



ICGP Library Recommended Reading

February 2023
Issue 2

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's being published lately in the ICGP.

Latest Issue of Forum

January/February 2023, Volume 40, no 1

Assisted Dying: Impact on clinical practice for GPs



ICGP Quick Reference Guides (QRGs)

Deprescribing in General Practice: Quick Reference Guide

This Quick Reference Guide (QRG) will give an overview of the process of deprescribing, the benefits and challenges and provide some examples of how deprescribing could be enacted focusing on specific drugs.



GPWorks

In the latest episode of our GP Works podcast, CEO Fintan Foy discusses the importance of the College's new Strategy - "Navigating the Future of General Practice 2023 - 2026", with fresh insights into the roadmap for the College's expansion and development.

Listen to the episode in full here:

<https://lnkd.in/e4zgyxUq>

ICGP Research Staff Publications

McAuliffe E, Mulcahy Symmons S, Conlon C, Rogers L, De Brún A, Mannion M, Keane N, Glynn L, Ryan J, Quinlan D. **COVID-19 community assessment hubs in Ireland: A study of staff and patient perceptions of their value.** *Health Expect.* 2023 Feb;26(1):119-131. doi: 10.1111/hex.13603. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36333948/>

Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/hex.13603>

This study describes staff and patients' experiences of these hubs. An unexpected outcome of this study is its demonstration of the true value of effective multidisciplinary working, not only for the staff who were deployed to this service but also for the patients in receipt of care in these hubs.

Teixeira F, Li E, Laranjo L, Collins C, Irving G, Fernandez MJ, Car J, Ungan M, Petek D, Hoffman R, Majeed A, Nessler K, Lingner H, Jimenez G, Darzi A, Jácome C, Neves AL.

Digital maturity and its determinants in General Practice: A cross-sectional study in 20 countries. *Front Public Health.* 2023 Jan 13;10:962924. doi:

10.3389/fpubh.2022.962924. PMID: 36711349; PMCID: PMC9880412. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36711349/>

Full-text: <https://www.frontiersin.org/articles/10.3389/fpubh.2022.962924/full>

This study assessed the digital maturity in General Practice (GP) globally and evaluated its association with participants' demographic characteristics, practice characteristics and features of Electronic Health Records (EHRs) use. One thousand six hundred GPs (61% female, 68% Europeans) participated. GPs had a median digital maturity of 4 (P25-P75: 3-5). Positive associations with digital maturity were found with: male gender [$B = 0.18$ (95% CI 0.01; 0.36)], use of EHRs for longer periods [$B = 0.45$ (95% CI 0.35; 0.54)] and higher frequencies of access to EHRs [$B = 0.33$ (95% CI 0.17; 0.48)]. Practicing in a rural setting was negatively associated with digital maturity [$B = -0.25$ (95%CI -0.43; -0.08)]. Usage (90%) was the most acknowledged dimension while interoperability (47%) and use of best practice general evaluation methods (28%) were the least. Shorter durations of EHRs use were negatively associated with all digital maturity dimensions (aOR from 0.09 to 0.77).

Guidelines

National Guidelines on Referral and Forensic Clinical Examination Following Rape and Sexual Assault (Ireland) 5th Edition (2023)

This document is designed to facilitate all aspects of a responsive and coordinated service for people who have experienced sexual violence. This document ensures that clearly defined referral pathways exist, so that all people, regardless of age or gender, can access appropriate individualised care that is responsive to their needs. Section 6 provides concise guidance for General Practitioners (GPs).

 Read the guidelines: [Sexual Assault Response Team National Guidelines \(hse.ie\)](https://www.hse.ie/eng/health/sexualassault/sexualassault.htm)

Report of the Scientific Committee of the Food Safety Authority of Ireland Vitamin D: Scientific Recommendations for 5 to 65 Year Olds Living in Ireland (Feb 2023)

The Food Safety Authority of Ireland (FSAI) today published a report on vitamin D recommendations for people aged between 5 and 65 years in Ireland. The publication marks the first time that vitamin D nutrition has been examined in terms of how people aged 5-65 years can achieve optimal intakes for long term health. In addition to food sources, vitamin D supplements are recommended for everyone, in particular teenagers, pregnant women and people of dark-skinned ethnicity who are at highest risk of vitamin D deficiency. The report will now inform the Department of Health's national guidelines on how to achieve optimal vitamin D nutrition in people aged 5-65 years.

Read the report: [FSAI publishes scientific report on vitamin D nutrition for people aged 5 to 65 years in Ireland](#)

Reports

HSE National Policy for Consent in Health and Social Care Research (Dec 2022)

The policy aims to ensure that research is conducted safely, ethically and in compliance with legal regulations. It provides one overarching policy to guide healthcare services hosting research, particularly to those conducting research and to Research Ethics Committees approving research in the HSE and its funded organisations. It details the recommended guidance for obtaining consent for prospective participants to take part in health and social care research.

 **Read the policy:** [Consent for research in health and social care - HSE | Research & Development \(hseresearch.ie\)](https://www.hse.ie/research/consent)

The Alliance of Age Sector NGOs Telling it like it is: Combatting Ageism (Jan 2023)

The report highlights the nature and impact of ageism in Ireland and offers several evidence-informed strategies to reduce it. Ageism arises when age categorises and divides people in ways that lead to harm, disadvantage and injustice. Ageism is ever-present and has considerable harmful effects, including a shorter lifespan, diminished mental and physical health, isolation, lost commitment to the workplace, cognitive decline, and reduced quality of life.

The report includes nine actions which, when implemented, will reduce the stigma and ill effects associated with ageing. The most pressing of these actions is the appointment of an Independent Commissioner for Ageing and Older People – similar to that in place in both Northern Ireland and Wales. The Alliance believes that the establishment of a Commissioner for Ageing and Older People would support our ageing population by actioning a programme for government which prioritises older people. It would ensure

that all the commitment to mainstreaming ageing is kept to the fore of policy and decision-making and that there is enhanced investment in programmes and services to combat ageism nationally.

 **Read the report:** [The Alliance of Age Sector NGOs calls for Independent Commissioner for Older People - Irish Hospice Foundation](#)

Mental Health Commission (MHC) Interim Report arising from an Independent Review of the Provision of Child and Adolescent Mental Health Services (CAMHS) in the State (Jan 2023)

ICGP welcomes the publication of the interim review into CAMHS by the Inspector of Mental Health Services, which highlights considerable shortcomings in the service. ICGP hope this report will be the catalyst to seismic change in mental health services for children and adolescents. GPs express deep frustration at the high level of CAMHS referrals declined, and the lengthy waiting lists for essential mental health services for children. The Inspector's final Report is due for publication later this year.

 **Read the MHC Press Release:** [Interim Report arising from an Independent Review of the Provision of Child and Adolescent Mental Health Services \(CAMHS\) in the State | Mental Health Commission \(mhcirl.ie\)](#)

 [View the ICGP Press Release](#)

National Cancer Registry (NCRI) Cancer inequalities in Ireland by deprivation, 2004-2018 (Jan 2023)

This report measures differences in cancer incidence, five-year survival and stage at presentation between populations living in the most and least deprived areas in Ireland for the diagnosis period 2014-2018.

Key findings include:

- Overall, there was a 7% higher age-standardised incidence for males and a 5% higher incidence for females living in most deprived areas compared to those living in the least deprived areas in 2014-2018
- Overall, there was lower five-year cancer survival rates in patients from the most deprived areas compared to those in the least deprived areas. Those in the most deprived areas had a 28% higher mortality risk due to cancer within five years of cancer diagnosis compared to those in the least deprived areas, having adjusted for age, gender, and cancer type.
- Differences in the types of cancers diagnosed in the most and least deprived areas, with a higher incidence of stomach, lung and cervical cancer in people living in most deprived areas, while those living in least deprived areas show a higher incidence of breast, prostate, and melanoma and non-melanoma skin cancer.
- People living in the most deprived areas had a higher risk of late-stage presentation for breast and prostate cancers than those living in least deprived areas. No disparities in stage of presentation were found for lung or colorectal cancers when comparing the least and most deprived groups.
- Although cancer incidence rates have fallen and survival rates have improved over time across the majority of cancers and for all sectors of society, there is no

evidence of any reduction in disparities between those living in the least and the most deprived areas.

 **Read the report:** [New report by the National Cancer Registry assesses the effect of deprivation on cancer | National Cancer Registry Ireland \(ncri.ie\)](#)

EBM Round-Up

NMIC Therapeutics Today (Feb 2023)

In this month's issue:

- Metabolic adverse events associated with systemic corticosteroids
- Prevalence of drug-drug interactions in older adults in the community
- Values and preferences of patients and caregivers regarding eczema treatment
- Online eczema interventions to support self-care for children and young people
- Guideline and/or advice updates
- Regular features
 - Medication Safety Minutes
 - Updates to the HSE antibiotic prescribing website
 - Health Products Regulatory Authority (HPRA) updates
 - Health Protection Surveillance Centre updates
 - February's medication reflection!

 [View this issue.](#)



HSE Antimicrobial Resistance and Infection Control Team RESIST Newsletter (Feb 2023, 16th)

In this month's issue:

1. Message from the Chief Clinical Officer
2. Infection control day
3. AMRIC Clinical Lead
4. 3 new education modules launched
5. AMRIC printed resources
6. AMS guidelines workshop
7. National Patient Safety Conference
8. Updated standard precautions poster
9. IPC workshop Navan
10. New epidemiologist/ AMR leaders
11. Get better without antibiotics
12. Hospital PPS results
13. RESIST rollout
14. CPE screening map

 [View this issue.](#)



HSE Patient Safety Together: Learning, Sharing & Improving (Feb 2023)

This new, recently launched website enables all users to access and download new and up-to-date quality and patient safety information and resources online. The new online resource supports the [HSE Patient Safety Strategy \(2019- 2024\)](#) and was co-developed using a collaborative approach with a wide representation of interested and dedicated people who both work in and use the health services in Ireland.

Irish Articles

1. McCormack D, Frankel A, Gallagher J. **Minor surgery in primary care has reduced minor surgery waiting lists: a 12-month review.** *Ir J Med Sci.* 2023 Feb;192(1):41-43. doi: 10.1007/s11845-022-02928-9. Epub 2022 Feb 4. PMID: 35122214; PMCID: PMC8816307. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/35122214/>
Full-text Article: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8816307/>
To determine the range of minor surgical procedures performed in a single group general practice, subsequent referrals made to secondary care, follow-up surgical procedures required and post-operative complications within a patient group. 133 procedures were carried out over the 12-month period. Of these patients, the majority were male, and the mean age was 44 years old. The most common procedures included the removal of ingrown toenails, lesion excisions and punch biopsies. Histological analysis was done on biopsies, with a low rate of misdiagnosis pre-operatively. Additionally, there were minimal referrals and no complications recorded. This study has demonstrated the ability for minor surgery to be safely carried out in primary care. The integration of general practice, general surgery and plastic surgery could provide a higher level of patient care and exchange of skills to help reduce waiting lists and alleviate the burden secondary care.
2. Farrell J, Cullen W, Broughan JM. **Joint and soft tissue injections in Irish primary care: a survey of general practitioners' attitudes and practices.** *BJGP Open.* 2023 Jan 31:BJGPO.2022.0093. doi: 10.3399/BJGPO.2022.0093. Epub ahead of print. PMID: 36720561. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36720561/>
Full-text Article: <https://bjgpopen.org/content/early/2023/01/29/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 general practitioners (GPs) internationally. It is unknown how commonly they are performed by GPs in Ireland. To determine the frequency and type of joint and soft tissue injections performed by GPs in Ireland and investigate factors affecting their use. 147 of 204 GPs (72.0%) had performed an intra-articular or soft tissue injection in the preceding year. GPs who were principals, male, or worked in a rural/mixed practice setting were more likely to perform these procedures. The most common injection sites were the shoulder and knee. Participants were confident about performing joint and soft tissue injections. 80.4% had received prior training in this treatment modality, most commonly during their GP training programme. A prolonged wait for secondary care intervention, symptom duration and symptom severity were factors which increased the likelihood of performing injection. Difficulty maintaining skills and medicolegal concerns were common barriers to performing joint and soft tissue injections.
3. Garzón-Orjuela N, Parveen S, Amin D, Vornhagen H, Blake C, Vellinga A. **The Effectiveness of Interactive Dashboards to Optimise Antibiotic Prescribing in Primary Care: A Systematic Review.** *Antibiotics (Basel).* 2023 Jan 10;12(1):136. doi: 10.3390/antibiotics12010136. PMID: 36671337; PMCID: PMC9854857.
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36671337/>
Full-text Article: <https://www.mdpi.com/2079-6382/12/1/136>
Governments and healthcare organisations collect data on antibiotic prescribing (AP) for surveillance. This data can support tools for visualisations and feedback

to GPs using dashboards that may prompt a change in prescribing behaviour. The objective of this systematic review was to assess the effectiveness of interactive dashboards to optimise AP in primary care. A total of ten studies were included (eight RCTs and two non-RCTs). Overall, seven studies showed a slight reduction in AP. However, this reduction in AP when offering a dashboard may not in itself result in reductions but only when combined with educational components, public commitment or behavioural strategies. Only one study recorded dashboard engagement and showed a difference of 10% (95% CI 5% to 15%) between intervention and control. None of the studies reported on the development, pilot or implementation of dashboards or the involvement of stakeholders in design and testing. Interactive dashboards may reduce AP in primary care but most likely only when combined with other educational or behavioural intervention strategies.

4. Maher V, Gallagher J, Agar R, Griffin D, Colwell N, O'Connor P, McAdam B, Tomkin G, Owens D, Ryan M, Tormey W, Durkan M. **Abbreviated lipid guidelines for clinical practice : Based on ESC lipid guidelines 2019 and ESC cardiovascular disease prevention in clinical practice guidelines 2021.** *Ir J Med Sci.* 2023 Feb 7. doi: 10.1007/s11845-023-03277-x. Epub ahead of print. PMID: 36746882.

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36746882/>

Full-text Article: <https://link-springer-com.icgplibrary.idm.oclc.org/article/10.1007/s11845-023-03277-x>

Lipid disorders are now considered causal for atherosclerotic cardiovascular disease (ASCVD) which remains one of the most important contributors to morbidity and mortality in the developed world. Identification and early treatment of lipid disarrays remains the cornerstone of good clinical practice to prevent, halt and even reverse ASCVD. Guidelines for lipid management are imperative to help promote good clinical practice. The recent ESC lipid guidelines 2019 and the ESC guidelines on CVD prevention in clinical practice 2021 (1,2), provide an excellent detailed summary of all the latest evidence supporting lipid interventions that reduce ASCVD. We therefore developed a single-page document with hyperlinks to help practitioners gain easy access to practical information on lipid management. It has been developed for future electronic use in clinical practice. It is presented here in a tabular format together with printable versions of the associated hyperlinks that provide the additional information required in decision making. It is hoped to audit the impact of this approach to help guide future ways of disseminating the latest clinical guideline updates.

5. Croke A, Cardwell K, Clyne B, Moriarty F, McCullagh L, Smith SM. **The effectiveness and cost of integrating pharmacists within general practice to optimize prescribing and health outcomes in primary care patients with polypharmacy: a systematic review.** *BMC Prim Care.* 2023 Feb 6;24(1):41. doi: 10.1186/s12875-022-01952-z. PMID: 36747132; PMCID: PMC9901090. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36747132/>

Full-text Article: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9901090/>

Polypharmacy and associated potentially inappropriate prescribing (PIP) place a considerable burden on patients and represent a challenge for general practitioners (GPs). Integration of pharmacists within general practice (herein 'pharmacist integration') may improve medications management and patient outcomes. This systematic review assessed the effectiveness and costs of pharmacist integration. Pharmacist integration probably reduced PIP and number of medications however, there was no clear effect on other patient outcomes; and while interventions in a small number of studies appeared to be cost-effective, further robust, well-designed cluster RCTs with economic evaluations are required to determine cost-effectiveness of pharmacist integration.

6. Pierse T, Morris R, OToole L, Kinirons B, Staddon E. **The retention of training doctors in the Irish health system.** *Ir J Med Sci.* 2023 Feb 16. doi: 10.1007/s11845-023-03288-8. Epub ahead of print. PMID: 36792762. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36792762/>
Full-text Article: <https://link-springer-com.icgplibrary.idm.oclc.org/article/10.1007/s11845-023-03288-8>
 The aim of this study is to estimate the number of trainee doctors leaving the Irish health system and the numbers returning. Eighty-four percent of interns who commenced intern training in 2015 subsequently commenced a basic specialist training (BST) or general practice (GP) training programme in subsequent years (2016-2021). Of those who completed BST training in 2017, 75% went on to higher specialist training (HST) in Ireland. In 2021, of the 2016 cohort of doctors awarded Certificates of Satisfactory Completion of Specialist Training (CSCST), 68% are employed in Ireland and 32% are abroad or unknown. Of the 2016 group that are abroad, the UK is the main country of practice. There are variations in the retention rate across disciplines; from the 2016 cohort, 52% of anaesthesiology CSCSTs were working in Ireland in 2021 compared to 88% of psychiatry CSCSTs.
7. Houston M. **Ireland sees massive emigration of doctors to Australia.** *BMJ.* 2023 Feb 13;380:349. doi: 10.1136/bmj.p349. PMID: 36781183.
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36781183/>
Full-text Article: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/380/bmj.p349>
8. O'Connor P, O'Malley R, Kaud Y, Pierre ES, Dunne R, Byrne D, Lydon S. **A scoping review of patient safety research carried out in the Republic of Ireland.** *Ir J Med Sci.* 2023 Feb;192(1):1-9. doi: 10.1007/s11845-022-02930-1. Epub 2022 Feb 5. PMID: 35122620; PMCID: PMC8817163. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/35122620/>
Full-text Article: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8817163/>
 The aims of this study are: (1) to examine the extent, range, and nature of patient safety research activities carried out in the Republic of Ireland (RoI); (2) make recommendations for future research; and (3) consider how these recommendations align with the Health Service Executive's (HSE) patient safety strategy. . A total of 31 papers met the inclusion criteria. Of the 24 papers concerned with measuring and monitoring safety, 12 (50%) assessed past harm, 4 (16.7%) the reliability of safety systems, 4 (16.7%) sensitivity to operations, 9 (37.5%) anticipation and preparedness, and 2 (8.3%) integration and learning. Of the six intervention papers, three (50%) were concerned with education and training, two (33.3%) with simplification and standardisation, and one (16.7%) with checklists. One paper was concerned with identifying potential safety interventions. There is a modest, but growing, body of patient safety research conducted in the RoI.
9. Murphy S, Carter L, Al Shizawi T, Queally M, Brennan S, O'Neill S. **Exploring the relationship between breastfeeding and the incidence of infant illnesses in Ireland: evidence from a nationally representative prospective cohort study.** *BMC Public Health.* 2023 Jan 20;23(1):140. doi: 10.1186/s12889-023-15045-8. PMID: 36670399; PMCID: PMC9854149.
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36670399/>
Full-text: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-15045-8>
 Exclusive breastfeeding for 90+ days is associated with protection against childhood morbidity. Given the protective effect of breastfeeding on adverse health effects in infants, policy makers should prioritise policies that support, promote and protect exclusive breastfeeding.

10. Mineva GM, Purtill H, Dunne CP, Philip RK. **Impact of breastfeeding on the incidence and severity of respiratory syncytial virus (RSV)-associated acute lower respiratory infections in infants: a systematic review highlighting the global relevance of primary prevention.** *BMJ Glob Health.* 2023 Feb;8(2):e009693. doi: 10.1136/bmjgh-2022-009693. PMID: 36746518; PMCID: PMC9906265. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36746518/>
Full-text Article: <https://gh.bmj.com/content/8/2/e009693.long>
Respiratory syncytial virus (RSV) is the principal cause of acute lower respiratory infections (ALRI) among infants worldwide, and an important cause of morbidity, hospitalisation and mortality. This study aims to determine the association of breastfeeding on the frequency and severity of RSV-associated ALRI among infants. Results indicate that non-breastfeeding practices pose a significant risk for severe RSV-associated ALRI and hospitalisation. Exclusive breastfeeding for >4-6 months significantly lowered hospitalisation, length of stay, supplemental oxygen demand and admission to intensive care units. In the context of no effective or standardised treatment for established RSV-associated ALRI, available evidence suggest that breastfeeding is associated with lower frequency and severity of RSV-associated ALRI, based on observational studies of variable grades of evidence and risk-of-bias. With both exclusive and partial breastfeeding benefiting infants who develop RSV-associated ALRI, breastfeeding should be promoted globally as an adjunct primary prevention; in addition to emerging immunoprophylaxis and maternal immunisation strategies.
11. O'Dowd E, Lydon S, Ward ME, Kane M, Geary U, Rudland C, O'Connor P. **The impact of the COVID-19 pandemic on patient complaints within one Irish teaching hospital.** *Ir J Med Sci.* 2023 Feb 14. doi: 10.1007/s11845-023-03282-0. Epub ahead of print. PMID: 36787028. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36787028/>
Full-text Article: <https://link-springer-com.icgplibrary.idm.oclc.org/article/10.1007/s11845-023-03282-0>
There were 146 complaints received in Q4 2019 and 114 in Q4 2020. Complaint severity was significantly higher in Q4 2019 as compared to Q4 2020. However, there were no other significant differences. Institutional processes (e.g. staffing, resources) were the most common reason for complaints (30% in Q4 2019 and 36% in Q4 2020). The majority of complaints were concerned with care on the ward (23% in Q4 2019 and 31% in Q4 2020). The severity of complaints was significantly higher in Q4 2019 than in Q4 2020, which requires further exploration as the reasons for this are unclear. The lack of a difference in the frequency and content of complaints during the two time periods was unexpected. However, this may be linked to a number of factors, including public support for the healthcare system, existing system-level issues in the hospital, or indeed increased staff collaboration in the context of the COVID-19 crisis.
12. Hutch W, O' Sullivan T, Foley T. **Dementia palliative care education and training for healthcare professionals: A scoping review protocol.** *HRB Open Res.* 2023 Jan 20;5:13. doi: 10.12688/hrbopenres.13486.2. PMID: 36762169; PMCID: PMC9883599. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36762169/>
Full-text Article: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9883599/>
The aim of this scoping review is to identify effective education and training interventions for HCPs, who care for people with advanced dementia approaching end of life.
13. Brennan MM, Herlihy A, Kelly S, Lawlor C, Heavy L. **Treat Climate Change like the Public Health Emergency it is.** *Ir Med J.* 2023 Jan 19;116(1):709.
Full-text Article: <https://imj.ie/treat-climate-change-like-the-public-health-emergency-it-is/>

Research Articles

1. Lommatzsch M, Brusselle GG, Levy ML, Canonica GW, Pavord ID, Schatz M, Virchow JC. **A²BCD: a concise guide for asthma management.** *Lancet Respir Med.* 2023 Jan 27:S2213-2600(22)00490-8. doi: 10.1016/S2213-2600(22)00490-8. Epub ahead of print. PMID: 36716752. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36716752/>

Full-text: [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(22\)00490-8/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(22)00490-8/fulltext)

The management of asthma has changed fundamentally during the past two decades. Precise assessment and phenotyping are now required to establish individually targeted treatment with disease-modifying anti-asthmatic drugs (DMAADs). Patients with asthma are often managed by primary care doctors or non-respiratory specialists in secondary care. However, the implementation of complex asthma guidelines in non-specialised care remains a challenge. There is a need for easy-to-understand, concise guides for general practice. In this Viewpoint, we propose a one-page practical guide for asthma management, titled A²BCD, with four components: dual assessment (A²) of asthma (ie, diagnosis and phenotype, plus asthma control and future risks); basic measures (B; eg, education, self-management skills, regular physical activity, and avoidance of asthma triggers); identification and treatment of comorbidities (C) of asthma (eg, chronic rhinosinusitis, obesity, or sleep apnoea); and phenotype-specific, individually targeted treatment with DMAADs (D), including individual inhalation schemes based on inhaled corticosteroids, leukotriene modifiers, biologics, and allergen immunotherapy.

2. Moloney M, Digby G, MacKinnon M, Morra A, Barber D, Queenan J, Gupta S, To T, Loughheed MD. **Primary care asthma surveillance: a review of knowledge translation tools and strategies for quality improvement.** *Allergy Asthma Clin Immunol.* 2023 Jan 17;19(1):3. doi: 10.1186/s13223-022-00755-2. PMID: 36650578; PMCID: PMC9843861. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36650578/>

Full-text: <https://aacijournal.biomedcentral.com/articles/10.1186/s13223-022-00755-2>

Viable knowledge translation (KT) strategies are increasingly sought to improve asthma diagnosis, particularly in primary care. Despite this understanding, practical KT tools to support primary care practitioners are not widely available. Electronic medical records (EMRs) offer an opportunity to optimize the diagnosis and surveillance of chronic diseases such as asthma, and support quality improvement initiatives that increase adherence to guideline-recommended care. This review aims to describe the current state of electronic KT electronic tools (eTools) and surveillance systems for asthma and identify opportunities to increase adherence to asthma diagnostic guidelines by implementing digital KT eTools. Established KT eTools for asthma such as electronic questionnaires, computerized clinical decision support systems (CDSS), chronic disease surveillance networks, and asthma registries have been effective in improving the quality of asthma diagnosis and care. As well, chronic disease surveillance systems, severe asthma registries, and workplace asthma surveillance systems have demonstrated success in monitoring asthma outcomes. However, lack of use and/or documentation of objective measures of lung function, challenges in identifying asthma cases in EMRs, and limitations of data sources have created barriers in the development of KT eTools. Existing digital KT eTools that overcome these data quality limitations could provide an opportunity to improve adherence to best-practice guidelines for asthma diagnosis and management. A digital asthma surveillance system could support adherence to best-practice

guidelines of asthma diagnosis and surveillance by prompting use of objective methods of confirmation to confirm an asthma diagnosis within the EMR.

3. Cherney DZI, Bell A, Girard L, McFarlane P, Moist L, Nessim SJ, Soroka S, Stafford S, Steele A, Tangri N, Weinstein J. **Management of Type 2 Diabetic Kidney Disease in 2022: A Narrative Review for Specialists and Primary Care.** *Can J Kidney Health Dis.* 2023 Jan 25;10:20543581221150556. doi: 10.1177/20543581221150556. PMID: 36726361; PMCID: PMC9884958. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36726361/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9884958/>

The goal of this document is to provide a narrative review of the current evidence for the treatment of diabetic kidney disease (DKD) that supports this new standard of care and to provide practice points. It is critical that DKD be identified as early as possible in the course of the disease to optimally prevent disease progression and associated complications. Patients with diabetes should be routinely screened for DKD with assessments of both urinary albumin and kidney function. Treatment decisions should be individualized based on the risks and benefits, patients' needs and preferences, medication access and cost, and the degree of glucose lowering needed. Patients with DKD should be treated to achieve targets for A1C and blood pressure. Renin-angiotensin-aldosterone system blockade and treatment with SGLT2 inhibitors are also key components of the standard of care to reduce the risk of kidney and CV events for these patients. Finerenone should also be considered to further reduce the risk of CV events and chronic kidney disease progression. Education of patients with diabetes prescribed SGLT2 inhibitors and/or finerenone is an important component of treatment.

4. Danhieux K, Buffel V, Remmen R, Wouters E, van Olmen J. **Scale-up of a chronic care model-based programme for type 2 diabetes in Belgium: a mixed-methods study.** *BMC Health Serv Res.* 2023 Feb 9;23(1):141. doi: 10.1186/s12913-023-09115-1. PMID: 36759890; PMCID: PMC9911183. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36759890/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9911183/>

Type 2 diabetes (T2D) is an increasingly dominant disease. Interventions are more effective when carried out by a prepared and proactive team within an organised system - the integrated care (IC) model. The Chronic Care Model (CCM) provides guidance for its implementation, but scale-up of IC is challenging, and this hampers outcomes for T2D care. In this paper, we used the CCM to investigate the current implementation of IC in primary care in Flanders (Belgium) and its variability in different practice types. Besides the presence of a nurse or secretary, also working multidisciplinary under one roof and a capitation-based financing system are important features of a system wherein IC for T2D can be scaled-up successfully. Belgian policymakers should rethink the role of paramedics in primary care and make the financing system more integrated. As the scale-up of the IC varied highly in different contexts, uniform roll-out across a health system containing multiple types of practices may not be successful.

5. Holloway D, James S, Ekinici E, Craft J. **Systematic review of the effectiveness of nurse-led care in reducing glycated haemoglobin in adults with Type 1 or 2 diabetes.** *Int J Nurs Pract.* 2023 Feb 2:e13135. doi: 10.1111/ijn.13135. Epub ahead of print. PMID: 36733216. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36733216/>

Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/ijn.13135>

This study aimed to determine the effectiveness of nurse-led care in reducing glycated haemoglobin in adults with Type 1 or 2 diabetes. Findings support nurse-led Type 1 and 2 diabetes care. Although further research is required,

changes may necessitate increased recognition of nurse-led care and funding. Nurse-led care models should differ according to health-care settings.

6. Pottel H, Björk J, Rule AD, Ebert N, Eriksen BO, Dubourg L, Vidal-Petiot E, Grubb A, Hansson M, Lamb EJ, Littmann K, Mariat C, Melsom T, Schaeffner E, Sundin PO, Åkesson A, Larsson A, Cavalier E, Bukabau JB, Sumaili EK, Yayo E, Monnet D, Flamant M, Nyman U, Delanaye P. **Cystatin C-Based Equation to Estimate GFR without the Inclusion of Race and Sex.** *N Engl J Med.* 2023 Jan 26;388(4):333-343. doi: 10.1056/NEJMoa2203769. PMID: 36720134. [Available via Inter-Library Loan – Contact ICGP Library]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36720134/>

The accuracy of estimation of kidney function with the use of routine metabolic tests, such as measurement of the serum creatinine level, has been controversial. The European Kidney Function Consortium (EKFC) developed a creatinine-based equation (EKFC eGFRcr) to estimate the glomerular filtration rate (GFR) with a rescaled serum creatinine level (i.e., the serum creatinine level is divided by the median serum creatinine level among healthy persons to control for variation related to differences in age, sex, or race). Whether a cystatin C-based EKFC equation would increase the accuracy of estimated GFR is unknown. The EKFC eGFRcys equation had the same mathematical form as the EKFC eGFRcr equation, but it had a scaling factor for cystatin C that did not differ according to race or sex. In cohorts from Europe, the United States, and Africa, this equation improved the accuracy of GFR assessment over that of commonly used equations.

7. Peterson GM, Radford J, Russell G, Zwar N, Mullan J, Batterham M, Mazza D, Eckermann S, Metusela C, Saunderson T, Kitsos A, Bonney A. **Cluster-randomised trial of the Effectiveness of Quality Incentive Payments in General Practice (EQuIP-GP): Prescribing of medicines outcomes.** *Res Social Adm Pharm.* 2023 Jan 29:S1551-7411(23)00031-1. doi: 10.1016/j.sapharm.2023.01.011. Epub ahead of print. PMID: 36754667. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36754667/>

Full-text:

<https://www.sciencedirect.com/science/article/pii/S1551741123000311?via%3Dihub>

The Effectiveness of Quality Incentive Payments in General Practice (EQuIP-GP) study investigated whether targeted financial incentives promoting access to a preferred general practitioner, post-hospitalisation follow-up and longer consultations, increase patient-perceived relational continuity in primary care. Secondary outcomes included the use of medicines. To evaluate whether introducing a general practice-level service model incorporating enrolment and continuous and graded quality improvement incentives influenced the total prescriptions written and potentially inappropriate prescribing of medicines. Total prescribing volume and the use of key medicines were not influenced by quality-linked financial incentives for offering longer consultations and early post-hospital review for enrolled patients.

8. Nadarajah R, Wu J, Hogg D, Raveendra K, Nakao YM, Nakao K, Arbel R, Haim M, Zahger D, Parry J, Bates C, Cowan C, Gale CP. **Prediction of short-term atrial fibrillation risk using primary care electronic health records.** *Heart.* 2023 Feb 9;heartjnl-2022-322076. doi: 10.1136/heartjnl-2022-322076. Epub ahead of print. PMID: 36759177. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36759177/>

Full-text: <https://heart.bmj.com/content/early/2023/02/09/heartjnl-2022-322076.long>

Atrial fibrillation (AF) screening by age achieves a low yield and misses younger individuals. We aimed to develop an algorithm in nationwide routinely collected primary care data to predict the risk of incident AF within 6 months (Future Innovations in Novel Detection of Atrial Fibrillation (FIND-AF)). FIND-AF, a

machine learning algorithm applicable at scale in routinely collected primary care data, identifies people at higher risk of short-term AF.

9. Noordman J, Meurs M, Poortvliet R, Rusman T, Orrego-Villagran C, Ballester M, Ninov L, de Guzmán EN, Alonso-Coello P, Groene O, Suñol R, Heijmans M, Wagner C. **Contextual factors for the successful implementation of self-management interventions for chronic diseases: A qualitative review of reviews.** *Chronic Illn.* 2023 Feb 6:17423953231153337. doi: 10.1177/17423953231153337. Epub ahead of print. PMID: 36744382. [Available via Inter-Library Loan – Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36744382/>
To identify and describe the most relevant contextual factors (CFs) from the literature that influence the successful implementation of self-management interventions (SMIs) for patients living with type 2 diabetes mellitus, obesity, COPD and/or heart failure. For the successful implementation of SMIs, it is crucial to take CFs on several levels into account simultaneously. Person-centered care, by tailoring SMIs to patients' needs and circumstances, may increase the successful uptake, application and implementation of SMIs in real-life practice. The next step will be to identify the most important CFs according to various stakeholders through a group consensus process.
10. Pacyna JE, Ennis JS, Kullo IJ, Sharp RR. **Examining the Impact of Polygenic Risk Information in Primary Care.** *J Prim Care Community Health.* 2023 Jan-Dec;14:21501319231151766. doi: 10.1177/21501319231151766. PMID: 36718804; PMCID: PMC9893392. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36718804/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9893392/>
Polygenic risk testing examines variation across multiple genes to estimate a risk score for a particular disease, including risk scores for many common, chronic health conditions. Although polygenic risk information (PRI) may be a promising tool for enhancing preventive counseling and facilitating early identification of disease, its potential impact on primary-care encounters and disease prevention efforts has not been well characterized. PRI has the potential to become an important tool in primary care. However, patient views about PRI as well as the complexities of disease prevention in the primary care context may limit the impact of PRI on disease prevention.
11. Green ET, Cox NS, Arden CM, Warren CJ, Holland AE. **What is the effect of a brief intervention to promote physical activity when delivered in a healthcare setting? A systematic review.** *Health Promot J Austr.* 2023 Feb 2. doi: 10.1002/hpja.697. Epub ahead of print. PMID: 36727304. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36727304/>
Full-text: <https://onlinelibrary.wiley.com/doi/10.1002/hpja.697>
What are the effects of a brief intervention to promote physical activity (PA) delivered in a healthcare setting other than primary care? 25 eligible papers were included. Brief counselling interventions were associated with increased PA compared to control, for both self-reported PA (mean difference 34 minutes/week, 95% CI 9 to 60 minutes), and pedometer (MD 1541 steps/day, 95% CI 433 to 2649) at medium term follow-up. Brief counselling interventions delivered in a healthcare setting may support improved PA. Clinicians working in healthcare settings should consider the implementation of brief interventions to increase PA in vulnerable patient groups, including older adults and those with chronic illness.
12. Hu R, Hui SS, Lee EK, Stoutenberg M, Wong SY, Yang YJ. **Factors associated with physical activity promotion efforts in individuals with chronic diseases: A systematic review from the perspective of patients.** *Patient Educ Couns.* 2023 Apr;109:107641. doi: 10.1016/j.pec.2023.107641. Epub 2023 Jan 20. PMID: 36724581. [Available via Inter-Library Loan – Contact the ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36724581/>

To determine factors associated with healthcare provider physical activity (PA) promotion in individuals with chronic diseases from the perspective of patients. Factors identified from this review provide insights for developing of strategies related to healthcare provider PA promotion for individuals with chronic diseases.

13. Li M, Tang H, Liu X. **Primary care team and its association with quality of care for people with multimorbidity: a systematic review.** *BMC Prim Care.* 2023 Jan 19;24(1):20. doi: 10.1186/s12875-023-01968-z. PMID: 36653754; PMCID: PMC9850572. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36653754/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9850572/>
 Multimorbidity is posing an enormous burden to health systems, especially for primary healthcare system. While primary care teams (PCTs) are believed to have potentials to improve quality of primary health care (PHC), less is known about their impact on the quality of care for people with multimorbidity. We assessed the characteristics of PCTs and their impact on the quality of care for people with multimorbidity and the mechanisms. PCTs were summarized into three types-upward PCTs, downward PCTs and traditional PCTs according to the skill mix. The upward PCTs included primary care workers and specialists from upper-level hospitals, downward PCTs involving primary care workers and lay health workers, and traditional PCTs involving physicians and care managers. PCTs improved patients' mental and psychological health outcomes greatly, and also improved patients' perceptions towards care including satisfaction with care, sense of improvement, and patient-centeredness. PCTs also improved the process of care and changed providers' behaviors. However, PCTs showed mixed effects on clinical outcome measures. PCTs have improved mental and psychological health outcomes, the process of care, patients' care experiences, and satisfaction towards care for patients with multimorbidity. The effect of PCTs on clinical outcomes and changes in patient behaviors need to be further explored.
14. Lukaschek K, Beltz C, Rospleszcz S, Schillok H, Falkai P, Margraf J, Gensichen J. **Depressive primary care patients' assessment of received collaborative care.** *Sci Rep.* 2023 Feb 9;13(1):2329. doi: 10.1038/s41598-023-29339-9. PMID: 36759622. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36759622/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9911390/>
 The "Patient Assessment of Chronic Illness Care" (PACIC) is a tool for evaluating outpatient health service for patients with chronic diseases. Our aim was to analyze the association between PACIC scores of primary care patients with depression and patients' or patients' general practitioners' (GPs) characteristics. The PACIC may be appropriate to assess patient-perspective on depression services in primary care.
15. Altermatt-von Arb R, Stoll H, Kindlimann A, Nicca D, Lauber E, Staudacher S, Sailer Schramm M, Vökt F, Zúñiga F. **Daily practices of advanced practice nurses within a multi-professional primary care practice in Switzerland: a qualitative analysis.** *BMC Prim Care.* 2023 Jan 21;24(1):26. doi: 10.1186/s12875-023-01977-y. PMID: 36681797. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36681797/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9862513/>
 The rising global population of older persons with chronic conditions demands new primary care models. Advanced practice nurses (APNs) can help meet that need. In Switzerland, APNs have only recently been introduced in primary care and little is known about their daily practice. This study aims to describe APNs' activities and general roles at four sites with multi-professional primary care practices in the Swiss cantons of Bern and Solothurn. The APNs' daily practices cover three main themes. Their core activities are working with expanded clinical skills and being on-site specialists for patients and their relatives. These practices are surrounded by net activities, i.e., taking care of patients in tandem with the

physicians and regular visits in residential long-term care facilities. The outer activity layer consists of cohesive activities, with which APNs anchor and facilitate their role and catalyze further development of the care model. APNs tailor their expanded medical knowledge and nursing practice to maximize the value they provide in patient care. Our results indicate competencies that need to be integrated in APN education and point out the high potential of APN integration in such primary care practices.

16. Hedin K, van der Velden AW, Hansen MP, Moberg AB, Balan A, Bruno P, Coenen S, Johansen E, Kowalczyk A, Kurowska PK, van der Linde SR, Malania L, Rohde J, Verbakel J, Vornhagen H, Vellinga A. **Initial symptoms and three months follow-up after acute COVID-19 in outpatients: An international prospective cohort study.** *Eur J Gen Pract.* 2023 Jan 19:2154074. doi: 10.1080/13814788.2022.2154074. Epub ahead of print. PMID: 36655704. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36655704/>

Full-text:

<https://www.tandfonline.com/doi/full/10.1080/13814788.2022.2154074>

To assess long-COVID and post-COVID (WHO definition: symptomatic at least 12 weeks), describe lingering symptoms, their impact on daily activities, and general practice visits and explore risk factors for symptom duration in outpatients. Of 270 enrolled patients, 52% developed long-COVID and 32% post-COVID-syndrome. When only considering the presence of moderate or (very) severe symptoms at weeks 8 and 12, these percentages were 28% and 18%, respectively. Fatigue was the most often reported symptom during follow-up. The impact of lingering symptoms was most evident in sports and household activities. About half (53%) had at least one general practice contact during follow-up. Obese patients took twice as long to return to usual health (HR: 0.5, 95%CI: 0.3-0.8); no other risk profile could predict lingering symptoms. Long-COVID and post-COVID are also common in outpatients. In 32%, it takes more than 12 weeks to return to usual health.

17. Jones T, Patel R, Elwenspoek MMC, Watson JC, Mann E, Alsop K, Whiting PF. **Variation in laboratory testing for patients with long-term conditions: a longitudinal cohort study in UK primary care.** *BJGP Open.* 2023 Jan 24:BJGPO.2022.0139. doi: 10.3399/BJGPO.2022.0139. Epub ahead of print. PMID: 36693759. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36693759/>

Full-text:

<https://bjgpopen.org/content/early/2023/01/23/BJGPO.2022.0139.long>

To evaluate what laboratory tests are used to monitor people with hypertension, type 2 (T2) diabetes, or chronic kidney disease (CKD) and assess variation in test use in UK primary care. Nearly 1 million patients were included, and more than 27 million tests. The most ordered tests were for renal function (1463 per 1000 person-years), liver function (1063 per 1000 person-years), and full blood count (FBC; 996 per 1000 person-years). There was evidence of undertesting (compared with current guidelines) for HbA1c and albumin:creatinine ratio (ACR) or microalbumin, and potential overtesting of lipids, FBC, liver function, and thyroid function. Some GP practices had up to 27 times higher testing rates than others (HbA1c testing among patients with CKD). Testing rates are no longer increasing, but they are not always within the guidelines for monitoring long-term conditions (LTCs). There was considerable variation by GP practice, indicating uncertainty over the most appropriate testing frequencies for different conditions. Standardising the monitoring of LTCs based on the latest evidence would provide greater consistency of access to monitoring tests.

18. Soos B, Garies S, Cornect-Benoit A, Montgomery L, Sharpe H, Rittenbach K, Manca D, Duerksen K, Forst B, Drummond N. **Documenting cannabis use in primary care: a descriptive cross-sectional study using electronic medical**

record data in Alberta, Canada. *BMC Res Notes*. 2023 Feb 1;16(1):9. doi: 10.1186/s13104-023-06274-6. PMID: 36726135. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36726135/>

Full-text: <https://bmcrsnotes.biomedcentral.com/articles/10.1186/s13104-023-06274-6>

The objective of this study was to understand how cannabis use is documented in primary care electronic medical record (EMR) data. This was a cross-sectional study using de-identified EMR data from over 398,000 patients and 333 primary care providers in Alberta, Canada. An automated pattern-matching algorithm was developed to identify text and ICD-9 diagnostic codes indicating cannabis use in the EMR. There was a total of 11,724 records indicating cannabis use from 4652 patients, representing approximately 1.2% of the patient sample. Commonly used terms and ICD-9 codes included cannabis, marijuana/marihuana, THC, 304.3 and 305.2. Nabilone was the most frequently prescribed cannabinoid medication. Slightly more males and those with a chronic condition had cannabis use recorded more often. Overall, very few patients have cannabis use recorded in primary care EMR data and this is not captured in a systematic way. We propose several strategies to improve the documentation of cannabis use to facilitate more effective clinical care, research, and surveillance.

19. van der Steen JT, van Leussen CA, Ballentine J, Gribben L, Reid J, Hasson F, Brazil K, The BA, McLaughlin D. **Implementing Palliative Care Teams Specialized in Dementia in Two Countries: Experiences of Failure and Success.** *J Alzheimers Dis*. 2023;91(2):551-557. doi: 10.3233/JAD-220772. PMID: 36463448; PMCID: PMC9912720. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36463448/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9912720/>

Much is known about palliative care needs of persons with dementia and their family. Less is known about how to successfully implement models that address those needs. We present specialist models in the Netherlands (2017-2018) and Northern Ireland (2016-2017) contrasting its evaluations. From implementation failure in the Netherlands compared with successful implementation in Northern Ireland, we learn that recognizing roles and competencies among all involved is essential in developing effective partnership relationships. All of this is facilitated by referral before the end of life and offering various training programs and in-patient and out-patient services and therapies to show benefits early.

20. Saunders CL, Berner A, Lund J, Mason AM, Oakes-Monger T, Roberts M, Smith J, Duschinsky R. **Demographic characteristics, long-term health conditions and healthcare experiences of 6333 trans and non-binary adults in England: nationally representative evidence from the 2021 GP Patient Survey.** *BMJ Open*. 2023 Feb 2;13(2):e068099. doi: 10.1136/bmjopen-2022-068099. PMID: 36731935. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36731935/>

Full-text: <https://bmjopen.bmj.com/content/13/2/e068099.long>

We used self-reported data from the GP Patient Survey to answer the research question: what are the demographic characteristics, health conditions and healthcare experiences of trans and non-binary adults in England? : Trans and non-binary adults were younger, more likely to be from Asian, black, mixed or other ethnic groups and more likely to live in more deprived parts of the country. Age-specific patterns of long-term conditions were broadly similar among trans and non-binary adults compared with all other survey respondents, with some variation by condition. Overall, inequalities in long-term health conditions were largest for autism: OR (95% CI), 5.8 (5.0 to 6.6), dementia: 3.1 (2.5 to 3.9), learning disabilities: 2.8 (2.4 to 3.2) and mental health: 2.0 (1.9 to 2.2), with variation by age. In healthcare experience, disparities are much greater for interpersonal communication (OR for reporting a positive experience, range 0.4 to 0.7 across items) than access (OR range 0.8 to 1.2). Additionally, trans and non-binary adults

- report much higher preference for continuity 1.7 (1.6 to 1.8), with no evidence of any differences in being able to see or speak to a preferred general practitioner.
21. Morris RL, Giles S, Campbell S. **Involving patients and carers in patient safety in primary care: A qualitative study of a co-designed patient safety guide.** *Health Expect.* 2023 Jan 16. doi: 10.1111/hex.13673. Epub ahead of print. PMID: 36645147. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36645147/>
Full-Text: <https://onlinelibrary.wiley.com/doi/10.1111/hex.13673>
 This paper examines patients' and carers' views of being involved in patient safety in primary care and their views of potentially using a co-designed patient safety guide for primary care (PSG-PC) to foster both involvement and their safety. Involving patients and carers in patient safety needs a tailored and personalized approach that enables patients and carers to use resources like the PSG-PC routinely and helps challenge assumptions about their willingness and ability to be involved in patient safety. Doing so would raise awareness of opportunities to be involved in safety in line with personal preference.
 22. Searle B, Barker RO, Stow D, Spiers GF, Pearson F, Hanratty B. **Which interventions are effective at decreasing or increasing emergency department attendances or hospital admissions from long-term care facilities? A systematic review.** *BMJ Open.* 2023 Feb 2;13(2):e064914. doi: 10.1136/bmjopen-2022-064914. PMID: 36731926. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36731926/>
Full-text: <https://bmjopen.bmj.com/content/13/2/e064914.long>
 UK long-term care facility residents account for 185 000 emergency hospital admissions each year. Avoidance of unnecessary hospital transfers benefits residents, reduces demand on the healthcare systems but is difficult to implement. We synthesised evidence on interventions that influence unplanned hospital admissions or attendances by long-term care facility residents. Factors that affect hospitalisation and emergency department attendances of long-term care facility residents are complex. This review supports the already established use of advance care planning and influenza vaccination to reduce unscheduled hospital attendances. It is likely that more than one intervention will be needed to impact on healthcare usage across the long-term care facility population. The findings of this review are useful to identify effective interventions that can be combined, as well as highlighting interventions that either need evaluation or are not effective at decreasing healthcare usage.
 23. Sopcak N, Wong M, Fernandes C, Ofosu D, Khalil I, Manca D. **Prevention and screening during the COVID-19 pandemic: qualitative findings from the BETTER WISE project.** *BMC Prim Care.* 2023 Jan 23;24(1):27. doi: 10.1186/s12875-022-01954-x. PMID: 36690937. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36690937/>
Full-Text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9869314/>
 BETTER WISE is a comprehensive and structured approach that proactively addresses cancer and chronic disease prevention and screening (CCDPS), including cancer survivorship and screening for poverty and lifestyle risks for patients aged 40 to 65. Patients from 13 primary care clinics (urban, rural, and remote) in Alberta, Ontario, and Newfoundland & Labrador, Canada were invited for a 1-hour visit with a prevention practitioner (PP), a member of the primary care team with specialized training in CCDPS to provide patients an overview of eligible screening and assist with lifestyle counselling. This qualitative sub-study describes how the COVID-19 pandemic impacted BETTER WISE in a constantly changing medical landscape. The COVID-19 pandemic had and, at the time of writing, continues to have an impact on primary care, particularly on prevention, screening, and lifestyle counselling. Despite structural, procedural, and personal challenges throughout different waves of the pandemic, the primary care clinics participating in BETTER WISE were able to complete the study. Our results

- underscore the importance of the role of primary care providers in adapting to changing circumstances and support of patients in these challenging times.
24. Chi FW, Parthasarathy S, Palzes VA, Kline-Simon AH, Weisner CM, Satre DD, Grant RW, Elson J, Ross TB, Awsare S, Lu Y, Metz VE, Sterling SA. **Associations between alcohol brief intervention in primary care and drinking and health outcomes in adults with hypertension and type 2 diabetes: a population-based observational study.** *BMJ Open*. 2023 Jan 19;13(1):e064088. doi: 10.1136/bmjopen-2022-064088. PMID: 36657762; PMCID: PMC9853251. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36657762/>
Full-text: <https://bmjopen.bmj.com/content/13/1/e064088.long>
To evaluate associations between alcohol brief intervention (BI) in primary care and 12-month drinking outcomes and 18-month health outcomes among adults with hypertension and type 2 diabetes (T2D). For patients with hypertension, those who received BI had a modest but significant additional -0.06 reduction in drinks/drinking day (95% CI -0.11 to -0.01) and additional -0.30 reduction in drinks/week (95% CI -0.59 to -0.01) at 12 months, compared with those who did not. Patients with hypertension who received BI also had higher odds for having clinically meaningful reduction of diastolic BP at 18 months (OR 1.05, 95% CI 1.00 to 1.09). Among patients with T2D, no significant associations were found between BI and drinking or health outcomes examined. Alcohol BI holds promise for reducing drinking and helping to improve health outcomes among patients with hypertension who screened positive for unhealthy drinking. However, similar associations were not observed among patients with T2D. More research is needed to understand the heterogeneity across diverse subpopulations and to study BI's long-term public health impact.
 25. Alshehri AA, Hindi AMK, Cheema E, Sayeed Haque M, Jalal Z, Yahyouche A. **Integration of pharmacist independent prescribers into general practice: a mixed-methods study of pharmacists' and patients' views.** *J Pharm Policy Pract*. 2023 Jan 19;16(1):10. doi: 10.1186/s40545-023-00520-9. PMID: 36658624. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36658624/>
Full-text: <https://joppp.biomedcentral.com/articles/10.1186/s40545-023-00520-9>
Since 2015, the National Health Service (NHS) has funded pharmacists to work in general practice (GP practice) to ease workload pressures. This requires pharmacists to work in new roles and be integrated effectively in GPs. Independent prescribing is a key part of the GP pharmacist role, but little is known about pharmacists' integration into GP practice as well as patients' perceptions and experiences of the care provided by GP pharmacists. This study aims to explore the perceptions of pharmacist independent prescribers (PIPs) about their integration into GP practice and gain insight into patients' perceptions about the care provided to them by pharmacists. Pharmacist independent prescribers provide a range of clinical services for the management of long-term conditions which appear to be recognised by patients. However, there is a need to address the barriers to PIPs' integration into GP practice to optimise their skill-mix and patient-centred care.
 26. Boeykens D, Sirimsi MM, Timmermans L, Hartmann ML, Anthierens S, De Loof H, De Vlieghe K, Foulon V, Huybrechts I, Lahousse L, Pype P, Schoenmakers B, Van Bogaert P, Van den Broeck K, Van Hecke A, Verhaeghe N, Vermandere M, Verté E, Van de Velde D, De Vriendt P; Primary Care Academy. **How do people living with chronic conditions and their informal caregivers experience primary care? A phenomenological-hermeneutical study.** *J Clin Nurs*. 2023 Feb;32(3-4):422-437. doi: 10.1111/jocn.16243. Epub 2022 Feb 17. PMID: 35178849. [Available via Inter-Library Loan - Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/35178849/>

Gaining insight in how people living with chronic conditions experience primary healthcare within their informal network. In-depth, semi-structured interviews with people living with chronic conditions and informal caregiver dyads (PCDs) (n = 16; 32 individuals) were conducted. Three strategies-self-management support, goal-oriented care, and interprofessional collaboration-have been suggested to improve the PCDs' primary care experiences. These strategies could guide nursing practice in using more and improve high-quality nursing care.

27. Dibben GO, Faulkner J, Oldridge N, Rees K, Thompson DR, Zwisler AD, Taylor RS. **Exercise-based cardiac rehabilitation for coronary heart disease: a meta-analysis.** *Eur Heart J.* 2023 Feb 7;44(6):452-469. doi: 10.1093/eurheartj/ehac747. PMID: 36746187. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36746187/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9902155/>

This review confirms that participation in exercise-based CR by patients with coronary heart disease receiving contemporary medical management reduces cardiovascular mortality, recurrent cardiac events, and hospitalizations and provides additional evidence supporting the improvement in HRQoL and the cost-effectiveness of CR.

28. Stine JG, DiJoseph K, Pattison Z, Harrington A, Chinchilli VM, Schmitz KH, Loomba R. **Exercise Training Is Associated With Treatment Response in Liver Fat Content by Magnetic Resonance Imaging Independent of Clinically Significant Body Weight Loss in Patients With Nonalcoholic Fatty Liver Disease: A Systematic Review and Meta-Analysis.** *Am J Gastroenterol.* 2022 Dec 23. doi: 10.14309/ajg.0000000000002098. Epub ahead of print. PMID: 36705333. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36705333/>

Full-text:

https://journals.lww.com/ajg/Abstract/9900/Exercise_Training_Is_Associated_With_Treatment.611.aspx

Exercise training is crucial in the management of nonalcoholic fatty liver disease (NAFLD), however, whether it can achieve clinically meaningful improvement in liver fat is unclear. We investigated the association between exercise training and the achievement of validated thresholds of MRI-measured treatment response. Independent of weight loss, exercise training is 3 and a half times more likely to achieve clinically meaningful treatment response in MRI-measured liver fat compared to standard clinical care. An exercise dose of at least 750 Metabolic Equivalents of Task-min/wk appears required to achieve treatment response. These results further support the weight-neutral benefit of exercise in all patients with NAFLD.

29. Munawar N, Syed R, Costello M, Robinson D, Bergin C, Greene E. **Risk factors and outcomes of delirium in hospitalized older adults with COVID-19: a systematic review and meta-analysis.** *Aging Health Res.* 2023 Feb 3;3(1):100125. doi: 10.1016/j.ahr.2023.100125. Epub ahead of print. PMID: 36778764; PMCID: PMC9894681. [Open Access]

Abstract: <https://pubmed.ncbi.nlm.nih.gov/36778764/>

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9894681/>

Our review identifies key factors associated with increased risk of developing delirium in hospitalized older adults with COVID-19. Identification of patients at risk of delirium and attention to these factors early during admission may improve outcomes for this vulnerable cohort.

HIGHLIGHTS

- Frailty, cognitive impairment and residing in nursing homes were associated with an increased likelihood of developing delirium in older adults with COVID-19.
- The presence of delirium significantly increases mortality risk in older adults with COVID-19.

30. Lau GM, Elghobashy M, Thanki M, Ibegbulam S, Latthe P, Gillett CDT, O'Reilly MW, Arlt W, Lindenmeyer A, Kempegowda P; PCOS SEva Working Group. **A systematic review of lived experiences of people with polycystic ovary syndrome highlights the need for holistic care and co-creation of educational resources.** *Front Endocrinol (Lausanne)*. 2022 Dec 2;13:1064937. doi: 10.3389/fendo.2022.1064937. PMID: 36531482; PMCID: PMC9755159. [Open Access]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36531482/>
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9755159/>
- PCOS-related literature is mostly dominated by the medical perspective. However, the condition's lifelong, far reaching, and multifaceted impacts highlight the importance to gain the perspectives from those with PCOS. Therefore, we performed a systematic review to explore the current literatures and gaps around the experiences and perceptions of those living with PCOS. Five domains were generated from the data: Signs/Symptoms, Diagnosis, Management, Perceptions, Resources and Improving Outcomes. Dissatisfaction surrounding the experience of diagnosis was common. Concerns surrounded perceived lack of knowledge from healthcare professionals and delays in diagnosis. Overall dissatisfaction amongst adults and adolescents regarding their diagnostic journey of PCOS. Tailored and culturally specific PCOS advice and management is necessary and can be achieved through co-creation of resources between healthcare professionals and those with PCOS.
31. Ditosto JD, Roytman MV, Dolan BM, Khan SS, Niznik CM, Yee LM. **Improving Postpartum and Long-Term Health After an Adverse Pregnancy Outcome: Examining Interventions From a Health Equity Perspective.** *Clin Obstet Gynecol*. 2023 Mar 1;66(1):132-149. doi: 10.1097/GRF.0000000000000759. Epub 2022 Oct 17. PMID: 36657050; PMCID: PMC9869461. [Available via Inter-Library Loan - Contact ICGP Library]
Abstract: <https://pubmed.ncbi.nlm.nih.gov/36657050/>
Gestational diabetes mellitus and hypertensive disorders in pregnancy are adverse pregnancy outcomes (APOs) that affect 15% of pregnancies in the United States. These APOs have long-term health implications, with greater risks of future cardiovascular and chronic disease later in life. In this manuscript, we review the importance of timely postpartum follow-up and transition to primary care after APOs for future disease prevention. We also discuss interventions to improve postpartum follow-up and long-term health after an APO. In recognizing racial and ethnic disparities in APOs and chronic disease, we review important considerations of these interventions through a health equity lens.



Health Awareness

Here we focus on World Cancer Day, International Epilepsy Day, Rare Disease Day and Eating Disorders Week.

Feb 4th was **World Cancer Day**. Stopping cancer before it starts and catching cancer early are key goals of the Irish Cancer Society. View the [Dept of Health Press Release](#).

Feb 13th was **International Epilepsy Day**. There are over 45,000 people living with epilepsy in Ireland. Seizure first aid and the key words of Time, Safe, Stay is *vital* information to know. Learn more from the [Epilepsy Ireland website](#).

Feb 28th was **Rare Disease Day**. Individual rare diseases may be rare, but collectively impact more than 400,000 people across the island of Ireland. The All-Ireland *Rare Disease Interdisciplinary Research Network (RAIN)* has been launched by UCD and Queen's University Belfast, along with 33 partners, with a focus on patient care and collaborative research, to evaluate the quality-of-life people living with rare diseases. Download resources from the [Rare Diseases Day website](#).

The theme for **Eating Disorders Awareness Week** from **February 27th to March 5th** is '*Breaking the Stigma: Diverse Male Experiences with Eating Disorders and Body Image*' shining a light on eating disorders in boys, men and those who identify as male. Check out the [BodyWhys website](#).

New Resource: GP Evidence

GP Evidence is designed to support GPs decision-making in clinical practice for long term health conditions.

Oxford researchers launched GP Evidence – a website designed by GPs, for GPs, to bridge the knowledge gap between scientific evidence and recommended treatments.

Most of the evidence provided on the website represents best available expert evidence from NICE guidelines and Cochrane reviews, unless stated otherwise.

GP Evidence is free to all users and carries no advertising.



View the website at:

<https://gpevidence.org/>



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