



ICGP Library Recommended Reading

May 2023
Issue 5

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

INSIDE

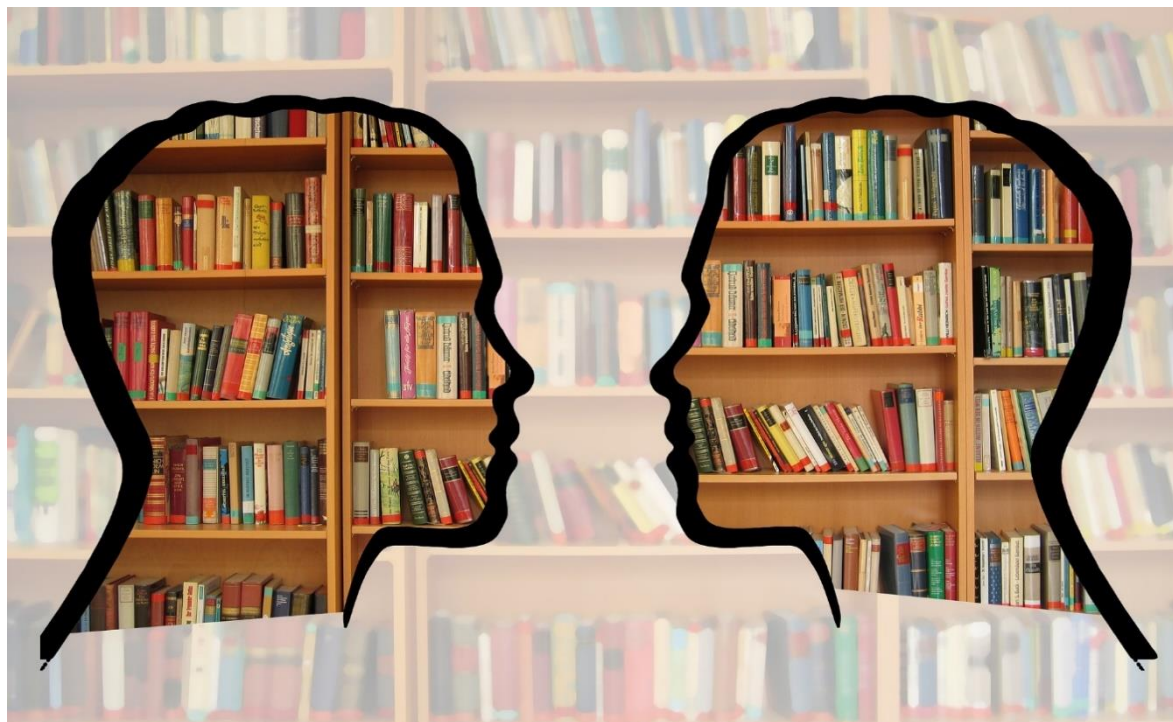
ICGP
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ICGP Publications



We look at what's being published lately in the ICGP.

Latest Issue of Forum

[May 2023, Volume 40, no 4](#)

Women's Health: innovations in general practice education

[Forum Annual Focus, May 2023](#)

General Practice - The Heart of Patient Care

👁 **View** all Forums from 2023:

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

ICGP Quick Reference Guide (QRG)

[Referrals for Diagnostic Imaging - A Practical Guide for General Practitioners: Quick Reference Guide](#)

Since 2020, it is possible for GPs in Ireland to refer patients directly for diagnostic imaging. This 'Direct Access to Diagnostics' initiative is part of the HSE's Enhanced Community Care (ECC) programme, which aims to enhance community health services and reduce pressure on hospital services, with more services being provided closer to



where people live. Evaluation of the scheme indicates that enhancing access to diagnostics improved patient care by expediting diagnosis and enabling decision-making. The overarching aim of this guide is to inform GPs' practice when referring patients for diagnostic imaging.

 **View** all ICGP QRGs:

https://www.icgp.ie/go/in_the_practice/quick_reference_guides



ICGP Sustainability Working Group

[Glas Toolkit](#)

The College Sustainability Working Group is proud to present the Glas Toolkit (Glas = Green in the Irish language) which presents possible solutions to reducing the carbon footprint of general practice.

From simple and complex changes to clinical decision making, the timing of actions on clinical interventions and referrals for tests or procedures. It includes ideas and templates for clinical audits and quality improvement projects. The Toolkit includes guidance on rational prescribing and disposal of inhalers, antibiotics and medication reviews, and social prescribing.

Check out more resources on [Sustainability & Planetary Health](#)



GPWorks

Check out the latest episode of GP Works podcasts with Dr Edel McGinnity describing the crisis in children's mental health services.

 **Listen** to this episode in full here:

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

ICGP Research Staff Publications

1. Clavería, A., Collins, C., Gonzalez-Lama, J., Blázquez, B. O., Šter, M. P. (eds). (2023).

Applied research in primary care: Improving citizens' health and well-being in the real world. Lausanne: Frontiers Media SA. doi: 10.3389/978-2-8325-2300-1.

Full-text: <https://www.frontiersin.org/research-topics/37518/applied-research-in-primary-care-improving-citizens-health-and-well-being-in-the-real-world>

The right to adequate health care and welfare aims to ensure a healthy life and promote the well-being for all ages. This Research Topic is related to a holistic perspective and a life cycle approach, that considers multiple factors for the development of diseases throughout life. Primary health care (PHC) is the most accessible and frequent contact of the population with health services; and is key to a comprehensive, holistic, longitudinal, and person-centered approach to the health and well-being of the population. Therefore, PHC research is in an optimal position to address the social determinants of health, the delicate balance between risk factors and healthy lifestyles, the challenges in diagnostic and treatment decisions, the perspective and preferences of the patient and their social context, and to analyze all levels of care, including social sectors and the community as a whole. Our goal is highlight relevant research of the highest quality within primary health care, where an evidence-based culture informs efforts to improve the health of citizens and health services.

2. Peart J, Michels NR, Hanley K, Dolan C, Luyckx J, et al. **What influences on their professional development do general practice trainees report from their hospital placements? A qualitative study.** *Eur J Gen Pract.* 2023 Dec;29(1):2191947. doi: 10.1080/13814788.2023.2191947.

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37132423/>

Full-text: <https://www.tandfonline.com/doi/full/10.1080/13814788.2023.2191947>

Background: The clinical learning environment is important in GP specialty training and

impacts professional development. Uniquely for GP trainees, about half of their training periods occur in a hospital environment, which is not their final workplace. There is still little understanding of how hospital-based training influences GP's professional development.

Objectives: To seek the views of GP trainees on how their hospital experience contributes to their professional development as a GP.

Methods: This international and qualitative study seeks the views of GP trainees from Belgium, Ireland, Lithuania, and Slovenia. Semi-structured interviews were performed in the original languages. A joint thematic analysis in the English language resulted in key categories and themes.

Results: From the four themes identified, GP trainees were found to experience additional challenges on top of the service provision/education tensions, which are common to all hospital trainees. Despite these, the hospital rotation component of GP training is valued by trainees. A strong finding of our study is the need to ensure that learning from the hospital placements is placed firmly in the context of general practice, e.g. GP placements prior or parallel with the hospital placements, educational activities resourced by GPs during their hospital experience, encouraging hospital teachers to have greater awareness of the educational needs of GPs, including an awareness of their training curriculum.

Conclusion: This novel study highlights how hospital placements for GP trainees could be enhanced. Further study could be broadened to recently qualified GPs, which may uncover new areas of interest.

KEY MESSAGES

1. The trainee sees the hospital component of GP training as valuable.
2. Quality of clinical supervision significantly influences the worth of hospital experience.
3. Structuring the context of general practice during hospital placements, e.g., weekly release to GP training hours, maximises their value to the trainee.

3. Curran TI, Scopes J, Hanley K, Collins C, Coffey F. **Trainees' perceptions of course quality in postgraduate General Practice training in Ireland.** *Ir J Med Sci.* 2023 Apr 19:1-19. doi: 10.1007/s11845-023-03350-5. Epub ahead of print. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37072670/>

Full-text: <https://link.springer.com/article/10.1007/s11845-023-03350-5>

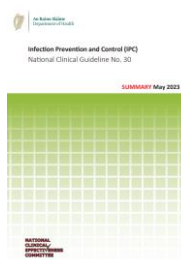
Background: Postgraduate General Practice (GP) training is structured around a formal curriculum set out by the training body. It also includes a "hidden curriculum" of experiential workplace learning in a heterogenous learning environment [1]. There is no formal national annual survey of GP trainees and their views in Ireland.

Methods: The research aim was to evaluate what the trainee population think of their training environment, and to analyse the contributory factors. A mixed methods cross-sectional survey was distributed to all third- and fourth-year GP trainees (N = 404). The Manchester Clinical Placement Index was adapted for the study.

Results: The response rate was 30.94% (N = 125). Questions 1 to 7 provided a description of the characteristics of the study population. The remainder of the questions focused on aspects which relate to constituents of the learning environment. The responses were broadly and convincingly positive and supportive of the good work being done in GP training and by trainers in Ireland today across both qualitative and quantitative findings. One notable exception was in the area of feedback where single handed fourth year practices were found to be underperforming.

Conclusions: The current research findings were broadly positive and supportive of the good work being done in GP training and by trainers in Ireland today. Further research will be needed to validate the study instrument and to further refine some aspects of its configuration. The implementation of such a survey on a regular basis may have merit as part of the quality assurance process in GP education alongside existing feedback structures [2].

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



Clinical Guideline

National Clinical Effectiveness Committee. (2023). National Clinical Guideline No. 30 - Infection Prevention and Control (IPC).

The NCG for Infection Prevention Control (IPC) has been developed to assist health and social care workers in the creation of clean and safe healthcare environments through the implementation of evidence-based practices that minimise the risk of transmission of infectious microorganisms. The HRB-CICER team completed two systematic reviews and a budget impact analysis to support the development of the guideline.

 **Read the Guideline:** [gov.ie - Infection Prevention and Control \(IPC\) \(www.gov.ie\)](https://www.gov.ie/publications-and-resources/publication/2023-05-01-infection-prevention-and-control-ipc)

Reports



O'Shea, Marie, BL. - The Independent Review of the Operation of the Health (Regulation of Termination of Pregnancy) Act 2018 (28th February 2023)

The research study is an independent review of the operation of the Health (Regulation of Termination of Pregnancy) Act 2018. It was commissioned by the Department of Health.

The review makes 10 key findings:

1: In parts of the country, abortion services are "untenable" because of uneven geographic coverage

At present, there are 422 community providers and 11 of the 19 maternity hospitals are involved in service provision. There is uneven geographic coverage. Fewer contracts between the HSE and primary care providers are recorded in the southeast, northwest, midlands and Border counties.

2: Most GPs are not providing abortion care, potentially because of workload issues

The review found that is a "dearth of information relating to GPs' reasons for not providing termination of pregnancy services" but research indicates that the main reason may be attributed to excessive workloads. A lack of hospital back up could also be a reason.

Again, the review says that allowing practice midwives and nurses and other healthcare professionals to become more involved in the provision of abortion services in the community setting could positively impact upon easing GPs' workload burdens. Currently, the provision of abortion services is limited to medical practitioners.

3: Those who abuse conscientious objection guidelines can do so "with impunity"

The report says that there is no restriction on healthcare workers who abuse their right to conscientiously object by actively obstructing or delaying a woman's access to care by providing misleading information. "It would appear that persons who engage in this conduct are able to do so with impunity," the report notes.

4: Some women are experiencing delay and obstruction

Some women "have experienced delay and obstruction", including through inaccurate and misleading information. Some have also experienced rogue agencies purporting to be pro-choice and "have felt their decision to terminate their pregnancy to be undermined". The review says the Department of Health should consider introducing a statutory obligation on healthcare workers to refrain from providing misleading information.

5: There is a lack of clarity around abortion where there is risk to the life or health of a woman

According to the review, medical practitioners find the wording of legislation, which allows terminations where there is a serious risk to the health or risk to the life of a woman, to be ambiguous. They said there is no guidance as to the threshold of "risk" or "serious harm".

6: There are similar issues around abortion in the case of fatal foetal abnormalities

The review found that there is a lack of clarity around allowing abortion in the case of fatal foetal abnormality, save in straightforward cases. "It can be difficult to implement in practice, even in cases where the condition may be fatal and associated with severe morbidity and/or disability," the report says.

7: Ethical issues have emerged around palliative care

Palliative care - which is the provision of comfort care to babies born alive after termination of pregnancy - also emerged as an issue. Paediatricians and neonatologists have a key role in the provision of comfort care to newborns. "However, the extent to which they are prepared to become involved is described as differing across settings and differing across the circumstances of the birth, with some not being prepared to offer comfort care where the birth is a result of a termination of pregnancy."

8: The three day wait for abortion medication is problematic for women

Because of the uneven distribution and shortage of services, particularly in the southeast, northwest, midlands and Border counties, women in those areas have had to travel to access GP care. The journey, the review says, can be sometimes long and come at a significant cost. The review recommends that the three day wait be made optional.

9: Criminalisation can stigmatise women and deter doctors from providing abortion services

Criminalisation of abortion can be "stigmatising for women as it reinforces its social and cultural framing as an immoral and aberrant act," the review says. The positioning of abortion in criminal law may also "deter healthcare professionals from engaging in

services, not because they do not want to provide but because they feel that the law does not protect them." The review recommends removing the criminal sanction from healthcare workers providing abortion services.

10: Ireland's abortion laws could be challenged under a human rights case

The report says that it appears the legal framework governing termination of pregnancy is "not aligned with Ireland's human rights obligations", due to the barriers around implementation. "This could lead to future challenge by women seeking terminations of pregnancy."

 **Read the Report:** [gov.ie - Terms of Reference for a Strategic Review of General Practice \(www.gov.ie\)](https://www.gov.ie/terms-of-reference-for-a-strategic-review-of-general-practice)

View more information: [No decision made on abortion law changes - Varadkar \(rte.ie\)](https://www.rte.ie/news/health/2023/05/10/abortion-law-changes/)

Houses of the Oireachtas Joint Committee on Health Report on the Pre-Legislative Scrutiny of the General Scheme of the Health (Termination of Pregnancy Services (Safe Access Zones)) Bill 2022 (May 2023)

The General Scheme of the Health (Termination of Pregnancy Services (Safe Access Zones)) Bill 2022 provides for the establishment of exclusion zones around medical facilities. The fundamental aim of the General Scheme of this Bill is to provide for the safety of women and pregnant people seeking access to Termination of Pregnancy Services, and the providers of these services.


Speaking on the report, Committee Cathaoirleach Seán Crowe TD said that "The Committee has recommended that a clear, practical and effective system of recording prior warnings be included in the Bill. The Joint Committee hopes that this recommendation, and the discussions raised during the pre-legislative process will assist Minister Donnelly and Department officials in strengthening this piece of legislation."

 **Read the Report:** [Report on the Pre-Legislative Scrutiny of the Health \(Termination of Pregnancy Services \(Safe Access Zones\)\) Bill 2022 \(oireachtas.ie\)](https://www.oireachtas.ie/en/media/committees/health/terminating-pregnancy-services-sa-zones-bill-2022/)

The Climate & Health Alliance 'Fixing Food Together: Transitioning Ireland to a healthy and sustainable food system' (May 2023)

The Climate and Health Alliance launched its Sustainable Diets report entitled 'Fixing Food Together' in May 2023 at a landmark conference that featured a host of domestic and international speakers and experts. The report aims to tackle the increasingly fraught subject from a new health-focused perspective and points to how moving towards a healthier and more sustainable food system can support a more sustainable agriculture sector with lower emissions and promote better health for all people in Ireland.

Speaking on RTE's Morning Ireland about the urgent need to improve Ireland's food system, the Irish heart Foundation's Senior Dietician and lead author of the paper, Orna O'Brien, said, "We need to more than halve the carbon footprint of what we eat, and to achieve such a huge reduction we need to focus on policy level changes and structural systems changes."

 **Read the report:** ['Fixing Food Together' report launched by the Climate & Health Alliance – Climate and Health Alliance \(wordpress.com\)](https://www.climateandhealthalliance.com/fixing-food-together)

 **Listen here:** [Irish diet like a 'slow-motion disaster' - report \(rte.ie\)](https://www.rte.ie/news/health/2023/05/10/irish-diet-like-a-slow-motion-disaster/)



EBM Round-Up

NMIC Therapeutics Today (May 2023)

In this month's issue:

- Experiences of medication management among nonagenarians
- Use of pharmacy services in community-dwelling middle-aged and older adults in Ireland
- Oral anticoagulant safety audit
- Prevalence of antibiotic-associated Stevens-Johnson syndrome and toxic epidermal necrolysis (SJS/TEN)
- Guidance/advice documents
- NMIC useful medicines information resources webpage update
- Regular features
 - May'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](#).

Healthy Workforces Website



Developed under the National Framework for Healthy Workplaces and funded by Healthy Ireland, this new website is intended to be a one-stop-shop that helps organisations to make their workplace a Healthy Workplace.

It features interactive tools to facilitate the delivery and evaluation of health and wellbeing initiatives in workplaces of any size.

It is designed to cater for the needs of public and private organisations and is targeted towards members of staff from Wellness/Health Promotion, Human Resources, Occupational Health, Health & Safety, decision-makers in senior management, and employees hoping to champion a Healthy Workplace.

 **View** here: <https://healthyworkplace.ie/>



WHO Policy Briefing on Obesity Prevention and Management in Children & Adolescents (17th May 2023)

Obesity in all age groups, including children and adolescents, is a public health challenge across all settings. Obesity is now classified as a complex multifactorial chronic disease and not just a risk factor for other noncommunicable diseases and comorbidities. Recognizing the significance of primary health care for an effective and efficient response to the obesity epidemic, the World Health Organization (WHO) has developed guidance on how to build capacity in the health system to deliver health services for prevention and management of obesity across the life course. This policy brief discusses the challenges and opportunities for preventing obesity in children and adolescents, and providing health services to treat and manage those already living with obesity. It outlines possible interventions through the primary health care approach.

 **View** here: [A primary health care approach to obesity prevention and management in children and adolescents: policy brief \(who.int\)](#)

Irish Articles

1. McHugh S, Riordan F, Shelton RC. **Breaking the quality-equity cycle when implementing prevention programmes.** *BMJ Qual Saf.* 2023 May;32(5):247-250. doi: 10.1136/bmjqs-2022-015558. Epub 2022 Dec 8. [Open Access]
Full-text: <https://qualitysafety.bmj.com/content/32/5/247.long>
2. Tandan M, Dunlea S, Bury G. **Hepatitis C Infection and Treatment among Injecting Drug Users Attending General Practice: A Systematic Review and Meta-Analysis.** *Int J Environ Res Public Health.* 2023 Apr 18;20(8):5569. doi: 10.3390/ijerph20085569. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37107851/>
Full-text: <https://www.mdpi.com/1660-4601/20/8/5569>
The care provided in general practice to intravenous drug users (IDUs) with hepatitis C (HCV) extends beyond opioid substitution therapy. An aggregated analysis of HCV service utilization within general practice specifically related to diagnosis and treatment outcomes remains unknown from previous literature. This study aims to estimate the prevalence of HCV and analyze data related to the diagnosis and treatment-related outcomes of HCV patients with a history of intravenous drug use in the general practice setting. The prevalence of HCV in IDUs is 46% in general practice. Only ten studies reported HCV-related treatment outcomes; however, the overall uptake rate was below 10%, with a cure rate of 64%. Likewise, the genotypic variants of HCV diagnoses, medication types, and doses were poorly reported, suggesting a need for further research into this aspect of care within this patient group to ensure optimal treatment outcomes.
3. Elhakeem A, Taylor AE, Inskip HM, Huang JY, Mansell T, et al. **Long-term cardiometabolic health in people born after assisted reproductive technology: a multi-cohort analysis.** *Eur Heart J.* 2023 Apr 21;44(16):1464-1473. doi: 10.1093/eurheartj/ehac726. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36740401/>
Full-text: <https://academic.oup.com/eurheartj/article/44/16/1464/7026325?login=false>
To examine associations of assisted reproductive technology (ART) conception (vs. natural conception: NC) with offspring cardiometabolic health outcomes and whether these differ with age. These findings of small and statistically non-significant differences in offspring cardiometabolic outcomes should reassure people receiving ART. Longer-term follow-up is warranted to investigate changes over adulthood in the risks of hypertension, dyslipidaemia, and preclinical and clinical cardiovascular disease.
4. Mattsson M, Boland F, Kirke C, Flood M, Wallace E, et al. **The impact of lidocaine plaster prescribing reduction strategies: a comparison of two national health services in Europe.** *Br J Clin Pharmacol.* 2023 May 10. doi: 10.1111/bcp.15779. Epub ahead of print. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37164354/>
Full-text: <https://bpspubs.onlinelibrary.wiley.com/doi/10.1111/bcp.15779>
In 2017, two distinct interventions were implemented in Ireland and England to reduce prescribing of lidocaine medicated plasters. In Ireland, restrictions on reimbursement were introduced through implementation of an application system for reimbursement. In England, updated guidance on items which should not be routinely prescribed in primary care, including lidocaine plasters, was published. This study aims to compare how the interventions impacted prescribing of lidocaine plasters in these countries. Ireland had higher rates of lidocaine dispensings compared to England throughout the study period; this was 15.22/1,000 population immediately pre-intervention, and there was equivalent to a 97.2% immediate reduction following the intervention. In England, the immediate pre-intervention dispensing rate was 0.36/1,000, with an

immediate reduction of 0.0251/1,000 (a 5.8% decrease), followed by a small but significant decrease in the monthly trend relative to the pre-intervention trend of 0.0057 per month. Among two different interventions aiming to decrease low-value lidocaine plaster prescribing, there was a substantially larger impact in Ireland of reimbursement restriction compared to issuing guidance in England. However, this is in the context of much higher baseline rates of use in Ireland compared to England.

5. Byrne D, Prendergast C, Fahey T, Moriarty F. **Clinical study reports published by the European Medicines Agency 2016-2018: a cross-sectional analysis.** *BMJ Open*. 2023 May 15;13(5):e068981. doi: 10.1136/bmjopen-2022-068981. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37188475/>

Full-text: <https://bmjopen.bmj.com/content/13/5/e068981.long>

To describe the characteristics of clinical study report (CSR) documents published by the European Medicines Agency (EMA), and for included pivotal trials, to quantify the timeliness of access to trial results from CSRs compared with conventional published sources. The EMA Clinical Data website contains lengthy clinical trial documents. Almost half of submissions to the EMA were based on single pivotal trials, many of which were phase 1 trials. CSRs were the only source and a timelier source of information for many trials. Access to unpublished trial information should be open and timely to support decision-making for patients.

Research Articles

1. Bell A, Andrade JG, Macle L, Connelly KA, LaBine L, Singer AG. **Approach to atrial fibrillation: Essentials for primary care.** *Can Fam Physician*. 2023 Apr;69(4):245-256. doi: 10.46747/cfp.6904245. PMID: 37072207. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37072207/>

Full-text: <https://www.cfp.ca/content/69/4/245.long>

Objective: To support family physicians in preventing atrial fibrillation (AF) in patients at risk and in identifying and managing those with established AF; and to summarize key recommendations for ideal screening and care of patients.

Sources of information: The 2020 Canadian Cardiovascular Society and Canadian Heart Rhythm Society comprehensive guidelines for the management of AF, based on current evidence and clinical experience related to AF.

Main message: Atrial fibrillation, which is estimated to affect at least 500,000 Canadians, is associated with high risks of stroke, heart failure, and death. Primary care clinicians occupy a central role in the management of this chronic condition, focusing on the challenges of preventing AF and identifying, diagnosing, treating, and following patients with AF. Evidence-based guidelines that provide optimal management strategies have been published by the Canadian Cardiovascular Society and Canadian Heart Rhythm Society to assist in these tasks. Messages critical to primary care are offered to support effective knowledge translation.

Conclusion: Most patients with AF can be managed effectively in primary care. Family physicians not only play an important role in ensuring patients with AF receive timely diagnoses, but they are also key to providing initial and ongoing care, especially in patients with comorbid conditions.

2. Mattke S, Batie D, Chodosh J, Felten K, Flaherty E, et al. **Expanding the use of brief cognitive assessments to detect suspected early-stage cognitive impairment in primary care.** *Alzheimers Dement*. 2023 Apr 19.

doi: 10.1002/alz.13051. Epub ahead of print. PMID: 37073874. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37073874/>

Full-text: <https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/alz.13051>

Introduction: Mild cognitive impairment remains substantially underdiagnosed, especially in disadvantaged populations. Failure to diagnose deprives patients and families of the opportunity to treat reversible causes, make necessary life and lifestyle changes and receive disease-modifying treatments if caused by Alzheimer's disease. Primary care, as the entry point for most, plays a critical role in improving detection rates.

Methods: We convened a Work Group of national experts to develop consensus recommendations for policymakers and third-party payers on ways to increase the use of brief cognitive assessments (BCAs) in primary care.

Results: The group recommended three strategies to promote routine use of BCAs: providing primary care clinicians with suitable assessment tools; integrating BCAs into routine workflows; and crafting payment policies to encourage adoption of BCAs.

Discussion: Sweeping changes and actions of multiple stakeholders are necessary to improve detection rates of mild cognitive impairment so that patients and families may benefit from timely interventions.

3. Bandeira-de Oliveira M, Aparicio-González T, Del Cura-González I, Suárez-Fernández C, Rodríguez-Barrientos R, Barrio-Cortes J. **Adjusted morbidity groups and survival: a retrospective cohort study of primary care patients with chronic conditions.** *BMC Prim Care.* 2023 Apr 20;24(1):103. doi: 10.1186/s12875-023-02059-9. PMID: 37081395. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37081395/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10120109/>

Chronic conditions are one of the main determinants of frailty, functional disability, loss of quality of life and the number one cause of death worldwide. This study aimed to describe the survival of patients with chronic conditions who were followed up in primary care according to the level of risk by adjusted morbidity groups and to analyse the effects of sex, age, clinician and care factors on survival. There was a gradual and significant decrease in the survival of patients with chronic conditions according to their level of risk as defined by adjusted morbidity groups. Other factors, such as older age, receiving palliative care, high number of chronic conditions, complexity, and polymedication, had a negative effect on survival. The adjusted morbidity groups are useful in explaining survival outcomes and may be valuable for clinical practice, resource planning and public health research.

4. Pahlavanyali S, Hetlevik Ø, Baste V, Blinkenberg J, Hunskaar S. **Continuity of care and mortality for patients with chronic disease: an observational study using Norwegian registry data.** *Fam Pract.* 2023 Apr 19:cmad025. doi: 10.1093/fampra/cmad025. Epub ahead of print. PMID: 37074143. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37074143/>

Full-text: <https://academic.oup.com/fampra/advance-article/doi/10.1093/fampra/cmad025/7130282?login=false>

Research on continuity of care (CoC) is mainly conducted in primary care and has received little acknowledgment in other levels of care. This study sought to investigate CoC across care levels for patients with selected chronic diseases, along with its association with mortality. CoC was

moderate to high for disease-related contacts across care levels. A higher mortality associated with lower CoC was observed for patients with COPD, diabetes mellitus, and heart failure. A similar, but not statistically significant trend was found for patients with asthma. This study suggests that higher CoC across levels of care can decrease mortality.

5. Tahsin F, Armas A, Kirakalaprathapan A, Kadu M, Sritharan J, Steele Gray C. **Information and Communications Technologies Enabling**

Integrated Primary Care for Patients With Complex Care Needs:

Scoping Review. *J Med Internet Res.* 2023 Apr 19;25:e44035. doi:

10.2196/44035. PMID: 37074779. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37074779/>

Full-text: <https://www.jmir.org/2023/1/e44035>

Information and communications technologies (ICTs) are recognized as critical enablers of integrated primary care to support patients with multiple chronic conditions. Although ICT-enabled integrated primary care holds promise in supporting patients with complex care needs through team-based and continued care, critical implementation factors regarding what ICTs are available and how they enable this model are yet to be mapped in the literature. This scoping review addressed the current knowledge gap by answering the following research question: What ICTs are used in delivering integrated primary care to patients with complex care needs? ICTs play a critical role in enabling clinical and professional integration in the primary care setting to meet the health system-related needs of patients with complex care needs. Future research is needed to explore how to integrate technologies at an organizational and system level to create a health system that is well prepared to optimize technologies to support patients with complex care needs.

6. Bridgwood BM, Sayers RD. **Peripheral artery disease (PAD) in primary care-educational experiences for PAD primary care in England-a mixed-method study.** *Fam Pract.* 2023 Apr 21:cmad048. doi: 10.1093/fampra/cmad048. Epub ahead of print. PMID: 37084285. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37084285/>

Full-text: <https://academic.oup.com/fampra/advance-article/doi/10.1093/fampra/cmad048/7135866?login=false>

Peripheral artery disease (PAD), the pathophysiologic narrowing of arterial blood vessels of the lower leg due to atherosclerosis, is a highly prevalent disease, with sharp increases in prevalence with age. Primary care is ideally located to identify and manage PAD. This study aims to identify the educational experiences, opinions, and confidence of primary care clinicians (PCCs) regarding PAD. PCCs report variation in PAD education received, where the content could not often be recalled. Patient-focussed experiential and self-directed learning, formed the largest method to gain PAD education. All PCCs recognized that they have an important role in recognizing PAD yet confidence in recognizing and diagnosing PAD was lacking. PCCs acknowledged that late or missed PAD diagnosis resulted in significant patient morbidity and mortality. Yet many did not recognize PAD as a common disease. As "specialist-generalists" with finite resources, education provided to primary care needs to be applicable for the multimorbid patient presentations often seen, utilizing resources available in primary care, with consideration to the time constraints endured.

7. Sarkar A, Nwagwu C, Craig T. **Hereditary Angioedema: A Disease Often Misdiagnosed and Mistreated.** *Prim Care.* 2023 Jun;50(2):295-303. doi: 10.1016/j.pop.2022.11.005. Epub 2023 Feb 26. PMID: 37105608.

[Available via Inter-Library Loan - Contact the ICGP Library]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37105608/>

Hereditary angioedema is a rare autosomal dominant condition characterized by episodes of swelling of the upper airway, intestines, and skin. The disorder is characterized by deficiency in C1 esterase inhibitor (C1-INH) or a decrease in functional C1-INH. Treatment options include on demand therapy (treatment of acute attacks), long-term prophylaxis, and short-term prophylaxis. Corticosteroids, epinephrine, and antihistamines are not effective for this form of angioedema. The high mortality in patients undiagnosed underscores a need for broader physician awareness to identify these patients and initiate therapy.

8. van der Feltz-Cornelis C, Heightman M, Allsopp G. **Learning from long COVID: integrated care for multiple long-term conditions.** *Br J Gen Pract.* 2023 Apr 27;73(730):196-197. doi: 10.3399/bjgp23X732561. PMID: 37105737.
Full-text: <https://bjgp.org/content/73/730/196.long>
9. Gopal DP, Hunter M, Butler D, O'Donovan D, Hart N, Kearney G, Blane D. **Trauma-informed care: what does it mean for general practice?** *Br J Gen Pract.* 2023 Apr 27;73(730):229-231. doi: 10.3399/bjgp23X732837. PMID: 37105741; PMCID: PMC10147442.
Full-text: <https://bjgp-org.icgplibrary.idm.oclc.org/content/73/730/229>
10. Lee H, Koh SB, Jo HS, Lee TH, Nam HK, et al. **Global Trends in Social Prescribing: A Web-Based Crawling Approach.** *J Med Internet Res.* 2023 Apr 6. doi: 10.2196/46537. Epub ahead of print. PMID: 37086427.
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37086427/>
Full-text: <https://preprints.jmir.org/preprint/46537/accepted>
Social loneliness is a prevalent issue in industrialized countries that can lead to adverse health outcomes, including a 26% increased risk of premature mortality, coronary heart disease, stroke, depression, cognitive impairment, and Alzheimer's disease. The UK government has implemented a strategy called A Connected Society, which includes social prescribing, a healthcare model where primary care physicians prescribe non-pharmacological interventions in partnership with local communities to address social loneliness. Despite efforts to evaluate their effectiveness, healthcare professionals and policymakers have stressed the lack of strong evidence, indicating a need for evidence-based plans to disseminate social prescribing worldwide. This study aims to identify global trends in social prescribing from 2018. To this end, we intend to collect and analyze words related to social prescribing worldwide and evaluate various trends of related words by classifying the core areas of social prescribing. Based on these findings, we propose to provide evidence for implementing social prescribing. This study's discussion highlights four key aspects: 1) "Healthy" category trends emphasize mental health, cancer, and sleep; 2) "Program" category prioritizes gardening, community, home-schooling, and digital initiatives; 3) "Governance" underscores the significance of community resources in social prescribing implementation; and 4) "Target" focuses on four main groups: individuals with long-term conditions, low-level mental health issues, social isolation, or complex social needs impacting wellbeing. Social prescribing is gaining global acceptance and is becoming a global national policy, as the world is witnessing a sharp rise in the aging population, non-contagious diseases, and mental health problems. A successful and sustainable model of social prescribing can be achieved by introducing social prescribing schemes based on the understanding of roles and the impact of multi-sectoral partnerships.
11. Griebenow M. **Should physicians team up to treat chronic diseases?** *J Health Econ.* 2023 May;89:102740. doi: 10.1016/j.jhealeco.2023.102740. Epub 2023 Feb 24. PMID: 36930998. [Available via Inter-Library Loan -

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Abstract: <https://pubmed.ncbi.nlm.nih.gov/36930998/>

This paper studies referral strategy and effort provision of a primary care physician and a specialist who are responsible for the treatment of chronically ill patients who can be in a mild or severe condition. Two organizational settings are compared, a team in which physicians cooperate and solo practices in which they do not. Team care is strictly superior to solo practice care if the difference in expected treatment costs between disease severities is relatively larger for the primary care physician. Otherwise, solo practice care is weakly superior to team care under reasonable assumptions.

12. van der Laan SEI, Berkelbach van der Sprenkel EE, Lenters VC, Finkenauer C, van der Ent CK, Nijhof SL. **Defining and Measuring Resilience in Children with a Chronic Disease: a Scoping Review.** *Advers Resil Sci.* 2023;4(2):105-123. doi: 10.1007/s42844-023-00092-2. Epub 2023 Apr 10. PMID: 37139096; PMCID: PMC10088629. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37139096/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10088629/>

More than 25% of all children grow up with a chronic disease. They are at higher risk for developmental and psychosocial problems. However, children who function resiliently manage to adapt positively to these challenges. We aim to systematically review how resilience is defined and measured in children with a chronic disease. A search of PubMed, Cochrane, Embase, and PsycINFO was performed on December 9, 2022, using resilience, disease, and child/adolescent as search terms. Two reviewers independently screened articles for inclusion according to predefined criteria. Extraction domains included study characteristics, definition, and instruments assessing resilience outcomes, and resilience factors. Fifty-five out of 8766 articles were identified as relevant. In general, resilience was characterized as positive adaptation to adversity. The included studies assessed resilience by the outcomes of positive adaptation, or by resilience factors, or both. We categorized the assessed resilience outcomes into three groups: personal traits, psychosocial functioning, and disease-related outcomes. Moreover, myriad of resilience factors were measured, which were grouped into internal resilience factors (cognitive, social, and emotional competence factors), disease-related factors, and external factors (caregiver factors, social factors, and contextual factors). Our scoping review provides insight into the definitions and instruments used to measure resilience in children with a chronic disease. More knowledge is needed on which resilience factors are related to positive adaptation in specific illness-related challenges, which underlying mechanisms are responsible for this positive adaptation, and how these underlying mechanisms interact with one another.

13. Barradell AC, Gerlis C, Houchen-Wolloff L, Bekker HL, Robertson N, Singh SJ. **Systematic review of shared decision-making interventions for people living with chronic respiratory diseases.** *BMJ Open.* 2023 May 2;13(5):e069461. doi: 10.1136/bmjopen-2022-069461. PMID: 37130669; PMCID: PMC10163462. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37130669/>

Full-text: <https://bmjopen.bmj.com/content/13/5/e069461.long>

Shared decision-making (SDM) supports patients to make informed and value-based decisions about their care. We are developing an intervention to enable healthcare professionals to support patients' pulmonary rehabilitation (PR) decision-making. To identify intervention components we needed to evaluate others carried out in chronic respiratory diseases (CRDs). We aimed to evaluate the impact of SDM interventions on patient

decision-making (primary outcome) and downstream health-related outcomes (secondary outcome). These findings suggest developing an SDM intervention including a patient decision aid, healthcare professional training, and a consultation prompt could support patient PR decisions, and health-related outcomes. Using a complex intervention development and evaluation research framework will likely lead to more robust research, and a greater understanding of service needs when integrating the intervention within practice.

14. Bosnic-Anticevich S, Bender B, Shuler M, Hess M, Kocks J. **Recognizing and tackling inhaler technique decay in asthma and COPD clinical practice.** *J Allergy Clin Immunol Pract.* 2023 May 3:S2213-2198(23)00472-5. doi: 10.1016/j.jaip.2023.04.031. Epub ahead of print. PMID: 37146881. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37146881/>

Full-text: [https://linkinghub.elsevier.com/retrieve/pii/S2213-2198\(23\)00472-5](https://linkinghub.elsevier.com/retrieve/pii/S2213-2198(23)00472-5)

Poor inhaler technique continues to represent a substantial barrier to effective asthma and chronic obstructive pulmonary disease (COPD) management. It can result in perceived lack of treatment effectiveness even with apparent adherence to a prescribed regimen of inhaled maintenance therapies, potentially resulting in unnecessary change or escalation of treatment. Many patients are not trained to inhaler mastery in real-world practice; furthermore, even where mastery is initially achieved, ongoing assessment and education are seldom maintained. In this review, we present an overview of the evidence for deterioration of inhaler technique over time following training, investigate the factors that contribute to this deterioration, and explore innovative approaches to addressing the problem. We also propose steps forward drawn from the literature and our clinical insights.

15. Poberezhets V, Kasteleyn MJ. **Telemedicine and home monitoring for COPD - a narrative review of recent literature.** *Curr Opin Pulm Med.* 2023 May 5. doi: 10.1097/MCP.0000000000000969. Epub ahead of print. PMID: 37140553. [Available via Inter-Library Loan - Contact ICGP Library]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37140553/>

Home monitoring for COPD patients improves medical care and disease management despite minor drawbacks and obstacles to its wide implementation. Involving end-users in evaluating and co-creating new telemonitoring interventions has the potential to improve the quality of remote monitoring for COPD patients in the near future.

16. Hoerold M, Heytens H, Debbeler CM, Ehrentreich S, Rauwolf T, et al. **An evidence map of systematic reviews on models of outpatient care for patients with chronic heart diseases.** *Syst Rev.* 2023 May 6;12(1):80. doi: 10.1186/s13643-023-02227-z. PMID: 37149625; PMCID: PMC10163805. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37149625/>

Full-text:

<https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-023-02227-z>

Chronic heart disease affects millions of people worldwide and the prevalence is increasing. By now, there is an extensive literature on outpatient care of people with chronic heart disease. We aimed to systematically identify and map models of outpatient care for people with chronic heart disease in terms of the interventions included and the outcomes measured and reported to determine areas in need of further research. Evidence on outpatient care for people with chronic heart diseases is broad. However, comparability is limited due to differences in

interventions and outcome measures. Outpatient care for people with coronary heart disease and atrial fibrillation is a less well-studied area compared to heart failure. Our evidence mapping demonstrates the need for a core outcome set and further studies to examine the effects of models of outpatient care or different interventions with adjusted outcome parameters.

17. Pedroni C, Djuric O, Bassi MC, Mione L, Caleffi D, et al. **Elements Characterising Multicomponent Interventions Used to Improve Disease Management Models and Clinical Pathways in Acute and Chronic Heart Failure: A Scoping Review.** *Healthcare (Basel)*. 2023 Apr 25;11(9):1227. doi: 10.3390/healthcare11091227. PMID: 37174769; PMCID: PMC10178532. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/37174769/>

Full-text: <https://www.mdpi.com/2227-9032/11/9/1227>

This study aimed to summarise different interventions used to improve clinical models and pathways in the management of chronic and acute heart failure (HF). A scoping review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) statement. MEDLINE (via PubMed), Embase, The Cochrane Library, and CINAHL were searched for systematic reviews (SR) published in the period from 2014 to 2019 in the English language. Primary articles cited in SR that fulfil inclusion and exclusion criteria were extracted and examined using narrative synthesis. Interventions were classified based on five chosen elements of the Chronic Care Model (CCM) framework (self-management support, decision support, community resources and policies, delivery system, and clinical information system). Out of 155 SRs retrieved, 7 were considered for the extraction of 166 primary articles. The prevailing setting was the patient's home. Only 46 studies specified the severity of HF by reporting the level of left ventricular ejection fraction (LVEF) impairment in a heterogeneous manner. However, most studies targeted the populations with $LVEF \leq 45\%$ and $LVEF < 40\%$. Self-management and delivery systems were the most evaluated CCM elements. Interventions related to community resources and policy and advising/reminding systems for providers were rarely evaluated. No studies addressed the implementation of a disease registry. A multidisciplinary team was available with similarly low frequency in each setting. Although HF care should be a multi-component model, most studies did not analyse the role of some important components, such as the decision support tools to disseminate guidelines and program planning that includes measurable targets.

18. Gordon M, Sinopoulou V, Ibrahim U, Abdulshafea M, Bracewell K, Akobeng AK. **Patient education interventions for the management of inflammatory bowel disease.** *Cochrane Database Syst Rev*. 2023 May 4;5(5):CD013854. doi: 10.1002/14651858.CD013854.pub2. PMID: 37172140; PMCID: PMC10162698.

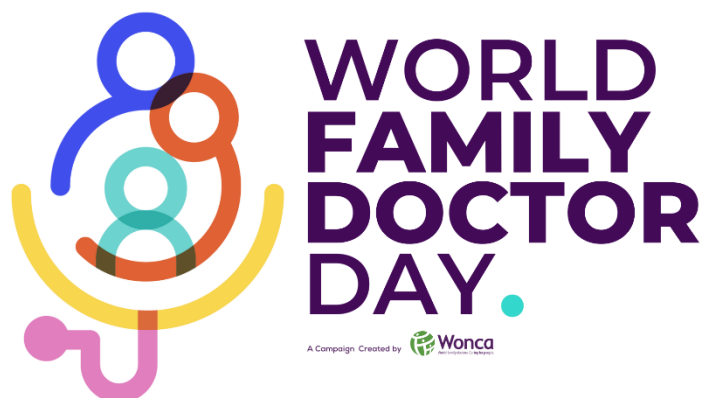
Abstract: <https://pubmed.ncbi.nlm.nih.gov/37172140/>

Full-text:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013854.pub2/full>

Inflammatory bowel disease (IBD) is a life-long condition for which currently there is no cure. Patient educational interventions deliver structured information to their recipients. Evidence suggests patient education can have positive effects in other chronic diseases. To identify the different types of educational interventions, how they are delivered, and to determine their effectiveness and safety in people with IBD. The ways in which patient educational support surrounding IBD may impact on

disease outcomes is complex. There is evidence that education added to standard care is probably of no benefit to disease activity or quality of life when compared with standard care, and may be of no benefit for occurrence of relapse when compared with standard care. However, as there was a paucity of specific information regarding the components of education or standard care, the utility of these findings is questionable. Further research on the impact of education on our primary outcomes of disease activity, flare-ups/relapse and quality of life is probably not indicated. However, further research is necessary, which should focus on reporting details of the educational interventions and study outcomes that educational interventions could be directly targeted to address, such as healthcare access and medication adherence. These should be informed by direct engagement with stakeholders and people affected by Crohn's and colitis.



Health Awareness

In May, we have Brain Tumour Awareness Month & Skin Cancer Awareness Month, World Asthma Day (May 2nd), World Hand Hygiene Day (May 5th), World Ovarian Cancer Day (May 8th), World Fibromyalgia Day & International Nurses Day (May 12th), European Public Health Week (May 22nd-26th) and European Week Against Cancer (May 25th-31st). The 30th European Congress on Obesity is taking place in the Convention Centre Dublin from the 17th - 20th May. Here, we focus on IBD Awareness Day which takes place on the 19th May.

[Crohn's & Colitis Ireland](#) provides a patient-to-patient support group for people who are living with Inflammatory Bowel Disease (IBD) in Ireland. They offer a helpline support, information leaflets, and advocate on behalf of IBD patients. This year, they launched a new campaign entitled "*Poo Taboo – lifting the lid on Crohn's and Colitis*" with a [symptom checker](#) to educate the public to stop ignoring the key signs of what can be a serious disease, stop making excuses for their symptoms, and get medical advice from reliable healthcare professionals like GPs. Currently, it typically takes patients more than two years to get diagnosed. They will be encouraging the public to get symptoms checked out and provide reliable information to GP's and pharmacists to help in accessing if symptoms needed to be investigated further for IBD, and what tests are available locally. This will include providing evidence-based information and referral pathways we have developed with Gastroenterologists and IBD Nurses. Check out more resources to [make a Gut Friendly World](#).

World Family Doctor Day

World Family Doctor Day (WFDD) is on the 19th May 2023. This year's theme is *Family Doctors: The Heart of Healthcare*.

This annual celebration since 2010 is a significant occasion to highlight the vital role and contribution of family doctors and primary care teams in healthcare systems worldwide. It recognises the central role of Family Doctors in delivering personal, comprehensive, and continuous health care to patients.

This day is an excellent opportunity to acknowledge and appreciate the progress made in family medicine and the exceptional contributions of primary care teams globally.


On 19 May, we honour and appreciate the tireless efforts of family doctors and primary care teams in improving healthcare outcomes and creating healthier communities worldwide. WONCA provides a useful toolkit of resources available at <https://worldfamilydoctorday.org/>.



Check out the [SAVE LIVES: Clean Your Hands Campaign](#) from WHO.

Learn more about [European Week Against Cancer](#) & [European Public Health Week](#).

More details about the [30th European Congress on Obesity](#).



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