in secondary prevention, particularly in low-income countries. National health policies and health systems must develop, implement, and evaluate strategies to promote aspirin therapy.

4. Wilson LF, Dobson AJ, Mishra GD, Doust JA. **Preventive health checks in Australian general practice for women during mid-life.** *Med J Aust*. 2023 Aug 24. doi: 10.5694/mja2.52083. Epub ahead of print. PMID: 37620106. [Open Access]

Full-text: <https://onlinelibrary.wiley.com/doi/10.5694/mja2.52083>

The Australian mixed public and private health care model can lead to those most in need receiving the least or least effective care. We investigated whether this applied to preventive health checks in general practice for women in mid-life. Two types of mid-life preventive health checks are generally available in Australia: for people aged 40–49 years and at risk of type 2 diabetes or aged 45–49 years and at risk of chronic disease; and a heart health check (since 2019).

5. Prescott MG, Iakovleva E, Simpson MR, Pedersen SA, Munblit D, Vallersnes OM, Austad B. **Intranasal analgesia for acute moderate to severe pain in children - a systematic review and meta-analysis.** *BMC Pediatr*. 2023 Aug 18;23(1):405. doi: 10.1186/s12887-023-04203-x. PMID: 37596559; PMCID: PMC10436645. [Open Access]

Full-text: <https://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-023-04203-x>

Children in acute pain often receive inadequate pain relief, partly from difficulties administering injectable analgesics. A rapid-acting, intranasal (IN) analgesic may be an alternative to other parenteral routes of administration. Our review compares the efficacy, safety, and acceptability of intranasal analgesia to intravenous (IV) and intramuscular (IM) administration; and to compare different intranasal agents. Our review suggests that intranasal analgesics are probably a good alternative to intramuscular analgesics in children with acute moderate to severe pain; and may be an alternative to intravenous administration. Intranasal ketamine gives similar pain relief to fentanyl, but causes more sedation, which should inform the choice of intranasal agent.

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

Full-text: <https://www.sciencedirect.com/science/article/pii/S1386505623002150>

Telehealth was rapidly adopted in primary care during COVID-19. However, there is a lack of research assessing how translatable in-person consultations are to telehealth. To examine insights from in-person GP-Patient consultations for patients with chronic conditions, including 1/frequency, duration, conditions of physical examinations, and when they occur during consultations, 2/types of physical artefacts used, 3/clinical tasks performed, and 4/translatability of clinical

tasks to telehealth. All tasks observed across chronic condition management visits were deemed translatable/potentially translatable to telehealth. However, physical interactions between GPs and patients are still essential. Future research in telehealth should focus on examining ways to support physical examination, reduce uncertainty, promote safety netting, and facilitate patients' safety at home with effective technology and support.

7. Global Cardiovascular Risk Consortium; Magnussen C, Ojeda FM, Leong DP, Alegre-Diaz J, Amouyel P, Aviles-Santa L, et al. **Global Effect of Modifiable Risk Factors on Cardiovascular Disease and Mortality.** *N Engl J Med.* 2023 Aug 26. doi: 10.1056/NEJMoa2206916. Epub ahead of print. PMID: 37632466. [Available via Inter-Library Loan, Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37632466/>
Five modifiable risk factors are associated with cardiovascular disease and death from any cause. Studies using individual-level data to evaluate the regional and sex-specific prevalence of the risk factors and their effect on these outcomes are lacking. Harmonized individual-level data from a global cohort showed that 57.2% and 52.6% of cases of incident cardiovascular disease among women and men, respectively, and 22.2% and 19.1% of deaths from any cause among women and men, respectively, may be attributable to five modifiable risk factors. (Funded by the German Center for Cardiovascular Research (DZHK); ClinicalTrials.gov number, [NCT05466825](https://clinicaltrials.gov/ct2/show/study/NCT05466825).).
8. Grudniewicz A, Gray CS, Boeckxstaens P, De Maeseneer J, Mold J. **Operationalizing the Chronic Care Model with Goal-Oriented Care.** *Patient.* 2023 Aug 29. doi: 10.1007/s40271-023-00645-8. Epub ahead of print. PMID: 37642918. [Open Access]
Full-text: <https://link.springer.com/article/10.1007/s40271-023-00645-8>
The Chronic Care Model has guided quality improvement in health care for almost 20 years, using a patient-centered, disease management approach to systems and care teams. To further advance efforts in person-centered care, we propose strengthening the Chronic Care Model with the goal-oriented care approach. Goal-oriented care is person-centered in that it places the focus on what matters most to each person over the course of their life. The person's goals inform care decisions, which are arrived at collaboratively between clinicians and the person. In this paper, we build on each of the elements of the Chronic Care Model with person-centered, goal-oriented care and provide clinical examples on how to operationalize this approach. We discuss how this adapted approach can support our health care systems, in particular in the context of growing multi-morbidity.
9. Dufour E, Bolduc J, Leclerc-Loiselle J, Charette M, Dufour I, et al. **Examining nursing processes in primary care settings using the Chronic Care Model: an umbrella review.** *BMC Prim Care.* 2023 Sep 4;24(1):176. doi: 10.1186/s12875-023-02089-3. PMID: 37661248. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10476383/>
While there is clear evidence that nurses can play a significant role in responding to the needs of populations with chronic conditions, there is a lack of consistency between and within primary care settings in the implementation of nursing processes for chronic disease management. Previous reviews have focused either on a specific model of care, populations with a single health condition, or a specific type of nurses. Since primary care nurses are involved in a wide range of services, a comprehensive perspective of effective nursing processes across primary care settings and chronic health conditions could allow for a better understanding of how to support them in a broader way across the primary care continuum. This systematic overview aims to provide a picture of the nursing processes and their characteristics in chronic disease management as reported in

empirical studies, using the Chronic Care Model (CCM) conceptual approach. Placing greater emphasis on decision support and clinical information systems could improve the implementation of nursing processes. While the need for an interdisciplinary approach to primary care is widely promoted, it is important that this approach not be viewed solely from a clinical perspective. The organization of care and resources need to be designed to support contributions from all providers to optimize the full range of services available to patients with chronic conditions.

10. Tazzeo C, Zucchelli A, Vetrano DL, Demurtas J, Smith L, et al. **Risk factors for multimorbidity in adulthood: a systematic review.** *Ageing Res Rev.* 2023 Aug 28:102039. doi: 10.1016/j.arr.2023.102039. Epub ahead of print. PMID: 37647994. [Available via Inter-Library Loan, Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37647994/>
 Multimorbidity, the coexistence of multiple chronic diseases in an individual, is highly prevalent and challenging for healthcare systems. However, its risk factors remain poorly understood. To systematically review studies reporting multimorbidity risk factors. Several risk factors seem to be consistently associated with an increased risk of accumulating chronic diseases over time. However, heterogeneity in settings, exposure and outcome, and baseline health of participants hampers robust conclusions.

11. van den Bemd M, Cuypers M, Schalk BW, Leusink GL, Bischoff EW. **Chronic disease management in patients with intellectual disabilities: a matched study in Dutch general practice.** *Br J Gen Pract.* 2023 Jul 4:BJGP.2023.0029. doi: 10.3399/BJGP.2023.0029. Epub ahead of print. PMID: 37666513. [Open Access]
Full-text: <https://bjgp.org/content/early/2023/09/01/BJGP.2023.0029.long>
 Disease management programmes (DMPs) aim to deliver standardised, high-quality care to patients with chronic diseases. Although chronic diseases are common among people with intellectual disabilities (ID), this approach may be suboptimal for meeting their care needs. To examine differences between patients with and without ID who have a chronic illness in DMP enrolment and disease monitoring in Dutch general practice. Although DMPs do not specifically address the needs of patients with both chronic illness and ID, these patients do not seem underserved in the management of chronic diseases in terms of consultation, medication, and tests.

12. Bourdel-Marchasson I, Maggi S, Abdelhafiz A, Bellary S, Demurtas J, et al. **Essential steps in primary care management of older people with Type 2 diabetes: an executive summary on behalf of the European geriatric medicine society (EuGMS) and the European diabetes working party for older people (EDWPOP) collaboration.** *Aging Clin Exp Res.* 2023 Sep 4. doi: 10.1007/s40520-023-02519-3. Epub ahead of print. PMID: 37665557. [Open Access]
Full-text: <https://link.springer.com/article/10.1007/s40520-023-02519-3>
 We present an executive summary of a guideline for management of type 2 diabetes mellitus in primary care written by the European Geriatric Medicine Society, the European Diabetes Working Party for Older People with contributions from primary care practitioners and participation of a patient's advocate. This consensus document relies where possible on evidence-based recommendations and expert opinions in the fields where evidences are lacking. The full text includes 4 parts: a general strategy based on comprehensive assessment to enhance quality and individualised care plan, treatments decision guidance, management of complications, and care in case of special conditions. Screening for frailty and cognitive impairment is recommended as well as a comprehensive assessment all health conditions are concerned, including end of life situations.

13. Rowe GC, McShane P, Brennan Congdon H, Pittman J, Rios J. **Impact on diabetes outcomes and team skills of integrating dietetic services into interprofessional education and teamwork in primary care.** *Chronic Illn.* 2023 Sep 7;17423953231200678. doi: 10.1177/17423953231200678. Epub ahead of print. PMID: 37674439. [Available via Inter-Library Loan, Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37674439/>
Diabetes is a complex disease requiring daily self-management of diet and activity, yet many patients do not receive recommended self-management education, medical nutrition therapy, or team-based care that includes registered dietitian nutritionists (RDNs). Such service deficits contribute to challenges in meeting combined diabetes care goals. We evaluated the impact of adding RDN-supervised dietetic interns to an established primary care interprofessional education/teamwork model on patients' clinical outcomes and health professions students' team skills. Health professions and dietetic program faculty should collaborate to develop interprofessional best practice primary care models for patients with diabetes.
14. Riihimies R, Kosunen E, Koskela TH. **Segmenting Patients With Diabetes With the Navigator Service in Primary Care and a Description of the Self-Acting Patient Group: Cross-Sectional Study.** *J Med Internet Res.* 2023 Sep 8;25:e40560. doi: 10.2196/40560. PMID: 37682585. [Open Access]
Full-text: <https://www.jmir.org/2023/1/e40560>
The aim of patient segmentation is to recognize patients with similar health care needs. The Finnish patient segmentation service Navigator segregates patients into 4 groups, including a self-acting group, who presumably manages their everyday life and coordinates their health care. Digital services could support their self-care. Knowledge on self-acting patients' characteristics is lacking. The study aims are to describe how Navigator assigns patients with diabetes to the 4 groups at nurses' appointments at a health center, the self-acting patient group's characteristics compared with other patient groups, and the concordance between the nurse's evaluation of the patient's group and the actual group assigned by Navigator (criterion validity). The patients in the self-acting group had several comorbidities. However, their functional ability was not yet diminished compared with patients in the other groups. Therefore, to prevent diabetic complications and disabilities, support for patients' self-management should be emphasized in their integrated care services. Digital services could be involved in the care of patients willing to use them. The study was performed in 1 health center, the participants were volunteers, and most patients were assigned to self-acting patient group. These facts limit the generalizability of our results.
15. Correia ETO, Mechanick JI, Jorge AJL, Barbetta LMDS, Rosa MLG, et al. **The hypertension-based chronic disease model in a primary care setting.** *Int J Cardiol Cardiovasc Risk Prev.* 2023 Aug 14;18:200204. doi: 10.1016/j.ijcrp.2023.200204. PMID: 37664167; PMCID: PMC10470300. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10470300/>
Driver-based chronic disease models address the public health challenge of cardiometabolic risk. However, there is no data available about the novel Hypertension-Based Chronic Disease (HBCD) model. This study investigates the prevalence, characteristics, and prognostic significance of HBCD Stages in a primary care cohort. HBCD is a conceptually and prognostically valid model. Remarkably, HBCD stages were associated with progressively worsening markers of heart disease, declining kidney function and higher rates of all-cause mortality or cardiovascular hospitalization.

16. Severino P, Prosperi S, D'Amato A, Cestì C, Myftari V, et al. **Telemedicine: an Effective and Low-Cost Lesson From the COVID-19 Pandemic for the Management of Heart Failure Patients.** *Curr Heart Fail Rep.* 2023 Sep 4. doi: 10.1007/s11897-023-00624-y. Epub ahead of print. PMID: 37665424. [Open Access]

Full-text: <https://link.springer.com/article/10.1007/s11897-023-00624-y>

The purpose of this review is to explore the benefits and controversies that telemedicine (TM), applied to patients with heart failure (HF), can provide in terms of diagnosis, therapeutic management, and prognosis improvement. During the coronavirus disease 19 (COVID-19) outbreak, TM emerged as the most effective and feasible method available to ensure continuous care for chronic diseases. Among these, HF, characterized by high mortality, morbidity, and the need for frequent visits, may benefit of the TM role. HF patients are affected by frequent exacerbations undergoing a progressive prognosis impoverishment, strongly depending on the disease's management. A precise clinical handling is always required, with a constant optimization of the therapy, a continuous control of risk factors, and a sensitive attention to any change in symptoms, clinical signs, and laboratory tests. In this context, TM has shown to improve therapy adherence and HF: patients' self-care, impacting the prognosis even if specific results are controversial. Major evidence shows that TM may allow an adequate primary prevention, reducing the impact of the main cardiovascular risk factors. TM can also be useful for the secondary prevention, early detecting a likely HF exacerbation before it becomes clinically manifest, thereby lowering the need for hospitalization. Moreover, an optimal up-titration of the therapy and an increase in treatment adherence are feasible by using TM. However, some studies did not show unambiguous results, and uncertainties still remain.

17. 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 Oct;115:107885. doi: 10.1016/j.pec.2023.107885. Epub 2023 Jul 13. 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. **Practice implications:** Including community members and service users in design and implementation may enhance CDSM program access.

18. Norton C, Bannister S, Booth L, Brown SR, Cross S, et al. **Habit training versus habit training with direct visual biofeedback in adults with chronic constipation: A randomized controlled trial.** *Colorectal Dis.* 2023 Sep 8. doi: 10.1111/codi.16738. Epub ahead of print. PMID: 37684725. [Open Access]

Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/codi.16738>

The aim was to determine whether specialist-led habit training using Habit Training with Biofeedback (HTBF) is more effective than specialist-led habit training alone (HT) for chronic constipation and whether outcomes of interventions are improved by stratification to HTBF or HT based on diagnosis (functional defaecation disorder vs. no functional defaecation disorder) by radio-physiological investigations (INVEST). The results of the study at 6 months were inconclusive. However, with the caveat of under-recruitment and further attrition at 6 months, a

simple, cheaper approach to intervention may be as clinically effective and more cost-effective than more complex and invasive approaches.

19. Huntington MK. **Travel Medicine: Pretravel Counseling for Healthy Travelers.** *FP Essent.* 2023 Sep;532:7-17. PMID: 37708465. [Available via Inter-Library Loan, Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37708465/>
Before the COVID-19 pandemic, international travel was increasing at a brisk rate. After a lull, it is picking up again and predicted to continue to climb as it had previously. International travel presents some unique health hazards, including infectious diseases, chronic disease exacerbation, environment-related illness, accidental injuries, and transportation-related illness. Many travelers appropriately seek medical consultation for advice and interventions to decrease their health risks during travel. The pretravel consultation consists of risk identification and preventive interventions. Although these consultations traditionally have occurred with infectious disease specialists, family physicians can and should provide this care. Pretravel consultations should review a patient's medical conditions, how travel can affect them, and what the patient can do to address medical needs that may arise while abroad. Balancing the risks likely to be encountered with the individual traveler's risk tolerance, patients and family physicians can collaboratively develop a strategy to mitigate these risks and increase the likelihood of an uneventful (and enjoyable) sojourn.
20. Hafezparast N, Bragan Turner E, Dunbar-Rees R, Vusirikala A, Vodden A, et al. **Identifying populations with chronic pain in primary care: developing an algorithm and logic rules applied to coded primary care diagnostic and medication data.** *BMC Prim Care.* 2023 Sep 11;24(1):184. doi: 10.1186/s12875-023-02134-1. PMID: 37691103; PMCID: PMC10494405. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10494405/>
Estimates of chronic pain prevalence using coded primary care data are likely to be substantially lower than estimates derived from community surveys. Most primary care studies have estimated chronic pain prevalence using data searches confined to analgesic medication prescriptions. Increasingly, following recent NICE guideline recommendations, patients and doctors opt for non-drug treatment of chronic pain thus excluding these patients from prevalence estimates based on medication codes. We aimed to develop and test an algorithm combining medication codes with selected diagnostic codes to estimate chronic pain prevalence using coded primary care data. Estimates of chronic pain prevalence using structured healthcare data have previously shown lower prevalence estimates for chronic pain than reported in community surveys. This has limited the ability of researchers and clinicians to fully understand and address the complex multifactorial nature of chronic pain. Our study demonstrates that it may be possible to establish more representative prevalence estimates using structured data than previously possible. Use of logic rules offers the potential to move systematic identification and population-based management of chronic pain into mainstream clinical practice at scale and support improved management of symptom burden for people experiencing chronic pain.



Health Awareness

September is a busy month when it comes to Health Awareness with Heart Health Month, Childhood Cancer Month and Blood Cancer Month. There is also World Sexual Health Day (Sept 4th), World Suicide Prevention Day (Sept 10th), World Sepsis Day (Sept 13th), World Patient Safety Day (Sept 17th), World Alzheimer's Day (Sept 21st), World Lung Day (Sept 25th) and World Heart Day (Sept 29th). Here, we focus on Sepsis Awareness.

Sepsis kills 11 million people each year, many of which are children under 5 & other vulnerable populations with 85% of cases and deaths in low- and middle-income countries. This is 1 in every 5 deaths globally! Anyone with an infection can develop sepsis. Read more [Key Facts on Sepsis from WHO](#).

The HSE National Clinical Programme for Sepsis, as part of the National Quality and Patient Safety Directorate, hosted the **7th Sepsis Summit** in Dublin Castle, on 19 September. The Global Summit brought together an impressive array of international and national experts to discuss topics related to the theme of 'Sepsis care in a post pandemic world'. For more information on the [National Sepsis Summit](#).

The Irish Heart Foundation are running a '[Her Heart Matters](#)' Campaign. WHO looks to '**Elevate the voice of patients**' for [World Patient Safety Day](#). [World Suicide Prevention Day](#) 2023 theme is **Creating Hope Through Action**".

215,000 people eligible for free GP care

From 11 September 2023, free GP care is expanded to 215,000 people aged between 8 and 69 on a means tested basis.

This is the first of two phases which will provide free GP care to an estimated 430,000 people in Ireland on a means tested basis. It is part of the biggest expansion in eligibility for free GP care in the history of the State happening this year and covering up to 500,000 people.

Read the [Press Release](#).

Women's Health

From 1st September, the free contraception scheme has been expanded to include women aged 27 to 30 years. Read the [Press Release](#).

From September, eligible patients will be referred by the Reproductive Medical Consultant in the Regional Fertility Hub for publicly funded treatment to a HSE-approved private clinic.



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