



ICGP Library

Recommended Reading

November 2023
Issue 11

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

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ICGP Publications

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

Latest Issue of Forum

[November 2023, Volume 40, no 9](#)

What makes a good GP? The fine art of choosing GP Trainees

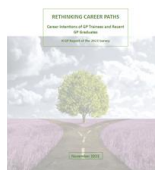
👁 **View all Forums** from 2023:
<https://www.icgp.ie/go/library/forum>



Rethinking Career Paths: Career Intentions of GP Trainees and Recent GP Graduates: ICGP Report of the 2023 Survey

A Career Intentions survey distributed in March 2023 among all current GP trainees and recent (2017- 2022) GP graduates aimed to investigate the current employment status and location of new graduates, the future intentions of both groups regarding emigration and employment, as well as their perspectives on general practice.

📄 **Read the** [Survey Report](#).





GPWorks

The latest episode of the GP Works podcast features an interview with the Chair of the ICGP's Board, Dr Deirdre Collins, a GP in Kilcullen, Co Kildare. Dr Collins talks about leadership, workload management and more.



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

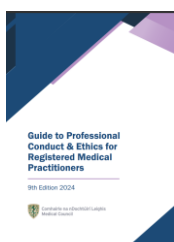
ICGP Staff Research Articles



View all ICGP Staff Research Articles here:

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

Reports




Medical Council 'Guide to Professional Conduct & Ethics for Registered Medical Practitioners' - 9th Edition (1st October)

New edition of Guide to Professional Conduct and Ethics for Registered Medical Practitioners addresses topics including social media and responsible use of health resources. This 9th edition's guidance will replace the current edition in January 2024.

The Medical Council published public opinion research to coincide with the launch of the Guide. The aim of the research is to understand attitudes towards and experience of doctors, and the extent to which the public is taking an active role in their healthcare.

The Medical Council's research revealed insights into trust in the medical profession, personal health, and public opinion about what doctors should and should not do:

- Doctors ranked second highest (after Teachers) as the most trusted profession in Irish society, with 9 in 10 people (89%) trusting their doctor to tell the truth.
- While 94% of adults are registered with a GP or GP practice, one in four individuals (25%) report not having visited their GP in the past year, a notable increase compared to 15% in 2020. Additionally, there has been a substantial decrease in the number of individuals visiting their GP as frequently.
- However, the use of telemedicine services has significantly increased, with around one in four (24%) of adults accessing these services, including 21% who have used GP services through telemedicine, a marked increase from 2% in 2020. Telemedicine usage is highest among 35-49-year-olds, and those residing in Dublin.
- 9% have used social media to seek guidance from a doctor who uses their social media platform to provide medical advice.

 **Read the Guide:** [Guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-2024.pdf](https://www.medicalcouncil.ie/guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-2024.pdf) ([medicalcouncil.ie](https://www.medicalcouncil.ie))

Read the Press Release: [Medical Council - One in four people have not visited their GP in the past year, Medical Council research reveals](#)



Expert Taskforce to Support the Expansion of the Role of Pharmacy - Interim Report (6th November)

The first interim report is provided in the timeframe mandated and contains details of the first recommendation of the Taskforce to the Minister on the topic of Empowering Pharmacists to Extend Prescriptions. The main recommendation that has transpired from Phase 1 is:

- The legal validity of prescriptions should be extended to a maximum of 12 months. The potential need for engagement with the healthcare provider at an early point is recognised and to this end, pharmacists should be given the authority to extend prescriptions up to a maximum of 12 months duration.

Further details of the recommendation are available in this report. The objectives of this recommendation are to improve the access for patients, expand the scope of practice for pharmacists and reduce the workload for General Practitioners. It is directly aligned with reform programme 1 of Sláintecare, as recently laid out in the 2023 Action Plan. This report lays out the work that has been undertaken to support this recommendation.

Read the Report: [gov.ie - Expert Taskforce to support the expansion of the role of pharmacists in Ireland \(www.gov.ie\)](https://www.gov.ie/expert-taskforce-to-support-the-expansion-of-the-role-of-pharmacists-in-ireland)

Read the Press Release: [gov.ie - Minister for Health progresses enhanced role for pharmacists following first recommendation of Expert Taskforce \(www.gov.ie\)](https://www.gov.ie/minister-for-health-progresses-enhanced-role-for-pharmacists-following-first-recommendation-of-expert-taskforce)



Citizens Assembly on Drug Use (21-22nd October)

A Citizens' Assembly on Drugs Use was established to consider the legislative, policy and operational changes Ireland could make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities and wider Irish society. It is made up of 100 people, including 99 members of the general public and one independent chairperson. The 99 members of the general public were selected at random in accordance with most recent census data to be nationally representative. The members of the Assembly were asked to take into consideration the lived experience of people impacted by drugs use, as well as their families and communities, and to look at international best practice.

At the final meeting over the weekend of 21-22 October 2023, the Citizens' Assembly on Drugs Use agreed 36 recommendations. These recommendations will be submitted to the Oireachtas and Government by the end of this year, as part of the final report of the Assembly. Full details of each recommendation, including explanatory narratives and the details of voting by members, will be included in the final report. For now, a summary of the recommendations is published below. 36 recommendations in total were published last week with members voting for a health-led response to tackling drug abuse and addiction. The recommendations include decriminalisation of the possession of drugs for personal use, which would see users referred to health services rather than face charges.

Read the Recommendations: [Recommendations | Citizens' Assembly \(citizensassembly.ie\)](https://citizensassembly.ie/recommendations)

Read the Irish Times Article: [GPs warn against legalising cannabis ahead of Citizens' Assembly vote, citing 'profound adverse effects' - The Irish Times](https://www.irishtimes.com/news/health/gps-warn-against-legalising-cannabis-ahead-of-citizens-assembly-vote-citing-profound-adverse-effects-2023-10-26)



OECD Health at a Glance 2023 (7th November)

Health systems in the OECD are under renewed financial pressure, owing to competing priorities for public funding, according to a new OECD report. The 2023 edition of OECD Health at a Glance estimates that healthcare spending in OECD countries corresponded to 9.2% of GDP in 2022, down from 9.7% in 2021. While this exceeds the 2019 levels, in 11 OECD countries, health spending as a share of GDP in 2022 was lower than in 2019. This edition also has a special focus on digital health, which measures the digital

readiness of OECD countries' health systems, and outlines what countries need to do to accelerate the digital health transformation. Life expectancy dropped by 0.7 years between 2019 and 2021, from 81 to 80.3 years, across OECD countries. For 2022, life expectancy remains below pre-pandemic levels in 28 OECD countries. Unhealthy lifestyles and health risk factors remain prevalent, for example 19.5% of the adult population lives with obesity on average in 2021. Gaps in access to care for the lowest income quintile, and backlogs in treatments caused by the pandemic, persist. Digital transformation of health systems offers opportunities to improve clinical care, research and system management. Yet only in 42% of countries the public can access and interact with their data through electronic health portals in place.

How does Ireland perform overall?

Ireland ranks worst in the developed world for digital health policies even though Irish people have the third-highest level of digital skills, according to the report. Ireland ranked worst of 22 countries for ability to link different data in health, scoring less than half of the best performer, Denmark. Otherwise, Ireland fares well in this year's edition of the report, which compares key indicators for people's health and their health systems across the 38 members of the OECD.

Health Status - Key Indicators

- Life expectancy was 82.4 years, 2.1 years above the OECD average.
- Preventable mortality was 109 per 100,000 (lower than the OECD average of 158); with treatable mortality at 63 per 100,000 (lower than the OECD average of 79).
- 5.2% of people rated their health as bad or very bad (OECD average 7.9%).
- Diabetes prevalence was lower than the OECD average.

Risk Factors - Key Indicators

- Smoking prevalence, at 16.0%, was the same as the OECD average.
- Alcohol consumption was higher than the OECD average; at 9.5 litres per capita versus 8.6.
- Obesity prevalence was 23.0%, lower than the OECD average of 25.7%.
- There were 11 deaths from air pollution per 100,000 population (OECD average 28.9).

Quality of Care - Key Indicators

- Acute care: 30-day mortality after stroke was 6.3% (OECD average 7.8%), and 5.4% after AMI (OECD average 6.8%).
- Primary care: There were 498 avoidable admissions per 100,000 population, similar to the OECD average of 463.
- Safe prescribing: Ireland prescribed more antibiotics than on average in the OECD.
- Preventive care: 62% of women were screened for breast cancer, more than the OECD average of 55%.

Access to Care - Key Indicators

- 67% of people were satisfied with the availability of quality healthcare (OECD average 67%).

Health System Resources - Key Indicators

- Ireland spends \$6047 per capita on health, more than the OECD average of \$4986 (USD PPP). This is equal to 6.1% of GDP, compared to 9.2% on average in the OECD.
- There are 4.0 practising doctors per 1,000 population (OECD average 3.7); and 12.7 practising nurses (OECD average 9.2).
- Ireland has 2.9 hospital beds per 1,000 population, less than the OECD average of 4.3.

 **Read the Report:** [Health at a Glance 2023 - OECD](#)

Download the Country Note for Ireland: [Health at a Glance 2023: Highlights for Ireland \(oecd.org\)](#)



Irish Heart Foundation 'Rethinking Chronic Disease Prevention in the 21st Century. A position paper on Primary Prevention of Cardiovascular Disease: Best Practices and Lessons for Ireland' (14th November)

CVD remains one of the top causes of premature death and disability in Ireland, accounting for 8,753 or 26.5% of all deaths in 2021. An IHF position paper, compiled by UCC Professor Ivan Perry, recommends radical action – similar to Ireland's 2004 ban on smoking in the workplace – to deal with cardiovascular disease and other fatal diseases. The paper proposes mandatory limits on the salt content of bread and processed foods, a complete online ban on marketing of high fat, sugar and salt food and drinks and an increase in the legal age of tobacco sales from 18 to 21.

Professor Perry's paper is being supported by the Irish Health Promotion Alliance (IHPA) – a new coalition launched to highlight the impact cardiovascular disease, cancer and diabetes can have. Members include the Irish Heart Foundation, Irish College of General Practitioners, Irish Medical Organisation, Royal College of Surgeons in Ireland, Irish Cancer Society, Alcohol Action Ireland. A new national cardiovascular policy is also needed after the last one expired four years ago, the IHF has said. The five core risk factors for CVD and many chronic diseases, Professor Perry said, are smoking, physical inactivity, poor diet, obesity and excessive alcohol consumption. The groups support the paper's call for greater political will to implement population-based strategies to prevent the onset of disease.

 **Read the Report:** [Primary Prevention of Cardiovascular Disease](#)

Read the Summary Report: [Summary of Primary Prevention of Cardiovascular Disease](#)

EBM Round-Up



NMIC Therapeutics Today (November 2023)

In this month's Therapeutics Today:

- Risk of Gastrointestinal Adverse Events Associated With GLP-1 Receptor Agonists for Weight Loss
- Paediatric ADHD medication errors reported to US poison centres
- Managing drugs with anticholinergic activity
- Guidance/advice documents
- Regular features
 - November's medication reflection - see below

- Medication Safety Minutes
- Updates to the HSE antibiotic prescribing website
- Health Products Regulatory Authority (HPRA) updates
- Health Protection Surveillance Centre updates

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

Irish Articles

1. O'Brien O, Owens S, Stanton A, Allman J, Browne S, Cox J, Fitzgerald R, Harrington J, Morrissey J, Tierney A. **Fixing food together: transitioning Ireland to a healthy sustainable food system - CHA position paper.** *European Journal of Public Health*, Volume 33, Issue Supplement_2, October 2023, ckad160.1166, <https://doi.org/10.1093/eurpub/ckad160.1166> [Open Access]
Full-text: https://academic.oup.com/eurpub/article/33/Supplement_2/ckad160.1166/7328161
Abstract
 The Climate & Health Alliance (CHA) is a coalition of medical, health and advocacy organisations that seeks to highlight the significant health co-benefits of addressing the climate crisis. Our global food system contributes to diet-related chronic disease and has resulted in climate change, pollution, biodiversity collapse and nature loss. A healthy sustainable food system is needed to minimise interrelated obesity, climate change and malnutrition pandemics. The CHA launched 'Fixing Food Together' in May 2023. We identified six challenge areas for Ireland: 1. Ending the junk food cycle; 2. Promoting transition to a more plant-based diet; 3. Harnessing the power of international and national guidelines; 4. Reducing food waste; 5. Improving agricultural practices and land use; 6. Using policy to affect behaviour change. 'Fixing Food Together' represents the first time a healthy sustainable diet and food system has been defined for an Irish context. The cross-sectional nature of the alliance provides a valuable consensus from its member organisations. It brings an often missing public health perspective to the climate and food systems dialogue.
2. Cronin M, McLoughlin K, Foley T, McGilloway S. **Supporting family carers in general practice: a scoping review of clinical guidelines and recommendations.** *BMC Prim Care*. 2023 Nov 6;24(1):234. doi: 10.1186/s12875-023-02188-1. PMID: 37932659; PMCID: PMC10626724. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10626724/>
Abstract
 Increasing numbers of family carers are providing informal care in community settings. This creates a number of challenges because family carers are at risk of poor physical and psychological health outcomes, with consequences both for themselves and those for whom they provide care. General Practitioners (GPs), who play a central role in community-based care, are ideally positioned to identify, assess, and signpost carers to supports. However, there is a significant gap in the literature in respect of appropriate guidance and resources to support them in this role. A scoping review was undertaken to examine clinical guidelines and recommendations for GPs to support them in their role with family carers. Our review addresses a significant gap in the literature by providing an important synthesis of current available evidence on clinical guidelines for GPs in supporting

family carers, including strategies for identification, options for assessment and potential referral/signposting routes. However, there is a need for greater transparency of the existing evidence base as well as much more research to evaluate the effectiveness and increase the routine utilisation, of clinical guidelines in primary care.

3. Hurley E, Foley T, Walsh E, Byrne S, Dalton K. **GPs' perceptions of pharmacists working in general practices: A mixed methods survey study.** *Eur J Gen Pract.* 2023 Dec;29(1):2273841. doi: 10.1080/13814788.2023.2273841. Epub 2023 Nov 6. PMID: 37929756; PMCID: PMC10629419. [Open Access]

Full-text: <https://www.tandfonline.com/doi/full/10.1080/13814788.2023.2273841>

Abstract

Pharmacists are increasingly incorporated into general practice teams globally and have been shown to positively impact patient outcomes. However, little research to date has focused on determining general practitioners' (GPs') perceptions of practice-based pharmacist roles in countries yet to establish such roles. To explore GPs' perceptions towards integrating pharmacists into practices and determine if any significant associations were present between GPs' perceptions and their demographic characteristics. This study provides a deeper understanding of GPs' perceptions of integrating pharmacists into practices and the demographic characteristics associated with different perceptions, which may help better inform future initiatives to integrate pharmacists into practices.

4. Tuli S, Sparrow-Downes VM, de Oliveira Santana MA, Scully R, O'Donnell P, Hayes P, Glynn L. **Enhancing early career professionals' representation and engagement at international conferences: WONCA "Rural Early Career Ambassador Integration" project.** *Rural Remote Health.* 2023 Nov;23(4):7999. doi: 10.22605/RRH7999. Epub 2023 Nov 2. PMID: 37915227. [Open Access]

Full-text: <https://www.rrh.org.au/journal/article/7999>

Abstract

International conferences offer an excellent opportunity for career development and are global academic opportunities with the potential to foster educational and professional growth. However, equitable access to participation and meaningful involvement in such events remains an issue. In this article we describe the novel Rural Early Career Ambassador Integration project and its implications for the 2022 World Rural Health Conference, held at the University of Limerick, Ireland. The project offered vertical and cross-country collaborative opportunities to early career professionals with a passion for rural medicine. Three ambassadors of diverse nationalities, ethnicities and professional backgrounds were selected. They bore no personal cost for travel, transport or accommodation relating to the conference. Each ambassador was matched to and clinically shadowed an expert rural GP for a week preceding the conference, who provided mentorship. Mentors and ambassadors collaborated on goal-setting and work-planning throughout the conference, and were offered one-on-one career and networking support. The ambassadors were welcomed and integrated within a larger working party, the WONCA Working Party for Rural Health. The project was well received by conference delegates and organisers, and achieved its stated goal of enhancing conference equity through the representation and meaningful involvement of diverse early career professionals. Vertical and cross-country collaboration generated actionable policy implications as is evidenced by the ambassadors' co-authorship on the Limerick Declaration on Rural Healthcare. Although sponsorship for these initiatives remains a challenge, this project highlights the importance of

actively including early career professionals at international conferences.

5. van der Velden AW, Shanyinde M, Bongard E, Böhmer F, Chlabicz S, et al. **Clinical diagnosis of SARS-CoV-2 infection: An observational study of respiratory tract infection in primary care in the early phase of the pandemic.** *Eur J Gen Pract.* 2023 Dec;29(1):2270707. doi: 10.1080/13814788.2023.2270707. Epub 2023 Oct 23. PMID: 37870070. [Open Access]

Full-text: <https://www.tandfonline.com/doi/full/10.1080/13814788.2023.2270707>

Abstract

Early in the COVID-19 pandemic, GPs had to distinguish SARS-CoV-2 from other aetiologies in patients presenting with respiratory tract infection (RTI) symptoms on clinical grounds and adapt management accordingly. To test the diagnostic accuracy of GPs' clinical diagnosis of a SARS-CoV-2 infection in a period when COVID-19 was a new disease. To describe GPs' management of patients presenting with RTI for whom no confirmed diagnosis was available. To investigate associations between patient and clinical features with a SARS-CoV-2 infection. Correct clinical diagnosis of SARS-CoV-2 infection, without POC-testing available, appeared to be complicated.

6. Pallin JA, Buckley-O'Farrell K, Riordan F, McGrath N, O'Neill K, MacLoughlin D, Dinneen SF, Buckley CM, McHugh S, Kearney PM. **Implementing an integrated diabetic foot care programme in Ireland: podiatrists' experience.** *BMC Health Serv Res.* 2023 Oct 26;23(1):1157. doi: 10.1186/s12913-023-10144-z. PMID: 37884981; PMCID: PMC10601248. [Open Access]

Full-text: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-10144-z>

Abstract

International evidence suggests that an integrated multidisciplinary approach to diabetic foot management is necessary to prevent ulceration and progression to amputation. Many health systems have introduced policies or models of care supporting the introduction of this evidence into practice, but little is known about the experiences of those involved in implementation. This study addresses this gap by examining the experiences of podiatrists providing integrated diabetic foot care. Previous evidence has shown that there is often a gap between what is set out by a policy and what it looks like when delivered to service users. Results from the current study support this, highlighting that while most podiatrists work in line with national recommendations, there are specific gaps and challenges that need to be addressed to ensure successful policy implementation.

7. Mattsson M, Hong JA, Frazer JS, Frazer GR, Moriarty F. **Trends in medication use at the onset of and during the COVID-19 pandemic in the Republic of Ireland: an interrupted time series study.** *Basic Clin Pharmacol Toxicol.* 2023 Oct 30. doi: 10.1111/bcpt.13958. Epub ahead of print. PMID: 37903499. [Open Access]

Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/bcpt.13958>

Abstract

The COVID-19 pandemic had a substantial impact on healthcare delivery, particularly in general practice. This study aimed to evaluate how dispensing of medications in primary care in Ireland changed following the COVID-19 pandemic's onset compared to expected trends. This interrupted time series study used data on medications prescribed in general practice 2016-2022 to patient eligible for state health cover, approximately one third of the population. Dispensing volumes for all therapeutic subgroups (ATC2 codes) and commonly

dispensed medications were summarised. Pre-pandemic data was used to forecast expected trends (with 99% prediction intervals) using the Holt-Winters method, and these were compared to observed dispensing from March 2020 onwards. Many (31/77) therapeutic subgroups had dispensing significantly different from forecast in March 2020. Drugs for obstructive airway disease had the largest difference, with dispensing 26.2% (99%CI 19.5%-33.6%) higher than forecasted. Only two subgroups were significantly lower than forecasted, other gynaecologicals (17.7% lower, 99%CI 6.3%-26.6%) and dressings (11.6%, 99%CI 9.4%-41.6%). Dispensing of amoxicillin products and oral prednisolone were lower than forecasted in the months following the pandemic's onset, particularly during winter 2020/2021. There was a spike in dispensing for many long-term medications in March 2020, while pandemic restrictions likely contributed to reductions for other medications.

8. Calnan, S., & McHugh, S. (2023). **Experiences and perceptions of evidence use among senior health service decision makers in Ireland: a qualitative study.** *Evidence & Policy* (published online ahead of print 2023). Retrieved Oct 25, 2023. [Open Access]

Full-text: <https://doi.org/10.1332/174426421X16917571241005>

Abstract

To support evidence-informed decision making in a health service context, there is a need to better understand the contextual challenges regarding evidence use. Health service decision makers described a blended and often reactive approach to using evidence; the type and source of evidence used depended on the issue at hand. Barriers and facilitators to research use manifested at multiple levels, including the individual (time); organisational (culture, access to research, resources, skills); research (relevance, quality); and social, economic and political levels (external links with universities, funding, political will). Strategies recommended by participants to enhance evidence-informed decision making included synthesising key messages from the research, strengthening links with universities, and fostering more embedded research. Evidence use in health service contexts is a dynamic process with multiple drivers. This study underlines the need for a multilevel approach to support research use in health services, including strategies targeted at less tangible elements such as the organisational culture regarding research.

9. Lawler M, Sullivan R, Abou-Alfa GK, McCloskey K, Keatley D, et al. **Health diplomacy in action: The cancer legacy of the Good Friday Agreement.** *J Cancer Policy*. 2023 Oct 14;38:100448. doi: 10.1016/j.jcpo.2023.100448. Epub ahead of print. PMID: 37839622.

Full-text:

<https://www.sciencedirect.com/science/article/pii/S2213538323000656?via%3Dihub>

Abstract

2023 marks the 25th anniversary of the Good Friday Agreement, which led peace in Northern Ireland. As well as its impact on peace and reconciliation, the Good Friday Agreement has also had a lasting positive impact on cancer research and cancer care across the island of Ireland. Pursuant to the Good Friday Agreement, a Memorandum of Understanding (MOU) was signed between the respective Departments of Health in Ireland, Northern Ireland and the US National Cancer Institute (NCI), giving rise to the Ireland - Northern Ireland - National Cancer Institute Cancer Consortium, an unparalleled tripartite agreement designed to

nurture and develop linkages between cancer researchers, physicians and allied healthcare professionals across Ireland, Northern Ireland and the US, delivering world class research and better care for cancer patients on the island of Ireland and driving research and innovation in the US.

10. Keegan D, Heffernan E, Clarke B, Deasy C, O'Donnell C, Crowley P, Hughes A, Murphy AW, Masterson S. **Tools and methods for evaluating the change to health service delivery due to pandemics or other similar emergencies: A rapid evidence review.** *Eval Program Plann.* 2023 Sep 22;102:102378. doi: 10.1016/j.evalprogplan.2023.102378. Epub ahead of print. PMID: 37856938. [Open Access]

Full-text:

<https://www.sciencedirect.com/science/article/pii/S0149718923001556?via%3Dihub>

Abstract

The novel coronavirus, SARS-CoV-2 and its associated disease COVID-19, were declared a pandemic in March 2020. Countries developed rapid response activities within their health services to prevent spread of the virus and protect their populations. Evaluating health service delivery change is vital to assess how adapted practices worked, particularly during times of crisis. This review examined tools and methods that are used to evaluate health service delivery change during pandemics and similar emergencies. Five databases were searched, including PubMed, CENTRAL, Embase, CINAHL, and PsycINFO. The SPIDER tool informed the inclusion criteria for the articles. Articles in English and published from 2002 to 2020 were included. Risk of bias was assessed using the Mixed-Methods Appraisal Tool (MMAT). A narrative synthesis approach was used to analyse the studies. Eleven articles met the inclusion criteria. Many evaluation tools, methods, and frameworks were identified in the literature. Only one established tool was specific to a particular disease outbreak. Others, including rapid-cycle improvement and PDSA cycles were implemented across various disease outbreaks. Novel evaluation strategies were common across the literature and included checklists, QI frameworks, questionnaires, and surveys. Adherence practices, experience with telehealth, patient/healthcare staff safety, and clinical competencies were some areas evaluated by the tools and methods. Several domains, including patient/practitioner safety and patient/practitioner experience with telemedicine were also identified in the studies.

Research Articles

1. **BJGPLife Blog - Editor's choice: Ten BJGP articles from 2022-23**

by Euan Lawson, 20 October 2023 [Open Access]

Full-text: <https://bjgplife.com/the-editors-choice-ten-top-bjgp-articles-from-2022-23/>

Abstract

As BJGP editor I was recently asked to discuss 10 interesting papers from the last year at the Royal Society of Medicine's general practice and primary care update. These are not, necessarily, the most heavily cited or downloaded, but they do showcase some of the range of topics we cover in the BJGP.

2. Waddell EN, Leibowitz GS, Bonnell LN, Rose GL, McGovern M, Littenberg B. **Practice-Level Documentation of Alcohol-Related Problems in Primary Care.**

JAMA Netw Open. 2023 Oct 2;6(10):e2338224. doi: 10.1001/jamanetworkopen.2023.38224. PMID: 37856124. [Open Access]

Full-text:

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2810876>

Abstract

Rates of alcohol-associated deaths increased over the past 20 years, markedly between 2019 and 2020. The highest rates are among individuals aged 55 to 64 years, primarily attributable to alcoholic liver disease and psychiatric disorders due to use of alcohol. This study investigates potential geographic disparities in documentation of alcohol-related problems in primary care electronic health records, which could lead to undertreatment of alcohol use disorder. To identify disparities in documentation of alcohol-related problems by practice-level social deprivation. In this study, higher practice-level SDI was associated with lower odds of documentation of alcohol-related problems, after adjusting for individual-level covariates. These findings reinforce the need to address primary care practice-level barriers to diagnosis and documentation of alcohol-related problems. Practices located in high need areas may require more specialized training, resources, and practical evidence-based tools that are useful in settings where time is especially limited and patients are complex.

3. Lee-Baggley D, Fils-Aimé N, Audet I, Barakat M. **Improving implementation of best practices in obesity management: Physician experiences in obesity care.** *Clin Obes.* 2023 Oct 17:e12624. doi: 10.1111/cob.12624. Epub ahead of print. PMID: 37846529. [Open Access]

Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/cob.12624>

Abstract

In this study, we sought to analyse experiences in weight management among physicians working in the area of obesity and contrast these experiences with best practices. By understanding experiences of physicians working in obesity management, we can better support implementation of best practices in their day-to-day practice. An online survey of Canadian primary care physicians, internists and endocrinologists recruited from a nationwide market research database was conducted. The survey captured demographic characteristics and perceptions about weight loss and its management. One hundred and ninety-two physicians (140 primary care, 22 internists and 30 endocrinologists) were recruited and completed the survey. Challenges identified by the physicians in helping patients lose weight included patients' poor compliance and lack of time and resources to address the issue. Most physicians reported considering obesity to be a chronic disease, but most did not incorporate a multi-dimensional, chronic disease model of obesity treatment (i.e., combination of lifestyle interventions with psychological, medical and/or surgical interventions). Endocrinologists reported management practices consistent with a chronic disease model more frequently than primary care physicians. These data highlight the need for improvement in obesity management, particularly in primary care. Despite proliferation of guidelines on best practices, implementation of these practices into daily practice remains low.

4. Clarke SL. **Hypertension in Adults: Initial Evaluation and Management.** *Am Fam Physician.* 2023 Oct;108(4):352-359. PMID: 37843942. [Contact the ICGP Library]

Abstract:

Hypertension is a leading modifiable risk factor for cardiovascular disease and the most common chronic condition seen by family physicians. Treatment of

hypertension reduces morbidity and mortality due to coronary artery disease, myocardial infarction, heart failure, stroke, and chronic kidney disease. The use of ambulatory and home blood pressure monitoring improves diagnostic accuracy. Assessment of adults with hypertension should focus on identifying complications of the condition and comorbid cardiovascular risk factors. Physicians should counsel all patients with elevated blood pressure about effective lifestyle interventions, including the Dietary Approaches to Stop Hypertension (DASH) diet, dietary sodium restriction, potassium enrichment, regular exercise, weight loss, and moderation of alcohol consumption. First-line antihypertensive medications include angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, calcium channel blockers, and thiazide diuretics. Thresholds for pharmacologic intervention and blood pressure goals differ according to various guidelines. Evidence strongly supports reducing blood pressure to less than 140/90 mm Hg to reduce the risk of all-cause and cardiovascular mortality in adults with hypertension. Lowering blood pressure to less than 135/85 mm Hg may further reduce the risk of myocardial infarction. Clinical judgment and shared decision-making should guide treatment of patients with mild hypertension and older adults who may be more susceptible to adverse effects of antihypertensive medications and tight blood pressure control.

5. Meier R, Grischott T, Rachamin Y, Jäger L, Senn O, Rosemann T, Burgstaller JM, Markun S. **Importance of different electronic medical record components for chronic disease identification in a Swiss primary care database: a cross-sectional study.** *Swiss Med Wkly.* 2023 Oct 2;153:40107. doi: 10.57187/smw.2023.40107. PMID: 37854021. [Open Access]

Full-text: <https://smw.ch/index.php/smw/article/view/3475>

Abstract

Primary care databases collect electronic medical records with routine data from primary care patients. The identification of chronic diseases in primary care databases often integrates information from various electronic medical record components (EMR-Cs) used by primary care providers. This study aimed to estimate the prevalence of selected chronic conditions using a large Swiss primary care database and to examine the importance of different EMR-Cs for case identification. The EMR-C medication was most important for chronic disease identification overall, but identification varied strongly by disease. The analysis of the importance of different EMR-Cs for estimating prevalence revealed strengths and weaknesses of the disease definitions used within the FIRE primary care database. Although prioritising specificity over sensitivity in the EMR-C criteria may have led to underestimation of most prevalences, their sex- and age-specific patterns were consistent with published figures for Swiss general practice.

6. Sidhu M, Saunders CL, Davies C, McKenna G, Wu F, Litchfield I, Olumogba F, Sussex J. **Vertical integration of general practices with acute hospitals in England: rapid impact evaluation.** *Health Soc Care Deliv Res.* 2023 Oct;11(17):1-114. doi: 10.3310/PRWQ4012. PMID: 37839807.

Full-text: <https://www.journalslibrary.nihr.ac.uk/hta/PRWQ4012#/full-report>

Abstract

Vertical integration means merging organisations that operate at different stages along the patient pathway. We focus on acute hospitals running primary care medical practices. Evidence is scarce concerning the impact on use of health-care services and patient experience. To assess the impact of vertical integration on use of hospital services, service delivery and patient experience and whether patients

with multiple long-term conditions are affected differently from others. Vertical integration can lead to modest reductions in use of hospital services and has minor or no impact on patient experience of care. Our analysis does not reveal a case for widespread roll-out of the approach. Further quantitative follow-up of the longer-term impact of vertical integration on hospital usage and more extensive interviewing of patients and their carers about patient experiences of navigating care.

7. Cooper J, Nirantharakumar K, Crowe F, Azcoaga-Lorenzo A, McCowan C, Jackson T, Acharya A, Gokhale K, Gunathilaka N, Marshall T, Haroon S. **Prevalence and demographic variation of cardiovascular, renal, metabolic, and mental health conditions in 12 million english primary care records.** *BMC Med Inform Decis Mak.* 2023 Oct 16;23(1):220. doi: 10.1186/s12911-023-02296-z. PMID: 37845709; PMCID: PMC10580600. [Open Access]

Full-text:

<https://bmcmedinformdecismak.biomedcentral.com/articles/10.1186/s12911-023-02296-z>

Abstract

Primary care electronic health records (EHR) are widely used to study long-term conditions in epidemiological and health services research. Therefore, it is important to understand how well the recorded prevalence of these conditions in EHRs, compares to other reliable sources overall, and varies by socio-demographic characteristics. We aimed to describe the prevalence and socio-demographic variation of cardiovascular, renal, and metabolic (CRM) and mental health (MH) conditions in a large, nationally representative, English primary care database and compare with prevalence estimates from other population-based studies. The prevalence of many clinically diagnosed conditions in primary care records closely matched that of other sources. However, we found important variations by sex and ethnicity, which may reflect true variation in prevalence or systematic differences in clinical presentation and practice. Primary care data may underrepresent the prevalence of undiagnosed conditions, particularly in mental health.

8. Grudniewicz A, Gray CS, Boeckxstaens P, De Maeseneer J, Mold J. **Operationalizing the Chronic Care Model with Goal-Oriented Care.** *Patient.* 2023 Nov;16(6):569-578. doi: 10.1007/s40271-023-00645-8. Epub 2023 Aug 29. PMID: 37642918; PMCID: PMC10570240. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10570240/>

Abstract

The Chronic Care Model has guided quality improvement in health care for almost 20 years, using a patient-centered, disease management approach to systems and care teams. To further advance efforts in person-centered care, we propose strengthening the Chronic Care Model with the goal-oriented care approach. Goal-oriented care is person-centered in that it places the focus on what matters most to each person over the course of their life. The person's goals inform care decisions, which are arrived at collaboratively between clinicians and the person. In this paper, we build on each of the elements of the Chronic Care Model with person-centered, goal-oriented care and provide clinical examples on how to operationalize this approach. We discuss how this adapted approach can support our health care systems, in particular in the context of growing multi-morbidity.

9. Levine SZ, Rotstein A, Kodesh A, Sandin S, Lee BK, Weinstein G, Schnaider Beerli M, Reichenberg A. **Adult Attention-Deficit/Hyperactivity Disorder and the Risk of Dementia.** *JAMA Netw Open.* 2023 Oct 2;6(10):e2338088. doi: 10.1001/jamanetworkopen.2023.38088. PMID: 37847497; PMCID: PMC10582792. [Open Access]

Full-text:

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2810766>

Abstract

Evidence that adult attention-deficit/hyperactivity disorder (ADHD) is associated with an increased risk of dementia is scarce and inconsistent, and potential sources of bias are untested. To examine the association between adult ADHD and the risk of dementia. In this cohort study of individuals born between 1933 and 1952 and followed up in old age, adult ADHD was associated with an increased risk of dementia. Policy makers, caregivers, patients, and clinicians may wish to monitor reliably for ADHD in old age.

10. Gimenez L, Bonis D, Morel M, Palmaro A, Dassieu L, Dupouy J. **Barriers and facilitators to the involvement of general practitioners in the prescription of buprenorphine.** *J Subst Use Addict Treat.* 2023 Oct 18;156:209182. doi: 10.1016/j.josat.2023.209182. Epub ahead of print. PMID: 37858793. [Open Access]

Full-text:

<https://www.sciencedirect.com/science/article/pii/S2949875923002333?via%3Dihub>

Abstract

France has one of the highest opioid agonist treatment (OAT) coverage rates in the world. French general practitioners (GPs) are providing the majority of prescriptions. However, a fall in the number of GPs initiating buprenorphine has been observed over the last decade. The objective of this study was to explore the obstacles and facilitators to the involvement of GPs in the prescription of buprenorphine. A qualitative study comprising 14 individual interviews and a focus group bringing together 5 GPs was conducted among GPs based in France between June 2021 and March 2022. We performed data analysis using a grounded theory methodology. The interviews showed a great diversity in the level of involvement of GPs, depending on their experience, their representations of patients with OUD, their mode of exercise, and their personal preferences. The negative representations of the patients associated with the feeling of physical and ethical endangerment, the feeling of powerlessness, the fear of a disruption of the practice and the feeling of incompetence appeared at the forefront of the difficulties stated. Conversely, the strengthening of initial training and the facilitation of access to self-training tools and multidisciplinary, the consideration of opioid use disorder (OUD) as a chronic illness with the application of a patient-centered motivational approach, as well as the defining and respecting one's own limits when prescribing buprenorphine seem to be the keys to a balanced and fulfilling practice. Raising awareness of the frequency of OUD appeared to be an additional lever to enhance the interest of the GPs concerned. Additional studies focusing on the evolution of professional practices would be necessary to extend these findings.

11. Heavey SC, Bleasdale J, Rosenfeld EA, Beehler GP. **Collaborative Care Models to Improve Pain and Reduce Opioid Use in Primary Care: a Systematic Review.** *J Gen Intern Med.* 2023 Oct;38(13):3021-3040. doi: 10.1007/s11606-023-08343-9.

Epub 2023 Aug 14. PMID: 37580632; PMCID: PMC10593691. [Available via Inter-Library Loan – contact ICGP Library]

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

Abstract

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

12. Colombijn JM, Hooft L, Jun M, Webster AC, Bots ML, Verhaar MC, Vernooij RW. **Antioxidants for adults with chronic kidney disease.** *Cochrane Database Syst Rev.* 2023 Nov 2;11:CD008176. doi: 10.1002/14651858.CD008176.pub3. PMID: 37916745. [Open Access]

Full-text:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008176.pub3/full>

Abstract

Chronic kidney disease (CKD) is a significant risk factor for cardiovascular disease (CVD) and death. Increased oxidative stress in people with CKD has been implicated as a potential causative factor. Antioxidant therapy decreases oxidative stress and may consequently reduce cardiovascular morbidity and death in people with CKD. This is an update of a Cochrane review first published in 2012. To examine the benefits and harms of antioxidant therapy on death and cardiovascular and kidney endpoints in adults with CKD stages 3 to 5, patients undergoing dialysis, and kidney transplant recipients. We found no evidence that antioxidants reduced death or improved kidney transplant outcomes or proteinuria in patients with CKD. Antioxidants likely reduce cardiovascular events and progression to kidney failure and may improve kidney function. Possible concerns are an increased risk of infections and heart failure among antioxidant users. However, most studies were of suboptimal quality and had limited follow-up, and few included people undergoing dialysis or kidney transplant recipients. Furthermore, the large heterogeneity in interventions hampers drawing conclusions on the efficacy and safety of individual agents.

13. Guisado-Clavero M, Ares-Blanco S, Serafini A, Del Rio LR, Larrondo IG, Fitzgerald L, et al. **The role of primary health care in long-term care facilities during the COVID-19 pandemic in 30 European countries: a retrospective descriptive study (Eurodata study).** *Prim Health Care Res Dev.* 2023 Oct 24;24:e60. doi: 10.1017/S1463423623000312. PMID: 37873623; PMCID: PMC10594530. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10594530/>

Abstract

Primary health care (PHC) supported long-term care facilities (LTCFs) in attending COVID-19 patients. The aim of this study is to describe the role of PHC in LTCFs in Europe during the early phase of the pandemic. Retrospective descriptive study from 30 European countries using data from September 2020 collected with an ad hoc semi-structured questionnaire. Related variables are SARS-CoV-2 testing,

contact tracing, follow-up, additional testing, and patient care. Twenty-six out of the 30 European countries had PHC involvement in LTCFs during the COVID-19 pandemic. PHC participated in initial medical care in 22 countries, while, in 15, PHC was responsible for SARS-CoV-2 test along with other institutions. Supervision of individuals in isolation was carried out mostly by LTCF staff, but physical examination or symptom's follow-up was performed mainly by PHC. PHC has participated in COVID-19 pandemic assistance in LTCFs in coordination with LTCF staff, public health officers, and hospitals.

14. Vester M, Beeres S, Lucas C, van Pol P, Schalijs M, Bonten T, van Dijkman P, Tops L. **Chronic care for heart failure patients: Who to refer back to the general practitioner?-Experiences of the Dutch integrated heart failure care model.** *J Eval Clin Pract.* 2023 Oct 28. doi: 10.1111/jep.13937. Epub ahead of print. PMID: 37897173. [Open Access]

Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/jep.13937>

Abstract

The number of patients with heart failure (HF) and corresponding burden of the healthcare system will increase significantly. The Dutch integrated model, 'Transmural care of HF Patients' was based on the European Society of Cardiology (ESC) guidelines and initiated to manage the increasing prevalence of HF patients in primary and secondary care and stimulate integrated care. It is unknown how many HF patients are eligible for back-referral to general practitioners (GPs), which is important information for the management of chronic HF care. This study aims to evaluate clinical practice of patients for whom chronic HF care can be referred from the cardiologist to the GP based on the aforementioned chronic HF care model. Applying the chronic HF care model of the 'Transmural care of HF patients' and the ESC-guidelines, results in an important opportunity to further optimise HF integrated care and to deal with the increasing number of HF patients referred to the hospital.

15. Eto F, Samuel M, Henkin R, Mahesh M, Ahmad T, et al. **Ethnic differences in early onset multimorbidity and associations with health service use, long-term prescribing, years of life lost, and mortality: A cross-sectional study using clustering in the UK Clinical Practice Research Datalink.** *PLoS Med.* 2023 Oct 27;20(10):e1004300. doi: 10.1371/journal.pmed.1004300. PMID: 37889900; PMCID: PMC10610074. [Open Access]

Full-text:

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004300>

Abstract

The population prevalence of multimorbidity (the existence of at least 2 or more long-term conditions [LTCs] in an individual) is increasing among young adults, particularly in minority ethnic groups and individuals living in socioeconomically deprived areas. In this study, we applied a data-driven approach to identify clusters of individuals who had an early onset multimorbidity in an ethnically and socioeconomically diverse population. We identified associations between clusters and a range of health outcomes. These findings emphasise the need to identify, prevent, and manage multimorbidity early in the life course. Our work provides additional insights into the excess burden of early onset multimorbidity in those from socioeconomically deprived and diverse groups who are disproportionately and more severely affected by multimorbidity and highlights the need to ensure healthcare improvements are equitable.

16. Arias-de la Torre J, Vilagut G, Ronaldson A, Bakolis I, Dregan A, et al. **Prevalence and variability of depressive symptoms in Europe: update using representative data from the second and third waves of the European Health Interview Survey (EHIS-2 and EHIS-3).** *Lancet Public Health*. 2023 Nov;8(11):e889-e898. doi: 10.1016/S2468-2667(23)00220-7. PMID: 37898521. [Open Access]

Full-text: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(23\)00220-7/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(23)00220-7/fulltext)

Abstract

Assessing the prevalence of clinically relevant depressive symptoms and their possible variation by country and over time could be a valuable resource to inform the development of public health policies and preventive resources to reduce mental health burden. We aimed to assess cross-national differences in the point prevalence of clinically relevant depressive symptoms in Europe in 2018-20, and to evaluate point prevalence differences between countries and over time between 2013-15 and 2018-20. This study, based on large and representative datasets and a valid and reliable screening tool for the assessment of depression, indicates that the point prevalence of clinically relevant depressive symptoms in Europe from 2013 to 2020 remains relatively stable, with wide variability between countries. These findings could be considered a baseline for monitoring the prevalence of clinically relevant depressive symptoms in Europe, and could inform policy for the development of preventive strategies for depression both at a country and European level.

17. Valabhji J, Barron E, Pratt A, Hafezparast N, Dunbar-Rees R, et al. **Prevalence of multiple long-term conditions (multimorbidity) in England: a whole population study of over 60 million people.** *J R Soc Med*. 2023 Oct 31;1410768231206033. doi: 10.1177/01410768231206033. Epub ahead of print. PMID: 37905525. [Open Access]

Full-text:

https://journals.sagepub.com/doi/10.1177/01410768231206033?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

Abstract

To determine the prevalence of multiple long-term conditions (MLTC) at whole English population level, stratifying by age, sex, socioeconomic status and ethnicity. The overall prevalence of MLTC was 14.8% (8,878,231), varying from 0.9% (125,159) in those aged 0-19 years to 68.2% (1,905,979) in those aged 80 years and over. In multivariable regression analyses, compared with the 50-59 reference group, the odds ratio was 0.04 (95% confidence interval (CI): 0.04-0.04; $p < 0.001$) for those aged 0-19 years and 10.21 (10.18-10.24; $p < 0.001$) for those aged 80 years and over. Odds were higher for men compared with women, 1.02 (1.02-1.02; $p < 0.001$), for the most deprived decile compared with the least deprived, 2.26 (2.25-2.27; $p < 0.001$), and for Asian ethnicity compared with those of white ethnicity, 1.05 (1.04-1.05; $p < 0.001$). Odds were lower for black, mixed and other ethnicities (0.94 (0.94-0.95) $p < 0.001$, 0.87 (0.87-0.88) $p < 0.001$ and 0.57 (0.56-0.57) $p < 0.001$, respectively). MLTC for persons aged 0-19 years were dominated by asthma, autism and epilepsy, for persons aged 20-49 years by depression and asthma, for persons aged 50-59 years by hypertension and depression and for those aged 60 years and older, by cardiometabolic factors and osteoarthritis. There were large numbers of combinations of conditions in each age group ranging from 5936 in those aged 0-19 years to 205,534 in those aged 80 years and over. While this study provides useful insight into the burden across

the English population to assist health service delivery planning, the heterogeneity of MLTC presents challenges for delivery optimisation.

18. Palasson RR, Paz EPA, Marinho GL, Pinto LFDS, Teston EF, Gomes MA, Souza MHDN, Marcon SS. **Quality of health care in Primary Care: perspective of people with Diabetes Mellitus.** *Rev Bras Enferm.* 2023 Oct 6;76(5):e20230008. doi: 10.1590/0034-7167-2023-0008. PMID: 37820130; PMCID: PMC10561413.[Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10561413/>
Abstract
To identify how people with diabetes assess the care offered by Primary Care teams. A cross-sectional study based on structured interviews with the application of the Patient Assessment of Chronic Illness instrument to people with Type 2 Diabetes Mellitus. Data were submitted to statistical analysis. 451 individuals participated in the study, more than half aged 60 years or older (64.0%); 63.9% had been diagnosed for more than five years; and 23.9% used insulin. The average score obtained was 2.5, which indicated little involvement in self-care and low support for the care of the chronic condition by the Family Health Strategy team, and was higher among women and people with a partner. People with diabetes consider that they do not receive individualized treatment, with dialogue and discussion for setting goals, and that they are not prepared for self-managing their health condition.
19. Pallarés-Carratalá V, Ruiz-García A, Serrano-Cumplido A, Arranz-Martínez E, Divisón-Garrote JA, et al. **Prevalence Rates of Arterial Hypertension According to the Threshold Criteria of 140/90 or 130/80 mmHg and Associated Cardiometabolic and Renal Factors: SIMETAP-HTN Study.** *Medicina (Kaunas).* 2023 Oct 17;59(10):1846. doi: 10.3390/medicina59101846. PMID: 37893564; PMCID: PMC10608132. [Open Access]
Full-text: <https://www.mdpi.com/1648-9144/59/10/1846>
Abstract
Arterial hypertension (HTN) is the leading preventable cause of atherosclerotic cardiovascular diseases (ASCVD) and death from all causes. This study aimed to determine the prevalence rates of HTN diagnosed according to the threshold diagnostic criteria 130/80 mmHg and 140/90 mmHg, to compare blood pressure (BP) control, and to evaluate their associations with cardiovascular diseases and cardiometabolic and renal risk factors. Almost a third of the adult population has HTN according to the 140/90 criterion, and more than half according to the 130/90 criterion, with a higher prevalence in men. The main clinical conditions associated with HTN were heart failure, diabetes, CHD, low eGFR, and obesity.
20. Li S, Lin L, Zhao J, Yang Z, Zhong Y, Huang L, Chen J, Zhang L, Ding Y, Xie T. **The Study of the Influence of IL5RA Variants on Chronic Obstructive Pulmonary Disease.** *COPD.* 2023 Dec;20(1):338-347. doi: 10.1080/15412555.2023.2270729. Epub 2023 Oct 31. PMID: 37905709. [Open Access]
Full-text: <https://www.tandfonline.com/doi/full/10.1080/15412555.2023.2270729>
Abstract
Chronic obstructive pulmonary disease (COPD) is a complex disease, and its pathogenesis is influenced by genetic factors. This study aimed to evaluate the role of IL5RA genetic variation in the risk of COPD. Interestingly, the effect of IL5RA SNPs on susceptibility to COPD was found to be influenced by factors

such as sex and smoking. *IL5RA* gene variants were significantly associated with susceptibility to COPD.

21. Morgan JW, Salmon MK, Ambady M, Piazza KM, Rhodes CM, Eneanya ND, Shea JA, Grande D. **Factors Informing High-Risk Primary Care Patient Choice around Telehealth Use: a Framework.** *J Gen Intern Med.* 2023 Nov 8. doi: 10.1007/s11606-023-08491-y. Epub ahead of print. PMID: 37940757. [Available via inter-library loan – Contact ICGP Library]
PubMed Abstract: <https://pubmed.ncbi.nlm.nih.gov/37940757/>
Abstract
While telehealth's presence in post-pandemic primary care appears assured, its exact role remains unknown. Value-based care's expansion has heightened interest in telehealth's potential to improve uptake of preventive and chronic disease care, especially among high-risk primary care populations. Despite this, the pandemic underscored patients' diverse preferences around using telehealth. Understanding the factors underlying this population's preferences can inform future telehealth strategies. To describe the factors informing high-risk primary care patient choice of whether to pursue primary care via telehealth, in-office or to defer care altogether. While visit utility and cost considerations are foundational to participants' decisions around whether to pursue care via telehealth, underappreciated modifiers and drivers often magnify or mitigate these considerations. Policymakers, payers, and health systems can leverage these factors to anticipate and enhance equitable high-value telehealth use in primary care settings among high-risk individuals.
22. Bourdel-Marchasson I, Maggi S, Abdelhafiz A, Bellary S, Demurtas J, et al. **Essential steps in primary care management of older people with Type 2 diabetes: an executive summary on behalf of the European geriatric medicine society (EuGMS) and the European diabetes working party for older people (EDWPOP) collaboration.** *Aging Clin Exp Res.* 2023 Nov;35(11):2279-2291. doi: 10.1007/s40520-023-02519-3. Epub 2023 Sep 4. PMID: 37665557; PMCID: PMC10628003. [Open Access]
Full-text: <https://link.springer.com/article/10.1007/s40520-023-02519-3>
Abstract
We present an executive summary of a guideline for management of type 2 diabetes mellitus in primary care written by the European Geriatric Medicine Society, the European Diabetes Working Party for Older People with contributions from primary care practitioners and participation of a patient's advocate. This consensus document relies where possible on evidence-based recommendations and expert opinions in the fields where evidences are lacking. The full text includes 4 parts: a general strategy based on comprehensive assessment to enhance quality and individualised care plan, treatments decision guidance, management of complications, and care in case of special conditions. Screening for frailty and cognitive impairment is recommended as well as a comprehensive assessment all health conditions are concerned, including end of life situations.
23. Boehmer KR, Álvarez-Villalobos NA, Barakat S, de Leon-Gutierrez H, Ruiz-Hernandez FG, et al. **The impact of health and wellness coaching on patient-important outcomes in chronic illness care: A systematic review and meta-analysis.** *Patient Educ Couns.* 2023 Dec;117:107975. doi: 10.1016/j.pec.2023.107975. Epub 2023 Sep 15. PMID: 37738790. [Available via inter-library loan – Contact ICGP Library]

PubMed Abstract: <https://pubmed.ncbi.nlm.nih.gov/37738790/>

Abstract

Health and Wellness Coaching (HWC) may be beneficial in chronic condition care. We sought to appraise its effectiveness on quality of life (QoL), self-efficacy (SE), depression, and anxiety. HWC improves QoL, SE, and depression across chronic illness populations. Future research needs to standardize intervention reporting and outcome collection. Future HWC studies should standardize intervention components, reporting, and outcome measures, apply relevant chronic illness theories, and aim to follow participants for greater than one year.

24. Tenpas AS, Vascimini A, Westwood G, Morris E, Dietrich E, DeRemer C.

Improvement in Clinical Outcomes and Access to Care With Pharmacist-Led Chronic Care Management Services at a Rural Family Medicine Clinic. *J Pharm Pract.* 2023 Dec;36(6):1392-1396. doi: 10.1177/08971900221118232. Epub 2022 Aug 7. PMID: 35938485. [Available via inter-library loan - Contact ICGP Library]

PubMed Abstract: <https://pubmed.ncbi.nlm.nih.gov/35938485/>

Abstract

Chronic care management (CCM) can significantly impact the management of chronic diseases in rural patient populations. To date, few practice models have addressed its impact on clinical outcomes and access to care in rural practice settings. Implement a sustainable pharmacist-led CCM practice model while tracking clinical outcomes and healthcare access at a rural, medically underserved family medicine clinic. Patients with CCM encounters or office visits within the first 3-6 months experienced statistically significant reductions in A1c. Moreover, total clinical encounters markedly increased in the 6 months after enrollment, allowing for more frequent engagement between ambulatory pharmacists and traditionally challenging rural patients.



Health Awareness

November is a busy month when it comes to Health Awareness with Global Lung and Prostate Cancer Awareness Month. There is also One Health Day (13th Nov), World Diabetes Day (Nov 14th), World COPD Day (Nov 18th), European Antibiotic Awareness Day (EAAD) (Nov 18th), and International Men's Day (Nov 19th). Here, we focus on Men's Health.

About 3,940 men are diagnosed with prostate cancer each year in Ireland. This means that 1 in 7 men will be diagnosed with prostate cancer during their lifetime. More information available from

<https://www.cancer.ie/cancer-information-and-support/cancer-types/prostate-cancer>

On November 19, International Men's Day celebrates worldwide the positive value men bring to the world, their families and communities. The theme for 2023 is "ZERO MALE SUICIDE". More information available from <https://internationalmensday.com/> The HSE are holding a webinar on the 16th November to celebrate [International Men's Day](#) chaired by Lorcan Brennan from the Men's Development Network featuring men who became leading voices for health and wellbeing through their advocacy work.

- This year's [EAAD campaign](#) focuses on actions needed to hit the EU's 2030 AMR targets.
- WHO have developed a [Fact Sheet on One Health](#).
- For Global Cancer Awareness Month, the GLCC have published the [State of Global Lung Cancer Research - 2020 data](#).
- 1 in 10 adults have diabetes worldwide. The 2023 theme for [World Diabetes Day](#) is 'Access to diabetes care'.
- For World COPD Day, check out [COPD Support Ireland](#).

Highest ever applications for GP Training Programme

A record number of applications received for 2024 GP Training Programme

Earlier this year Health Minister Stephen Donnelly announced that the number of GP training places being made available would increase to 350, a 35 per cent rise on the 2022 level of intake. There are now 1,044 trainee GPs in the training programme, compared to 700 in 2019. More than 1,300 medical graduates have applied for GP training in 2024, a record number as the country faces a crisis in general practice, particularly in rural areas.

Read [Gov.ie Press Release](#).

Modern Irish GPs

GPs discuss the pressures of daily life in 2024.

Three GPs join Bobby Kerr to discuss the ins and outs of the medical profession. **Listen to** [NewsTalk Industry Review](#).

GPs in Kerry, Wicklow and Dublin reflect on patient expectations, acute pressures and the way forward. **Read the** [Irish Times Article](#).



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