

Irish College of General Practitioners



ICGP Research & Audit Conference Abstracts 2015



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NOTES

References and further information are available on request from the author(s). The lists from other sources are complete and hence there may be an overlap between lists. The related abstracts may have been presented at the ICGP Research and Audit Conference in 2015 and hence may also be included.

DISCLAIMER

The contents of this document are intended as a snapshot guide only and although every effort has been made to ensure that the contents are correct, the ICGP and its agents cannot be held responsible for inaccuracies or incompleteness. The contents are based on abstracts submitted and accepted for presentation at the ICGP Research and Audit Conference in 2015.

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An audit on diabetes care in general practice; comparing the IPCRN audit tool to manual audit

N. Flynn

Introduction

Type 2 diabetes has reached epidemic proportions in the western world, affecting nearly 1 in 20 Irish adults¹, costing approximately €2,468 per patient annually². An audit on diabetic care in our practice was completed in 2013–14 using the IPCRN audit tool on Helix software. Some inaccuracies were noted. The register did not reflect the number of active diabetic patients and documented risk factors were not all identified by the IPCRN. Changes were made and it was repeated in 2014–15.

Methods

A register of patients coded with ICPC2; T89 and T90 was established electronically. The final register included 131. A diabetic liaison nurse joined the practice in April 2014. Helix refined data for extraction and changed hospital laboratory terminology ('U+E' to 'creatinine'). All diabetic patients were invited for review. The repeat IPCRN audit in April 2015 showed little improvement and some disimprovement. A manual audit was carried out to validate the IPCRN tool.

Results

The IPCRN identified 150 diabetics in 2014 vs 144 in 2015. Documentation improved in smoking (1% to 5%), creatinine (0% to 41%), and HbA1c (69% to 73%), however, the number achieving HbA1c targets disimproved. Documentation reduced in BMI (18% to 15%) and cholesterol (67% to 65%). 100% recorded achieved cholesterol targets ($\leq 5\text{mmol/l}$) in both years. Documentation of blood pressure (68%) and waist circumference (0%) did not change. The number achieving BP targets improved. The manual audit, 5 days later, examined the identical time period. Four inactive patients on the register were excluded, bringing the total to 127. The IPCRN 2015 results vs the manual audit showed an underestimation of documentation – smoking (5% vs 64%), creatinine (41% vs 77%), HbA1c (73% vs 81%), cholesterol (65% vs 72%), BP (68% vs 78%) and waist circumference (0% vs 29%). The IPCRN in both years found 100% of documented cholesterol was at target vs only 80% in the manual audit. BMI documentation was overestimated by IPCRN (15% vs 11%).

Conclusions

Manual validation showed discrepancies with IPCRN data. Compatibility with GP software should be examined when using this tool.

1 Harkins V. *A practical guide to integrated type 2 diabetes care*. ICGP 2008

2 Nolan JJ et al. *The cost of treating type 2 Diabetes (CODEIRE study)*. *Irish Medical journal* 2006; 99(10): 307–10

Psychosocial aspect of epilepsy in Ireland: a qualitative study of patient experience

S. Gavin

Introduction

Epilepsy is a stigmatising chronic disease that is associated with a considerable psychosocial burden. Much of the research to date in relation to the experiences of living with epilepsy has adopted a quantitative methodology and whilst such research is of value, there remains a paucity of research that focuses on exploring the individual's experience. Such research is necessary to broaden understanding and knowledge about the experience of living with epilepsy to further inform practice. The purpose of this study is to explore, describe and better understand the experience of living with epilepsy diagnosed in adulthood including the experience of treatment.

Methods

Qualitative study based on semi structured, in-depth, one-to-one interviews with a purposive sample of 12 people with epilepsy (9 female, 3 male, mean age 35 years), recruited from general practice. Interpretative phenomenological analysis was used to analyse the transcribed interviews and explore the emotional and psychosocial impacts of living with epilepsy.

Results

Four distinct themes emerged following analysis of the data: (1) feelings of fear (including fear of seizures, fear of rejection, fear of stigma and fear of injury during a seizure); (2) medication (including issues with prescribing, medication adherence, and medication side effects); (3) social factors (including protectiveness and support, stigma, secrecy and concealment, lack of independence and alcohol; and (4) emotions (including frustration, anger, guilt and shame). This research identified considerable overlap between feelings of fear and perceived stigma, issues affecting adherence with medication and perceptions regarding side effects and prescribing choices. There was also a relationship between feelings of stigma, need for secrecy and feelings of discrimination. Many experienced feelings of guilt and being a burden to their families. There was limited independence, compounded by driving restrictions and frustration with perceived and real barriers to achieving academic and professional goals.

Conclusions

In exploring the experience of living with epilepsy this study highlights the broad impact that epilepsy can have on a person's life. The findings have implications for the management of persons with epilepsy and suggest that the implementation of a model of care that addresses complex biopsychosocial needs is a priority.

Screening for postnatal depression – the patient’s perspective

E. Cantwell, E. McManus, C. McKenna

Introduction

Postnatal depression (PND) is a type of depression affecting 10–15% of women following childbirth. PND has adverse effects on parenting, maternal bonding and both the mother’s and baby’s emotional wellbeing. Many women are able to hide their PND, however, they suffer the condition as an internal misery.

General practitioners (GPs) are one of the main points of contact for new mothers and babies within the health service. Therefore they are in a prime position to screen, educate and treat PND. There is a dearth of data in the Irish setting in relation to PND in primary care. The purpose of this study was to provide insight into women’s own experiences and opinions of screening for postnatal depression.

Methods

At three GP practices, all women who had attended for antenatal care in the past 5 years were asked to complete an anonymous questionnaire. The questionnaire looked at the woman’s own experiences of being asked about symptoms of PND and their attitudes towards screening and potential barriers that may prevent women from attending their GP with PND.

Results

Of the 141 women who replied, 70.9% recalled being asked about their mood in the postnatal period. 40.4% remember being asked by their GP. 70.2% indicated they had been “Comfortable” to “Very comfortable” talking about their mood postnatally. 94.3% felt it was a good idea to screen for PND. 42% of women thought that the GP would be a woman’s first choice for help if she was suffering with PND. The greatest perceived barrier to attending a GP with PND were “Being embarrassed to talk about personal matters” (72.3%).

Conclusions

From these results it appears although most women are being asked about their mood in the postnatal period, less than half recall these questions being asked by their GP. Promisingly the majority of women felt comfortable talking about their mood and feel PND screening is a good idea. Being aware of the potential barriers preventing women seeking help will hopefully raise awareness amongst GPs and stimulate further research into this area.

Evaluation of the GP – Out-of-hours palliative care handover form

P. Gregan, E. Shanahan A. Heffernan, M, Lynch

Introduction

The need to develop a standardised information transfer process from GPs to the out-of-hours (OOH) service for patients with palliative care needs was identified as a priority in the Irish Hospice Foundation (IHF)/ICGP/HSE, Primary Palliative Care (PPC) in Ireland Report (2011). This is supported by Kiely (2013) who found that 96% of Irish GPs would value such a system. Subsequently in 2012, as part of the IHF PPC Programme a project commenced to develop a palliative care information transfer process. A GP – OOH Palliative Care handover form was developed and pre-piloted in 2013. After this, the form was redesigned. A guidance document and information leaflet was developed to support the implementation of the form in one geographical area.

Methods

A mixed methods approach was used. Quantitative data from 60 forms received during a 6 month time frame was gathered. Information about field completion, diagnoses and phone calls made to the OOH provider was collated. A series of qualitative interviews took place with GPs (N=7) and triage nurses (N=7) who used the form, with healthcare workers in residential centres (n=5) and members of the specialist palliative care community (N=3) who hadn't used the form as part of the evaluation. Interviews were recorded and data analysed for key themes.

Results

Below are themes arising from the evaluation.

- The form aids communication between GPs and the OOH service provider.
- The form benefits patients with palliative care needs in that it supports continuity of care and works as a tool to offer reassurance in the absence of the GP.
- An electronic version of the form would be useful.
- Education is required around not attempting cardiopulmonary resuscitation.
- All the necessary 'fields' are included on the form to fulfil its purpose.
- The form should be rolled out nationally and has potential for use in other settings.

Conclusions

The use of such an information transfer system enhances the care that people receive in the community and supports continuity of care. Next steps include developing an electronic version of the form and rolling it out to other service providers across Ireland.

Primary care referral letters to the Emergency Department – an audit of the National Standardised Patient Referral Template

B. McAuliffe, J. Brennan, C. Hayden, B. McAuliffe, D. Shields

Introduction

Effective communication at the interface of primary and secondary care is critical for the provision of effective, high quality and safe patient care. The aim of this audit was to examine current standards and the use of the National Standardised Patient Referral Template when referring from general practice to St James's Emergency Department.

Methods

GP letters received by the Emergency Department of St James's Hospital over a one week period in October 2013 were reviewed retrospectively and examined under the following headings:

- Legible GP name
- GP Medical Council registration number
- GP contact details
- Reason for referral and/or anticipated outcome
- Symptoms
- Examination findings
- Past medical history
- Medication list
- Allergies

Results were distributed to a sample of general practitioners within the St James's catchment area along with information on the referral template. Also included was a questionnaire seeking feedback on discharge letters from the Emergency Department. Referral letters from a one week period in May 2014 were then re-audited, and requested feedback collated.

Results

188 GP referral letters were received by the Emergency Department over a one week period in October 2013.

64% of these letters were typed and 14% were from an on call service. Only one referral of the 188 used the National Standardised Patient Referral Template. Information pertaining to allergies was documented in only 22% of letters.

Results on re-audit in May 2014 demonstrated little difference from the October 2013 data. 63% of letters were typed with 8% coming from an on call service.

Conclusions

This study demonstrates that the National Standardised Patient Referral Template is not being used routinely for referrals from general practice to the emergency department in St James's Hospital. Significantly, it shows that referral letters are falling short of the desired standards in the identification of the referring doctor and inclusion of essential clinical data. While our model for intervention proved unsuccessful, it is recognised that development of the interface between primary and secondary care should be prioritised in order to improve continuity of care.

A quantitative analysis of our patients' knowledge of the medical services provided at our general practice surgery

A. Barry

Introduction

The researcher works as a general practitioner in a deprived, urban area of Dublin. Many medical services are available at the surgery to the patients, most of whom have medical cards. The researcher's anecdotal experience was that many patients were unaware of existing medical services and were availing of services, provided at our clinic, elsewhere. The objective of the study was to gather data on existing knowledge of services and the means by which this communication of the services could be enhanced.

Methods

There were two methodologies used in this study: questionnaires and semi-structured interviews. 150 questionnaires were distributed, by reception staff, to patients at the surgery. In addition, three semi-structured interviews with two GPs and one practice nurse were conducted.

Results

The overall awareness of the medical services varied depending on the specific services. Those most commonly performed services were the most well-known. Of the means of improving communication with patients, poster boards in the surgery and the use of social media were the most cited.

The capacity for the surgery to provide the extensive list of services on offer was discussed during the interviews with the GPs.

Conclusions

Management should decide how much time they wish to make available to those services that are infrequently provided and whether the capacity exists in order to do so. Further research may be required to ascertain means of improving the marketing of our services to our patients.

Cross-sectional survey of general practitioners' and community pharmacists' opinions on medication management at transitions of care in Ireland

P. Redmond

Introduction

Prescribing is one of the most frequent interventions. Despite this, errors are common and occur frequently at transitions of care. There is a lack of national data on the opinions of community healthcare providers on medication management between secondary and primary care. The overall aim of this study was to gather information from general practitioners (GPs) and community pharmacists (CPs) on current practices of medication management, specifically medication reconciliation as patients transition in care.

Methods

An electronic survey was distributed to 2,675 GPs and GP registrars as well as 2,382 CPs. A working group of experts, drawn from practising GPs and pharmacists, devised the items within the questionnaire. Specific areas addressed included electronic communication, computerised prescribing records, the handling of actual and potential prescribing errors and personal professional experiences of critical incidents arising from possible communication errors.

Results

There was an overall response rate of 20% (1,014 respondents – 554 GPs/registrars and 460 CPs). >90% of GPs and CPs use computerised prescribing. 35% of GPs reported receiving electronic communications from hospitals, with 60% having no formal system of medication reconciliation. Both groups reported a positive relationship with each other (62% of GPs and 52% of CPs described it as very good) but had more mixed views when asked about the relationship with secondary care. CPs (86%) and GPs (87%) were in favour of expanding the role for hospital pharmacists in identifying and preventing prescribing errors. Alarmingly >80% of both groups could clearly recall prescribing errors they had witnessed. Thematic analysis underlined the positive relationship between GPs and CPs, a possible greater role for hospital pharmacists, a lack of ICT interoperability, vulnerable patients, poor communication between HCPs and frustrations with unclear lines of responsibility.

Conclusions

Poor inter professional communication and medication errors are features of the primary/secondary care transition. There is a clear need for an improved medication management system.

Improving access to primary care services for marginalised groups – participatory research in action!

P. O'Donnell, E. Tierney, A. O'Carroll, R. O'Connor, C. O'Riordan, N. Reyhani, C. McDonnell, A. MacFarlane

Introduction

According to the World Health Organisation, primary care should be accessible, acceptable and available to all people equally. There are policy imperatives to include patients in the planning of primary healthcare initiatives. However, some groups have more difficulty in accessing primary healthcare than others and their voice is absent from planning processes. The aim of this study was to consult with marginalised groups to explore their experiences of accessing primary healthcare and identify their priorities for the delivery of care.

Methods

This qualitative study used participatory learning and action (PLA) methods. Using purposeful sampling, we recruited members of marginalised groups in an urban area who were known to have difficulty accessing primary healthcare (n=11). We ran two focus groups with each marginalised group, initially to brainstorm experiences of accessing primary healthcare, and then to concentrate on ranking solutions in order of priority for attention by service planners. Data were co-analysed by researchers and participants following principles of inductive thematic analysis. Data from all six focus groups were examined by the research team for overarching themes.

Results

Five overarching themes were documented: (i) home/accommodation, (ii) culture, (iii) personal experience, (iv) good care and (v) vicious circle. Many of these themes describe issues around the social determinants of health including how personal mental health and societal discrimination can be barriers to healthcare. The importance of communication and building trust with healthcare providers was discussed, as negative experiences can deter seeking care. The concept of a vicious circle of ill health leading to personal chaos and creating barriers to access was also uncovered.

Conclusions

PLA is a valuable method for supporting participants whose voices are absent from planning healthcare to identify priorities for their healthcare. Findings indicate the need for solutions to complex personal and structural problems that create barriers to healthcare for those who need it most.

Effects of an eight-week supervised, structured lifestyle modification programme on anthropometric, metabolic and cardiovascular risk factors in severely obese adults

C. Crowe

Introduction

Lifestyle modification is fundamental to obesity treatment. We sought to describe changes in anthropometric and metabolic characteristics in a cohort of bariatric patients after participation in a nurse-led, structured lifestyle programme.

Methods

We conducted a retrospective, observational cohort study of adults with a body mass index (BMI) $\geq 40 \text{ kg m}^{-2}$ (or $\geq 35 \text{ kg m}^{-2}$ with significant co-morbidity) who attended and completed a single centre, eight-week, nurse-led multidisciplinary lifestyle modification programme. Weight, height, waist circumference, blood pressure, HbA1c, fasting glucose and lipid profiles as well as functional capacity (Incremental Shuttle Walk Test) and questionnaire-based anxiety and depression scores before and after the programme were compared in per-protocol analyses.

Results

Of 183 bariatric patients enrolled, 150 (81.9%) completed the programme. The mean age of completers was 47.9 ± 11.2 years. 34.7% were male. There were statistically significant reductions in weight (129.6 ± 25.9 v 126.9 ± 26.1 kg, $p < 0.001$), BMI (46.3 ± 8.3 v 44.9 ± 9.0 kg m^{-2} , $p < 0.001$), waist circumference (133.0 ± 17.1 v 129.3 ± 17.5 cm in women and 143.8 ± 19.0 v 135.1 ± 17.9 cm in men, both $p < 0.001$) as well as anxiety and depression scores, total- and LDL-cholesterol and triglyceride levels, with an increase in functional capacity (5.9 ± 1.7 v 6.8 ± 2.1 METS, $p < 0.001$) in completers at the end of the programme compared to the start. Blood pressure improved, with reductions in systolic and diastolic blood pressure from 135 ± 16.2 to 131.6 ± 17.1 ($p = 0.009$) and 84.7 ± 10.2 to 81.4 ± 10.9 mmHg ($p < 0.001$), respectively. The proportion of patients achieving target blood pressure increased from 50.3 to 59.3% ($p = 0.04$). The proportion of patients with diabetes achieving HbA1c < 53 mmol/mol increased from 28.6 to 42.9%, $p = 0.02$.

Conclusions

Bariatric patients completing an eight week, nurse-led structured lifestyle programme had improved adiposity, fitness, lipid profiles, psychosocial health, blood pressure and glycaemia. Further assessment of this programme in a pragmatic randomised controlled trial seems warranted.

Illicit use of prescription medication among medical students in Ireland

M. Sweeney, K. Hanley, D. McGrath

Introduction

There is increasing international concern about the nonmedical use of prescription medications. Nonmedical use is use without a prescription, in a way other than as prescribed or for the experience or feelings elicited. Research has shown that a significant minority of US college students misuse prescription medications, however much of the focus has been on the illicit use of stimulants traditionally used to treat Attention Deficit Hyperactivity Disorder (ADHD). Very little is known about prescription medication misuse in Irish medical students. This population will have ready access to prescribed medication during their professional life and the concern is that casual attitudes to the use of prescription medication developed in medical school could damage future medical careers. The aim of this study is to assess the prevalence of illicit use of prescription drugs among Irish medical students and to enumerate their motives.

Methods

Online, anonymous, self-reported questionnaires were distributed to medical students in four Irish medical schools. Questionnaires assessed demographic details, the illicit use of 5 groups of medication (benzodiazepines, sleeping tablets, stimulants, beta-blockers and pain medication), frequency of use in the past 12 months and motives for use.

Results

The response rate was 23% (n=744). 81% of respondents were aged between 18 – 26 years. 57% were female. 65% were from undergraduate medical schools. 26% had used prescription medications without a prescription at least once in their lifetime. Pain medications were the most frequently misused drug (12.5%) with sleeping and anxiolytic drug use reported at 6% and 5%, respectively. The most frequent motives reported were to help the student relax or sleep, to help with pain or to study.

Conclusions

There appears to be a small but significant number of Irish medical students partaking in nonmedical prescription drug use. These rates were similar to US research. This concerning use in medical school may have implications for future physicians' prescribing patterns and self-care. These findings demonstrate the need for medical schools to address the nonmedical use of prescription medication among students in order to educate about risk of dependence, professionalism in prescribing and self-care throughout a career in medicine.

Does an excision biopsy of cutaneous malignant melanoma in primary care adversely affect the patient outcome?

J. Kirwan, S. Doherty, Louise Jackman, Deirdre Dunne

Introduction

Melanoma is the fifth most common invasive cancer in Ireland. Guidelines from the National Cancer Control Programme advise GPs to refer suspicious pigmented lesions intact. This differs from guidelines published in Australia and the USA.

Aim

To compare mortality rates between patients who have their initial diagnostic excisional biopsy performed in a hospital versus non-hospital setting.

Methods

Analysis of data from 7,116 cases of melanoma from the National Cancer Registry Ireland between 2002 and 2011. We examined individual variables which may affect outcome and compared these to survival. Finally we compared hospital and non-hospital excision, and compared these with survival, using a cox proportionate hazard model to adjust for previously identified significant variables.

Results

When comparing melanoma death between the hospital and non-hospital groups, the adjusted hazard ratio was 1.56 (95% CI= 1.08–2.26); ($p=0.02$), indicating a non-inferior outcome for the melanoma cases initially treated in the non-hospital group, after adjustment for significant covariates.

Conclusions

This study suggests that an initial excision biopsy can be carried out safely in general practice with no adverse outcomes to the patient.

A primary care audit of inappropriate non-steroidal anti-inflammatory prescription in patients with chronic kidney disease

D. Keohane, T. Dennehy, B. Daly, E. Shanahan

Introduction

The primary aim of this audit was to reduce the inappropriate prescribing of non-steroidal anti-inflammatories in those with chronic kidney disease (CKD). The prevalence of CKD rises to 16.7% over 50 years of age. Once diagnosed, the management of CKD involves delaying progression to end stage renal failure and preventing complications. It is well established that NSAIDs have a negative effect on kidney function primarily by prostaglandin inhibition and reduced renal plasma flow as well as their propensity to cause acute interstitial nephritis. Consequently, all nephrology consensus groups including the National Kidney Federation suggest avoiding NSAIDs in CKD.

Methods

Our criteria included all patients of the practice with a known risk factor for CKD documented in their patient records (known renal disorder, diabetes mellitus, hypertension, etc.). This “at risk” group was further refined to include those with an estimated glomerular filtration rate of <60ml/min per 1.73m² (stage 3 CKD or greater). Phase one of the study analysed how many instances of NSAID prescription had occurred in this group over the preceding three months. The intervention involved the creation of an automated alert on each “at risk” patient record if NSAIDs were prescribed as well discussing the rationale with practice staff. The re-audit phase occurred three months post intervention.

Results

728 patients were deemed “at risk” of CKD and 158 of these were found to have an eGFR<60ml/min. In phase one, 10.2% (n=16) of the “at risk” group had received an NSAID in the preceding 3 months and in total 6.2% were receiving NSAIDs on repeat prescription. Phase two post intervention revealed a significant 75% reduction in the total number of NSAIDs prescribed and a 90% reduction in repeat NSAID prescription.

Conclusions

This effective audit design achieved its primary aim by significantly reducing NSAID prescription in those at risk of CKD progression. It also created a CKD register in the practice and an enduring medication alert system for individuals at risk of nephrotoxic NSAID prescription. We now have a safe, reliable and efficient process for reducing morbidity and mortality, improving quality of life and easing the associated health burden of CKD.

How acrochordons predict metabolic characteristics and their response to structured lifestyle modification. The STAMP study cohort

C. Crowe

Introduction

Acrochordons are a recognised feature of insulin resistance, but the extent to which they predict an adverse metabolic profile or the response to structured lifestyle modification in severely obese adults is not known.

Aims

We sought to quantify prospectively differences in anthropometric and metabolic characteristics of severely obese adults with acrochordons versus none and to determine whether the presence of acrochordons predicted the response to an eight week structured lifestyle programme.

Methods

Weight, height, blood pressure, fasting glucose and lipid profiles and a detailed dermatological assessment were conducted in a cohort of bariatric patients undergoing the Croi Clann structured lifestyle modification programme. Baseline differences between those with and without acrochordons were measured using a two-sample t-test, while differences in the response to the lifestyle intervention were quantified using linear regression.

Results

100 bariatric patients (mean age 50 ± 11.4 years, 31% male) were enrolled. Those with acrochordons were heavier but also taller, with lower BMI and had higher HbA_{1c} and blood pressure as expected. The intervention led to improvements in fitness and adiposity overall, but these improvements were greater in those with acrochordons although they were not statistically significantly higher.

Conclusions

In severely obese adults, acrochordons are an important marker of metabolic adversity and may predict the response to a lifestyle modification-programme.

Audit on the management of anaemia in pregnancy in Stranorlar Health Centre, Co. Donegal

K. Kyne, J. Sweeney, K. Hanley, B. Forkan

Introduction

Anaemia in pregnancy affects 1 in 7 pregnant women in Ireland. 85% of cases are due to iron deficiency. Anaemia in pregnancy is defined as haemoglobin <11g/dl in the first trimester and haemoglobin <10.5 g/dl in the second trimester. Anaemia in pregnancy is associated with low birth weight babies and preterm labour. The audit was based on UK guidelines on the management of iron deficiency in pregnancy (British Committee for Standards in Haematology) and NICE clinical guideline 62 – Antenatal Care.

Methods

Identified the practice population size, which was 6,000. The sample used for the audit was all pregnant women in the practice over a 12-month period from 1/7/13–1/7/14 in Stranorlar Health centre (80 women). Socrates was the practice software used and the data was analysed on an Excel data sheet.

- The data collected from patients electronic records included:
- The number of haemoglobin checks during the pregnancy
- Proportion who had at least 2 haemoglobin checks
- The gestational period of the 1st and 2nd haemoglobin check (1st check prior to 12 weeks, 2nd haemoglobin prior to 30 weeks gestation)
- Percentage of women who had iron and ferritin studies
- Percentage of women who were prescribed iron in pregnancy
- Proportion of women who were on iron appropriately

Results

Booking Hb: 96% of patients had a booking Hb. The average booking Hb was 12.8. Hb at 24–28 weeks gestation: 55% had a Hb done between 24–28 weeks gestation. 37% had a Hb done outside that period. Average second Hb done during pregnancy was 11.5. In total, 12.5% were diagnosed with anaemia in keeping with the national anaemic stats in keeping with the incidence of anaemia in pregnancy. 3 patients were diagnosed at booking visit and 7 patients were diagnosed at 24–28 weeks with anaemia. 21% of patients were on iron supplements. 40% of anaemic patients were on iron supplements.

Conclusions

FBC to be checked at booking and again at 24–28 weeks. Iron supplements to be given if haemoglobin <11 in the first trimester or <10.5 at 24–28 weeks gestation. Repeat FBC two weeks after starting iron. Routine iron supplements are not recommended for non-anaemic patients. Only select patients need iron/ferritin studies done.

Influenza vaccine uptake among pregnant women during flu season in a rural practice – audit

K. Loganathan, P. Halligan, G. Maguire

Introduction

Influenza is responsible for significant morbidity and mortality in pregnant women. Pregnant women have higher rates of influenza-related morbidity and mortality due to immunological and physiological alterations that occur during pregnancy that affect cardiorespiratory and other major organs. According to HSE guidelines, all pregnant women should get an influenza vaccine.

Methods

We generated a list of all pregnant women during the 2013/2014 influenza season using the Helix Practice Manager. We studied the consultation record, immunisation record and maternity protocol for each patient, looking for any documentation of discussion between the doctors and patient with regards to influenza vaccination. Following the above review, we had a practice discussion with regards to changes that could be implemented to improve vaccination uptake. This included placing patient posters in the waiting room and at the reception area, having the HSE vaccination leaflet displayed and placing reminder posters in the doctors and nurses rooms. The practice nurses then initiated a system of SMS messaging all eligible pregnant women to alert them that the influenza vaccine was available in the practice. The vaccination period was October to the end of April. All the data were recorded on an Excel spread sheet.

Results

There were 44 pregnant women eligible in the 2013/2014 group and 40 pregnant women in the 2014/2015 group. There was an almost equal mix between GMS and private patients. In 2013/2014, only 8 out of 44 pregnant women had the influenza vaccine. Since the intervention was put in place, the uptake of the influenza vaccine increased by 32% in 2014/2015.

With regards to the documentation rate, there was a 100% documentation rate in 2014/2015 compared to 10% in the 2013/2014 season which was a very significant improvement.

Conclusions

There was a 32% increase in influenza vaccination uptake since the introduction of posters, reminders and the online messaging system. This uptake is in line with the international standards. There were also better documentation records between the doctor and patient. The audit showed that even relatively simple, low cost interventions can produce an increase in vaccination uptake among this patient cohort.

ICGP research ethics approved projects 2015

APPLICANTS NAME	STUDY TITLE
Dr Ciara Curran	Measuring safety climate in Irish general practice using a safety climate survey
Dr Claire Collins	Post placement inter-country adoption study
Dr Mary Mc Donnell-Naughton	An examination of “social capital” and the older person in the midlands of Ireland
Dr Miriam Daly	Gonorrhoea diagnosis and management in primary care study
Ms Louise Keating	A randomised controlled trial of multimodal physiotherapy for patients with acute/sub-acute radiculopathy
Dr Tomas Barry	The experience of drug overdose among service users at a satellite addiction centre
Dr Andrew O’Regan	Communication between primary and secondary care: a study of referral and discharge letters
Dr Margaret O’Riordan	Accreditation research project on minor surgery service delivery in general practice
Dr Patrick Redmond	Medication reconciliation – unintentional discontinuation of long term medication post hospitalisation
Ms Edel Birrane	Theory of planned behaviour as a predictor of referrals to child and adolescent psychology services, in primary and continuing community care in Co. Mayo
Dr Jan Klimas	Better Addiction Medicine Education for Doctors (BEAMED)
Ms Olga Tummon	Factors that would encourage GP trainees to take part in research
Mr Christopher Carew	Investigation into the benefits of swimming for asthmatics compared with other sports/activities
Dr Des Crowley	Evaluate the attitudes of Irish general practitioners to the decriminalisation and medical use of cannabis
Dr Elaine Lee Murphy	Irish GP trainers experience of the GP trainer – Trainee 1:1 tutorial as an educational tool; a qualitative semi-structured interview study
Dr Fiona O’Reilly	The impact of a structured module in social medicine on the attitudes and perspectives of GP trainees towards marginalised groups
Dr Michal Molcho	Health inequalities in childhood cancer survivors
Ms Amy Moriarty	The training needs and attitudes of general practitioners and general practitioners in training towards young people who self-harm
Prof Anne MacFarlane	Evaluation of innovative service provision in dementia care in the community
Prof Susan Smith	OPTI-SCRIPT: OPTImising PreSCRIBing for Older People in Primary Care, a clusTer randomised controlled trial and health economic analysis
Dr Maria Murphy	Exploring the factors which influence antibiotic prescribing in the management of acute respiratory tract infections by general practitioners in Ireland

Projects approved for funding under the ICGP Research and Education Foundation 2015

APPLICANTS NAME	STUDY TITLE
Dr Tommy Fitzgerald	Attitudes to exercise and weight gain in the antenatal period in an Irish general practice setting
Prof Andrew Murphy	The prevalence, impact and cost of chronic non-cancer pain (PRIME) study: 6 year follow-up (PRIME-6)
Dr Aine O'Connell	Pertussis vaccination during pregnancy, current practice and attitudes of general practitioners in the west of Ireland
Dr Alan Devine	The level of preparedness among early years' service providers for the management of seizures amongst children attending their service
Dr Aoife Kiely	Satisfaction rates with the current Special Type Consultation (STC) reimbursement scheme among general practitioners in the west of Ireland – a mixed methods survey
Dr Blaire Mulvey	The attitudes towards methadone prescribing in primary care of GPs working in Co. Wexford, Ireland – a qualitative study
Dr Andrew O'Regan	Extended General Practice Placements (EGPP): Do they facilitate the breadth and depth of the student experience?
Dr Caroline Delany	Study of parents' knowledge and understanding of risk factors for bone health in children/teens aged 8–16 in the Gorey area
Dr Mark Hudson	Single blind randomised controlled trial evaluating the effect of patient education to reduce re-consultation with acute bronchitis
Dr Ruth Hallissey	Factors that influence the uptake of influenza and pertussis vaccination during pregnancy from the perspective of patients in the south east of Ireland
Dr Sarah Flannery	Best Evidence in Medical Education Systematic Review to determine the most effective teaching methods that develop reflection in the medical student
Dr Tomas McGuinness	Point of care testing in the west of Ireland: Testing who?
Prof Brian Cleary	Maternal influenza vaccination research study

Travel Bursaries 2015

CONFERENCE	APPLICANT'S NAME
WONCA Rural Health Conference, Dubrovnik	Dr Ciaran O'Fearraigh
2015 World Congress of Medicine and Health in Sport, Los Angeles	Dr Nathan Wall
2015 World Congress of Medicine and Health in Sport, Los Angeles	Dr Tommy Fitzgerald
WONCA Europe 2015 Conference, Istanbul	Dr Patrick Redmond
WONCA Europe 2015 Conference, Istanbul	Dr Niall Maguire

