



ICGP Library

Recommended Reading

February 2024
Issue 2

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

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ICGP Publications

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

Latest Issue of Forum

January/February 2024, Volume 41, no 1

Non-EU GPs: Global initiative on workload crisis

 **View all Forums from 2024:**

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

ICGP Quick Reference Guide - Chronic Kidney Disease in General Practice

The ICGP has updated the Quick Reference Guide on Chronic Kidney Disease.

 **Read the [Quick Reference Guide](#).**



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GPWorks

Our new Assistant Medical Director, Dr Suzanne Kelly, featured on the latest episode of our podcast, GP Works, talking about how she became a GP, and women in leadership in general practice.



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

ICGP Staff Research Articles

1. Walley D, McCombe G, Broughan J, O'Shea C, Crowley D, Quinlan D, Wann C, Crowley T, Cullen W. **Use of telemedicine in general practice in Europe since the COVID-19 pandemic: A scoping review of patient and practitioner perspectives.** *PLOS Digit Health*. 2024 Feb 14;3(2):e0000427. doi: 10.1371/journal.pdig.0000427. PMID: 38354211. [Open Access]

Full-text:

<https://journals.plos.org/digitalhealth/article?id=10.1371/journal.pdig.0000427>

Abstract

General practice is generally the first point of contact for patients presenting with COVID-19. Since the start of the COVID-19 pandemic general practitioners (GPs) across Europe have had to adopt to using telemedicine consultations in order to minimise the number of social contacts made. GPs had to balance two needs: preventing the spread of COVID-19, while providing their patients with regular care for other health issues. The aim of this study was to conduct a scoping review of the literature examining the use of telemedicine for delivering routine general practice care since the start of the pandemic from the perspectives of patients and practitioners. The nature of general practice was radically changed during the COVID-19 pandemic. Certain patient groups and areas of clinical and administrative work were identified as having performed well, if not better, by using telemedicine. Our findings suggest a level of acceptability and satisfaction of telemedicine by GPs and patients during the pandemic; however, further research is warranted in this area.

2. Windak A, Rochfort A, Jacquet J. **The revised European Definition of General Practice/Family Medicine. A pivotal role of One Health, Planetary Health and Sustainable Development Goals.** *Eur J Gen Pract*. 2024 Dec;30(1):2306936. doi: 10.1080/13814788.2024.2306936. Epub 2024 Feb 9. PMID: 38334099; PMCID: PMC10860453. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10860453/>

Abstract

This editorial aims to discuss the scope of the latest revision amendment to the European Definition and to promote it among EJGP readers.

3. Buckley E, Barrett A, Power D, Whelton H, Cooke J. A competitive edge: Developing a simulation faculty using competition. *Clin Teach*. 2024 Feb;21(1):e13641. doi: 10.1111/tct.13641. Epub 2023 Aug 25. PMID: 37622413.

Full-text: <https://asmepublications-onlinelibrary-wiley-com.icgplibrary.idm.oclc.org/doi/10.1111/tct.13641>

Abstract

In response to the COVID-19 pandemic, the development and integration of SBT

across the hospital group was identified as a key strategic priority. Recognising that the introduction and implementation of any new training initiative is often challenging. Using aspects of motivational theory, this study describes the development of an in-situ simulation competition 'SimStars' to recruit (and retain) new clinician educations to a simulation faculty.

4. Michaël Rochoya, Isabelle Pontais, Céline Caserio-Schönemann, Christine Chan-Chee, Claire Collins, et al. **Pattern of encounters to emergency departments for suicidal attempts in France: Identification of high-risk days, months and holiday periods**, *Encéphale*, <https://doi.org/10.1016/j.encep.2023.11.018>. [Available via Inter-Library Loan, Contact ICGP Library]

Abstract

Seasonal change in patterns of suicidal attempts is not well known in France and may differ from other western countries. We aimed to determine the peak times (days, months and holiday periods) of suicidal attempts in France. Sundays, June, New Year's Day were at increased risk of suicidal attempts in France requiring a strengthening of prevention.

GP News

Dept. of Health Press Release - [Government approves legislation to allow 'Rent-a-Room' income disregard from medical card and GP visit card assessment.](#)

By Department of Health, 29 Jan 2024.

Minister for Health Stephen Donnelly received government approval to publish the final text of the [Health \(Miscellaneous Provisions\) Bill 2024](#).

- €14,000 rental income can be disregarded for qualification for medical cards and GP visit cards.
- Health (Miscellaneous Provisions) Bill 2024 will also enhance the role of pharmacists.
- Medicines Substitution Protocols to be implemented to deal with medicine shortages.

Dept. of Health Press Release – [Minister Butler opens public consultation on adult safeguarding in the health and social care sector.](#)

By Department of Health, 31 Jan 2024.

The Minister for Mental Health and Older People, Mary Butler, opened a public consultation on new proposals to further safeguard adults receiving services in the health and social care sector. Safeguarding means putting specific measures in place to protect those who may be at risk of abuse.

- New consultation to create first national policy on adult safeguarding for health and social care services.
- Existing adult safeguarding policy framework to be strengthened.
- New policy will apply to all public, private and voluntary healthcare and social care services.
- Broad ranging proposals aim to keep adults in health and social care services safe from abuse.

RTE.ie - 'It's getting worse': GPs close lists to new patients amid heavy workload.

By Eithne Dodd, 6 Feb 2024.

GPs around the country have said they are being overrun by heavy workloads, with many practices struggling to attract younger qualified applicants - especially in rural and deprived areas.

Irish Independent - 'Long-term plan and certainty' are needed to attract new GPs.

By Tabitha Monahan, 7 Feb 2024.

A long-term plan is essential to tackle doctor shortages across the country, a member of the Irish Medical Organisation's GP committee has said. As the lack of medics in general practice continues, Dr Austin Byrne said the GP community needs certainty on the plan for the sector, which is important for attracting new entrants.


Reports



HRB - The efficacy and safety of medicinal cannabis in adult populations: An evidence review (23rd January)

The Health Research Board has published a comprehensive review of existing evidence on the clinical efficacy and safety of medicinal cannabis for a wide range of health conditions. The study was conducted to inform a Department of Health review of the current Medicinal Cannabis Access Programme (MCAP). It found evidence to support the use of prescribed medicinal cannabis for certain conditions for which it is currently approved in Ireland, such as nausea and vomiting in cancer and spasticity in multiple sclerosis. There was also evidence of a significant benefit for neuropathic or nerve pain, which can occur with conditions such as multiple sclerosis, diabetes or spinal cord injury. For most other conditions, including anxiety and pain in conditions such as cancer, rheumatic diseases and fibromyalgia, there is no conclusive evidence to confirm the efficacy of prescribed medicinal cannabis.

Regarding the safety of prescribed medicinal cannabis, the review found that although serious adverse events do not appear to be common, there is some evidence that some side effects such as dizziness, dry mouth, sedation, and headache can occur. Mixed evidence was found, however, on the likelihood of other adverse events such as drowsiness, nausea, and any psychiatric disorder adverse events.

 **Read the Report:** [New study evaluates evidence on efficacy and safety of prescribed medicinal cannabis \(hrb.ie\)](https://www.hrb.ie/reports-and-publications/medicinal-cannabis-evidence-review)



The Citizens Assembly on Drugs - Report of the Citizens' Assembly on Drug Use (25 Jan 2024)

The Citizens' Assembly on Drugs Use, which met from April to October last year, has published its final report, with 36 recommendations for a new Irish model to reduce the harm caused by illicit drugs use. They advocate a health-led approach.

The report also details the votes by members on the final set of recommendations, where they supported specific measures for implementation including:

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- A decriminalised model, put in place by a pivot from a reliance, in the first instance, on a criminal justice response towards a comprehensive health-led response
- Strengthened political oversight and priority through the establishment of a dedicated Cabinet Committee on Drugs, chaired by the Taoiseach
- Prioritisation of supports for marginalised groups and disadvantaged communities
- Enhanced funding, including additional and new sources of funding
- A greater focus on prevention and recovery and greater supports for families and children impacted by drug use
- Strengthened services including the expansion of harm reduction measures and treatment and recovery services, both in prison and in communities
- Supply reduction, supporting the continued efforts of the Gardaí while strengthening the response to drug-related intimidation and violence by organised crime groups.

 **Read the Report:** [Launch of the Report of the Citizens' Assembly on Drugs Use | Citizens' Assembly \(citizensassembly.ie\)](https://citizensassembly.ie)



Dept of Health - National Taskforce on the Non-Consultant Hospital Doctor (NCHD) Workforce: Final Recommendations Report (7th Feb 2024)

Today's final report contains 44 recommendations, aimed at improving the experience of NCHDs and improving their work-life balance, together with responsible leads and implementation timeframes for each.

Minister Donnelly has written to the Chair of the HSE Board and to the Forum of Irish Postgraduate Medical Training Bodies to ensure that the development and roll-out of implementation plans is prioritised across five areas in 2024, including:

- Dedicated Leadership and Support for NCHDs;
- Improved Working Standards;
- Education and Training Supports;
- Information Communications and Technology (ICT);
- Increased access to training places.

 **Read the Report:** [gov - National Taskforce on the Non-Consultant Hospital Doctor \(NCHD\) Workforce: Final Recommendations Report \(www.gov.ie\)](https://www.gov.ie)



HSE NDTP - Annual Medical Retention Report (13th Feb 2024)

NDTP are proud to announce the launch of the inaugural Annual Medical Retention Report. This report, an update and extension of a previous article published by NDTP in early 2023, will be published on an annual basis going forward. While there have been concerns about the retention of Irish trained doctors from many years, there has been a paucity of data to accurately describe the complex flows of doctors moving in and out of Ireland as they progress through the various stages of training and on to Consultant posts. This report aims to quantify these flows and presents a range of strategies to improve retention rates.

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In collaboration with the Medical Council, it was discovered that of the 2016-2021 General Practice (GP) CSCST graduates, 87% were working as a General Practitioner (GP) in Ireland during the 12 months prior to IMC registration in 2022.

 **Read the Report:** [annual-retention-report-2023.pdf \(hse.ie\)](https://www.hse.ie/eng/med/medias/annual-retention-report-2023.pdf)

EBM Round-Up



NMIC Therapeutics Today (February 2024)

In this month's Therapeutics Today:

- NMIC publications survey 2024 - don't miss your chance!
- Gabapentinoids in Ireland 2010 to 2020
- Crushed tablet administration for patients with dysphagia or enteral feeding
- Medicine shortages
- NMIC bulletins on type 2 diabetes mellitus
- Guidance/advice documents
- Regular features
 - Medication Safety Minutes
 - Updates to the HSE antibiotic prescribing website
 - Health Products Regulatory Authority (HPRA) updates
 - Health Protection Surveillance Centre updates

 [View this issue.](#)

NMIC Bulletin (January 2024, vol. 29, No.5 and 6) Update on Type 2 Diabetes Mellitus

BULLETIN 1 - TYPE 2 DIABETES MELLITUS: DIAGNOSIS, ASSESSMENT AND MANAGEMENT

- The prevalence of type 2 diabetes mellitus (T2DM), which is a major cause of morbidity and mortality, is increasing.
- The management of T2DM should be patient-centred and include multifactorial behavioural and pharmacological therapies to prevent or delay the onset of cardiovascular disease (CVD) and other complications.
- Glycaemic targets should be individualised to the patient and include consideration of age, risk of complications, frailty and comorbid conditions.
- The management of hypertension, dyslipidaemia, and other cardiovascular risk factors should be optimised in patients with T2DM to reduce the risk of CVD.

BULLETIN 2 - TYPE 2 DIABETES MELLITUS: NON-INSULIN GLUCOSE-LOWERING PHARMACOTHERAPY

- HbA1c targets should be individualised to the patient.
- Glucose-lowering therapies should be individualised to the patient.
- Metformin is generally recommended as first-line pharmacological therapy for most people with type 2 diabetes mellitus (T2DM).

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- The cardiorenal benefits of newer glucose-lowering therapies, regardless of baseline HbA1c, provide important progress in reducing the target-organ complications of T2DM.

 [View this issue.](#)

NCIR Cancer Factsheets

The National Cancer Registry Ireland has just released an updated set of cancer fact sheets. Summary information on cancer incidence, survival, mortality, and more is provided for 21 different cancers. These factsheets provide useful summary of statistics for particular cancers, including case numbers and deaths per year, incidence and mortality rates over time as well as information on cancer stage, and survival.

 [View the factsheets.](#)

Irish Articles

1. Reilly EO, Fitzpatrick D, Lannon R, McCarroll K. **Knowledge gap in a cross section of Irish general practitioners prescribing denosumab for osteoporosis.** *Ir J Med Sci.* 2024 Feb;193(1):271-276. doi: 10.1007/s11845-023-03383-w. Epub 2023 May 22. PMID: 37211588; PMCID: PMC10200694. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10200694/>
Abstract: Denosumab is commonly used by general practitioners (GPs) in Ireland to treat osteoporosis though drug holidays are not recommended with rebound bone loss and risk of vertebral fractures if stopped. We aimed to investigate GP practice and knowledge regarding denosumab including use and reasons for use, therapy duration, blood monitoring and recommended vitamin D status/calcium intake on treatment, staff administering, methods of recall, delays in receiving injections, management of and awareness of guidelines if stopped, reasons for stopping and concerns about same. We identified a knowledge gap in denosumab prescribing among a sample of Irish GPs. Findings suggest a need for education to increase awareness around denosumab use and to consider recall systems in GP practices as suggested elsewhere to ensure persistence with therapy.
2. Durand L, O'Kane A, Tierney J, Cronly M, Bennett KE, Kavanagh Y, Keenan E, Cousins G. **Gabapentinoids in Ireland 2010 to 2020: An observational study of trends in gabapentinoid prescribing, law enforcement drug seizures and postmortem toxicology.** *Br J Clin Pharmacol.* 2023 Dec 10. doi: 10.1111/bcp.15984. Epub ahead of print. PMID: 38072974. [Open Access]
Full-text: <https://bpspubs.onlinelibrary.wiley.com/doi/10.1111/bcp.15984>
Abstract: We explored trends in gabapentinoid prescribing, drug seizures and postmortem toxicology using a national pharmacy claims database, law enforcement drug seizures data and a population-based postmortem toxicology database. This study raises concerns regarding the wide availability of pregabalin in Ireland, including a growing illicit supply, and the potential for serious harm arising from poly drug use involving pregabalin among people who use heroin or methadone.
3. O'Malley R, Lydon S, Faherty A, O'Connor P. **Identifying Factors that Support the Delivery of Exceptional Care in General Practice and Development of the IDEAL**

Framework: A Qualitative Study. *Qual Health Res.* 2023 Nov;33(13):1232-1248. doi: 10.1177/10497323231197387. Epub 2023 Sep 11. PMID: 37694934; PMCID: PMC10626987. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10626987/>

Abstract: The positive deviance approach seeks to identify and learn from those that perform exceptionally well. Positive deviance as an approach to quality improvement is gaining traction in general practice. This study aimed to explore and compare stakeholders' perceptions of the factors that support the delivery of exceptional care in general practice and to refine a previously developed theoretical framework of factors associated with positively deviant care in general practice: the Identifying and Disseminating the Exceptional to Achieve Learning (IDEAL) framework. The refined framework will support researchers, policymakers, and teams looking to support, measure, and achieve exceptionally good patient care in general practice.

4. McAnee G, Norwood K, Leavey G. **Qualitative study investigating the professional and personal effects of patient suicide on general practitioners in Northern Ireland.** *BMJ Open.* 2024 Feb 10;14(2):e077940. doi: 10.1136/bmjopen-2023-077940. PMID: 38341208; PMCID: PMC10862281. [Open Access]

Full-text: <https://bmjopen.bmj.com/content/14/2/e077940.long>

Abstract: There is a dearth in suicide literature addressing the impact on general practitioners (GPs) of losing a patient. We aimed to examine the personal and professional impact as well as the availability of support and why GPs did or did not use it. GPs are impacted both personally and professionally when they lose a patient to suicide, but may not access formal help due to commonly held idealised notions of a 'good' GP who is regarded as having solid imperturbability. Fear of professional repercussions also plays a major role in deterring help-seeking. There is a need for a systemic culture shift within general practice which allows doctors to seek support when their physical or mental health require it. This may help prevent stress, burnout and early retirement.

5. Waldron C, Hughes J, Wallace E, Cahir C, Bennett K. **Contexts and mechanisms relevant to General Practitioner (GP) based interventions to reduce adverse drug events (ADE) in community dwelling older adults: a rapid realist review.** *HRB Open Res.* 2023 Dec 28;5:53. doi: 10.12688/hrbopenres.13580.2. PMID: 38283368; PMCID: PMC10811420. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10811420/>

Abstract: Older adults in Ireland are at increased risk of adverse drug events (ADE) due, in part, to increasing rates of polypharmacy. Interventions to reduce ADE in community dwelling older adults (CDOA) have had limited success, therefore, new approaches are required. A realist review uses a different lens to examine why and how interventions were supposed to work rather than if, they worked. A rapid realist review (RRR) is a more focused and accelerated version. The aim of this RRR is to identify and examine the contexts and mechanisms that play a role in the outcomes relevant to reducing ADE in CDOA in the GP setting that could inform the development of interventions in Ireland. Of the six theories, three theories, relating to GP engagement in interventions, relevance of health policy documents for older adults, and shared decision-making, provided data to guide future interventions to reduce ADEs for CDOA in an Irish setting. There was insufficient data for two theories, a third was rejected as existing barriers in the Irish setting made it impractical to use. To improve the success of Irish GP based interventions to reduce ADEs for CDOA, interventions must be relevant and easily applied in practice, supported by national

policy and be adequately resourced. Future research is required to test our theories within a newly developed intervention.

6. Cole J, Hughes C, Cadogan C, Vellinga A, Molloy G, Fahey T, Sheaf G, Maher A, Ryan C. **Evidence for using point-of-care diagnostics in the management of respiratory tract infections in primary care: a scoping review protocol.** *HRB Open Res.* 2023 Sep 25;6:59. doi: 10.12688/hrbopenres.13770.1. PMID: 38283945; PMCID: PMC10822039. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10822039/>
Abstract: Antimicrobial resistance (AmR) is widely considered a global health threat and is associated with significant morbidity, mortality and costs. Inappropriate antimicrobial use is the most important modifiable risk factor for AmR. Most human antimicrobial medicines use occurs in primary care [prescribed by general practitioners (GPs), dispensed by community pharmacists (CPs)]. However, up to 50% of use is deemed inappropriate. Point-of-care diagnostic tests are used as a basis for antimicrobial stewardship interventions to improve the diagnostic certainty of respiratory tract infections (RTIs), and therefore ensure prudent antimicrobial use. However, there is a lack of guidance on their use, and they are therefore not routinely used in clinical practice. A scoping review will be conducted to synthesise the available evidence to inform the development of best practice guidance for using point-of-care diagnostics in the management of RTIs in primary care. The findings of this scoping review will be used to produce draft guidance on the use of point-of-care diagnostic tests in primary care, which will undergo further development using a Delphi consensus methodology involving experts in the field of RTIs, antimicrobial stewardship, point-of-care diagnostics and primary care.
7. Jacob BM, Burns H, Chong MC, Clyne B; Primary Care PPI Group (HRB Primary Care Clinical Trials Network); O'Connor L, Bennett K, Redmond P. **Protocol for Establishing a Stakeholder Group for Primary Care Research into Cancer Using a Modified 7P Framework and an e-Delphi Process.** *HRB Open Res.* 2023 Dec 19;6:53. doi: 10.12688/hrbopenres.13750.2. PMID: 38283946; PMCID: PMC10822037. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10822037/>
Abstract: Currently, no group specifically supports and coordinates primary care focused cancer research in Ireland. The aim of this project is to establish an inclusive stakeholder group for primary care focused cancer research in Ireland, to coordinate research efforts and build capacity in researchers and institutions. The formation of a broad stakeholder group to support primary care focused cancer research will ensure research is relevant, patient centered, and more readily translated into practice. It is also hoped that the group will support capacity building and strategic planning in this important research space.
8. McErlean S, Broughan J, McCombe G, Fawsitt R, Ledwidge M, Cullen W, Gallagher J. **A pilot study of the quality of care of atrial fibrillation in Irish general practice.** *Fam Pract.* 2024 Jan 30:cmae001. doi: 10.1093/fampra/cmae001. Epub ahead of print. PMID: 38289586. [Open Access]
Full-text: <https://academic.oup.com/fampra/advance-article/doi/10.1093/fampra/cmae001/7591937?login=false>
Abstract: Worldwide, atrial fibrillation (AF) is the most common sustained cardiac arrhythmia in adults and poses a significant burden to patients, physicians, and healthcare systems. We developed a quality of care score based on the Atrial

Fibrillation Better Care pathway recommended by the European Society of Cardiology and the European Heart Rhythm Association guidelines. This is a 14-point score that we have termed the MAGIC score (Management of Atrial Fibrillation in Integrated Care and General Practice). This study demonstrates the feasibility of using a quality of care score to measure the quality of AF management in general practice. This scoring system, which is based on internationally recognized quality of care markers, highlights key areas that can be targeted with quality improvement intervention.

9. McEvoy D, Brannigan R, Walsh C, Arensman E, Clarke M. **Identifying high-risk subgroups for self-harm in adolescents and young adults: A longitudinal latent class analysis of risk factors.** *J Affect Disord.* 2024 Jan 28:S0165-0327(24)00250-7. doi: 10.1016/j.jad.2024.01.230. Epub ahead of print. PMID: 38290576. [Open Access]
Full-text: <https://www.sciencedirect.com/science/article/pii/S0165032724002507?via%3Dihub>
Abstract: Self-harm is a major public health concern in young people and is governed by a complex interaction of different risk factors. While many studies have identified these risk factors, less is known about how they tend to co-occur together. A latent class analysis was conducted using risk factors for self-harm from two waves at ages 13 and 17 from the Growing Up in Ireland (GUI) study and examined their associations with self-harm longitudinally at ages 17 and 20, respectively. Identifying hidden sub-groups using risk factors for self-harm in young people can inform potential public health interventions by clinicians and other professionals who work with young people.
10. Ares-Blanco S, Guisado-Clavero M, Del Rio LR, Larrondo IG, Fitzgerald L, et al. **Primary care indicators for disease burden, monitoring and surveillance of COVID-19 in 31 European countries: Eurodata Study.** *Eur J Public Health.* 2024 Feb 7:ckad224. doi: 10.1093/eurpub/ckad224. Epub ahead of print. PMID: 38326993. [Open Access]
Full-text: <https://academic.oup.com/eurpub/advance-article/doi/10.1093/eurpub/ckad224/7603330>
Abstract: During the COVID-19 pandemic, the majority of patients received ambulatory treatment, highlighting the importance of primary health care (PHC). However, there is limited knowledge regarding PHC workload in Europe during this period. The utilization of COVID-19 PHC indicators could facilitate the efficient monitoring and coordination of the pandemic response. The objective of this study is to describe PHC indicators for disease surveillance and monitoring of COVID-19's impact in Europe. The COVID-19 pandemic exposes a crucial deficiency in preparedness for infectious diseases in European health systems highlighting the inconsistent recording of indicators within PHC organizations. PHC standardized indicators and public data accessibility are urgently needed, conforming the foundation for an effective European-level health services response framework against future pandemics.
11. R. O'Donovan, C. Loughnane, J. Donnelly, R. Kelly, D. Kemp, L. McCarthy, G. Offiah, A . Sweeney, A.P. Duggan & P.J. Dunne (2024) **Healthcare workers' experience of a coach-led digital platform for better well-being,** *Coaching: An International Journal of Theory, Research and Practice*, DOI: [10.1080/17521882.2024.2304793](https://doi.org/10.1080/17521882.2024.2304793)
Full-text: <https://www.tandfonline.com/doi/full/10.1080/17521882.2024.2304793>

Abstract: This study aimed to use a coach-led digital health platform to mitigate burnout and enhance wellbeing among hospital workers. Individual interviews were conducted with 11 healthcare workers to explore their experiences of working with a coach through text-based communication on a digital support platform. Interviews were analysed using thematic analysis. Three overarching themes were identified: (1) Human-centred Conversation, Facilitated Awareness, (2) Learning and Growth, (3) Forward Momentum in the pillars of Lifestyle Medicine. Participants had a positive human-centered connection with their coach and felt safe to communicate openly with her via online chat messages. The coach facilitated participants' awareness, learning and growth by helping them to identify the goals they wanted to achieve. Participants experienced forward momentum in the pillars of Lifestyle Medicine, including sleep, relationships, meaning and purpose in life, exercise, eating well, along with reduced loneliness and burnout. This study found that participants can experience an inherently human-centred connection through text-based communication with an online coach. There were some limits to this connection, including individual preferences and beliefs in relation to the digital means of communication. Participants felt connected to their coach and experienced benefits that extended beyond achieving individual goals to improving their lifestyle and wellbeing.

12. Shahid F, Doherty A, Wallace E, Schmiedl S, Alexander GC, Dreischulte T. **Prescribing cascades in ambulatory care: A structured synthesis of evidence.** *Pharmacotherapy.* 2024 Jan;44(1):87-96. doi: 10.1002/phar.2880. Epub 2023 Oct 11. PMID: 37743815. [Open Access]
Full-text: <https://accpjournals.onlinelibrary.wiley.com/doi/10.1002/phar.2880>
Abstract: The strength of evidence for specific ambulatory care prescribing cascades, in which a marker drug is used to treat an adverse event caused by an index drug, has not been well characterized. To perform a structured, systematic, and transparent review of the evidence supporting ambulatory care prescribing cascades. Although we identified 18 of 94 prescribing cascades supported by strong clinical evidence and most adverse events associated with index drugs are included in FDA label, the evidentiary basis for prescribing cascades varies, with many requiring further evidence of clinical relevance.
13. Connolly H, Delimata N, Galway K, Kiely B, Lawler M, Mulholland J, O'Grady M, Connolly D. **Exploration of Evaluation Practices in Social Prescribing Services in Ireland: A Cross-Sectional Observational Study.** *Healthcare (Basel).* 2024 Jan 16;12(2):219. doi: 10.3390/healthcare12020219. PMID: 38255106. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10815325/>
Abstract: National health services in Ireland and the UK fund the majority of social prescribing services and have issued recommendations for evaluation. However, it is not known what outcomes are prioritised for evaluation within individual services and what evaluation methods are used to capture recommended outcomes. A survey was carried out to examine evaluation practices of social prescribing services on the island of Ireland. This study demonstrates a wide variation on the island of Ireland on how SP services are measuring outcomes, with many outcomes rarely or never measured using standardised measures. Agreement is needed on a core outcome set for social prescribing in order to guide service delivery and evaluations.
14. Brannigan R, Hughes JE, Moriarty F, Wallace E, Kirke C, Williams D, Bennett K, Cahir C. **Potentially Inappropriate Prescribing and Potential Prescribing Omissions**

and Their Association with Adverse Drug Reaction-Related Hospital Admissions.

J Clin Med. 2024 Jan 6;13(2):323. doi: 10.3390/jcm13020323. PMID: 38256457.

[Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10816937/>

Abstract: This study aimed to determine the prevalence of potentially inappropriate prescribing (PIP) and potential prescribing omissions (PPOs) and their association with ADR-related hospital admissions in patients aged ≥ 65 years admitted acutely to the hospital. There was a high prevalence of PIP and PPOs in this cohort but no association with ADR-related admissions.

Research Articles

1. Gill PJ, Onakpoya IJ, Buchanan F, Birnie KA, Van den Bruel A. **Treatments for cough and common cold in children.** *BMJ.* 2024 Jan 25;384:e075306. doi: 10.1136/bmj-2023-075306. PMID: 38272497.

Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/384/bmj-2023-075306>

What you need to know

- Upper respiratory tract infections are common, self-limiting illnesses that resolve without intervention in up to 10 days.
 - Treatments for the common cold do not shorten the length of illness but may relieve a child's discomfort by alleviating the effects of the most bothersome symptoms.
 - Antitussives, antihistamines, decongestants, expectorants, and aspirin are not recommended for use in children under the age of 6.
 - Safe treatments for bothersome symptoms include saline nasal irrigation, pasteurised honey for cough, and analgesics, but most symptoms require no interventions.
2. Kulkarni S, Watts MM, Kostapanos M. **Statins.** *BMJ.* 2024 Jan 24;384:e072584. doi: 10.1136/bmj-2022-072584. PMID: 38267068.

Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/384/bmj-2022-072584>

What you need to know

- Statins are the first choice of therapy for hypercholesterolaemia and/or mixed dyslipidaemia for people with a moderate to high risk of cardiovascular disease.
 - Evaluate cardiovascular disease risk for each patient and set individualised goals for serum levels of low density lipoprotein cholesterol.
 - With shared decision making, select the appropriate statin intensity for treatment.
 - Monitor safety and tolerability, as well as response to treatment, and escalate statin treatment as tolerated.
3. Brennan PM, Whittingham C, Sinha VD, Teasdale G. **Assessment of level of consciousness using Glasgow Coma Scale tools.** *BMJ.* 2024 Jan 26;384:e077538. doi: 10.1136/bmj-2023-077538. PMID: 38278534.

Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/384/bmj-2023-077538>

What you need to know

- The Glasgow Coma Scale (GCS) is a well known tool to assess a patient's level of consciousness.
 - The GCS Aid is an adjunct to the GCS and provides a structured approach to assessing consciousness. It was devised to provide a framework for standardised examination and to support consistent, reliable GCS assessment.
 - The GCS Pupils score is a simple scoring system that may be used to estimate a patient's outcome. It is not a replacement for the GCS.
4. Noetel M, Sanders T, Gallardo-Gómez D, Taylor P, Del Pozo Cruz B, et al. **Effect of exercise for depression: systematic review and network meta-analysis of randomised controlled trials.** *BMJ.* 2024 Feb 14;384:e075847. doi: 10.1136/bmj-2023-075847. PMID: 38355154. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10870815/>
Abstract: To identify the optimal dose and modality of exercise for treating major depressive disorder, compared with psychotherapy, antidepressants, and control conditions. Exercise is an effective treatment for depression, with walking or jogging, yoga, and strength training more effective than other exercises, particularly when intense. Yoga and strength training were well tolerated compared with other treatments. Exercise appeared equally effective for people with and without comorbidities and with different baseline levels of depression. To mitigate expectancy effects, future studies could aim to blind participants and staff. These forms of exercise could be considered alongside psychotherapy and antidepressants as core treatments for depression.
5. Langley J, Urquhart R, Tschupruk C, Christian E, Warner G. **Barriers to and facilitators of successful implementation of a palliative approach to care in primary care practices: a mixed methods study.** *BMJ Open.* 2024 Jan 31;14(1):e079234. doi: 10.1136/bmjopen-2023-079234. PMID: 38296276. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10831432/>
Abstract: Integrating a palliative approach to care into primary care is an emerging evidence-based practice. Despite the evidence, this type of care has not been widely adopted into primary care settings. The objective of this study was to examine the barriers to and facilitators of successful implementation of a palliative approach to care in primary care practices by applying an implementation science framework. Overall, there were implementation barriers at multiple levels that caused some practices to struggle. However, barriers were mitigated when practices had the following facilitators: (1) a high level of intra-practice collaboration, (2) established practices with organisational structures that enhanced communications, (3) effective leveraging of EPIC project supports to transition care, (4) perceptions that EPIC was an opportunity to make a long-term change in their approach to care as opposed to a limited term project and (5) strong practice champions. Future implementation work should consider assessing facilitators identified in our results to better gauge primary care pre-implementation readiness. In addition, providing primary care practices with support to help offset the additional work of implementing innovations and networking opportunities where they can share strategies may improve implementation success.

6. Newman-Toker DE, Nassery N, Schaffer AC, Yu-Moe CW, Clemens GD, Wang Z, Zhu Y, Saber Tehrani AS, Fanai M, Hassoon A, Siegal D. **Burden of serious harms from diagnostic error in the USA.** *BMJ Qual Saf.* 2024 Jan 19;33(2):109-120. doi: 10.1136/bmjqs-2021-014130. PMID: 37460118; PMCID: PMC10792094.
Full-text: <https://qualitysafety-bmj-com.icgplibrary.idm.oclc.org/content/33/2/109>
Abstract: Diagnostic errors cause substantial preventable harms worldwide, but rigorous estimates for total burden are lacking. We previously estimated diagnostic error and serious harm rates for key dangerous diseases in major disease categories and validated plausible ranges using clinical experts. We sought to estimate the annual US burden of serious misdiagnosis-related harms (permanent morbidity, mortality) by combining prior results with rigorous estimates of disease incidence. An estimated 795 000 Americans become permanently disabled or die annually across care settings because dangerous diseases are misdiagnosed. Just 15 diseases account for about half of all serious harms, so the problem may be more tractable than previously imagined.
7. **Low-dose aspirin and anaemia in older people.** *Drug Ther Bull.* 2024 Jan 30;62(2):21. doi: 10.1136/dtb.2024.000001. PMID: 38228378.
Full-text: <https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/62/2/21>

Key points

- A large placebo-controlled primary prevention study assessed the effect of low-dose aspirin on disability-free life in healthy older adults.
 - The authors analysed the data to determine the impact of aspirin 100 mg daily on the incidence of anaemia and iron deficiency.
 - There was a higher incidence of anaemia in the aspirin group compared with the placebo group.
8. Harper AM, Watson J, O'Donnell R, Elwenspoek MM, Banks J. **Understanding the patient's experience of coeliac disease diagnosis: a qualitative interview study.** *Br J Gen Pract.* 2024 Jan 25;74(739):e71-e77. doi: 10.3399/BJGP.2023.0299. PMID: 38191567; PMCID: PMC10792442.
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10792442/>
Abstract: Coeliac disease (CD) presents with non-specific symptoms, and delays to diagnosis are common. The traditional diagnostic pathway involves serological testing followed by endoscopic biopsy; however, the evidence is increasing about the effectiveness of a diagnosis without the need for a biopsy. To understand the patient's experience of being diagnosed with CD. Patients experience uncertainty on the pathway to a diagnosis of CD. GPs could improve their experiences by being mindful of the possibility of CD and sharing information about serological testing. Policy and guidance should address the time to endoscopy and diet during diagnosis. If diagnosis without biopsy is adopted, then consideration should be given to clinical pathway implementation and communication approaches to reduce patient uncertainty.
9. Leach I, Mayland CR, Turner N, Mitchell S. **Understanding patient views and experiences of the IDENTification of PALLiative care needs (IDENTI-PALL): a qualitative interview study.** *Br J Gen Pract.* 2024 Jan 25;74(739):e88-e95. doi: 10.3399/BJGP.2023.0071. PMID: 38191566; PMCID: PMC10792441.

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10792441/>

Abstract: Palliative care improves quality of life for people with life-threatening illnesses. There are longstanding inequalities in access to palliative care, with many people never identified as having palliative care needs, particularly frail older people, those with non-malignant disease, and people from ethnic minority backgrounds. Little is known about the process of identification of palliative care needs from a patient perspective. To provide new understanding into patient views and experiences of the process of identification of palliative care needs, and to explore the impact of identification on health care, if any, from a patient perspective. A compassionate approach, sharing of prognostic uncertainty, and proactive primary care are key to timely, beneficial identification of palliative care needs. Future policy should ensure that identification is an adaptable, personalised process to meet the individual needs of people with advanced serious illnesses.

10. Khan AZ, Lavu D, Knowles L, Neal RD. **Pain syndromes in Parkinson's disease: an update for general practice.** *Br J Gen Pract.* 2024 Jan 25;74(739):90-92. doi: 10.3399/bjgp24X736365. PMID: 38272681; PMCID: PMC10824359.
Full-text: <https://bjgp-org.icgplibrary.idm.oclc.org/content/74/739/90>
Abstract: Parkinson's disease (PD) is a multisystem condition of unclear aetiology that affects 1%–3% of the population aged >65 years. It presents with motor, neurological, psychiatric, and gastrointestinal manifestations that typically progress slowly over the course of a decade or more. Forty per cent to 80% of individuals with PD experience significant levels of pain and it is an often unrecognised and under-treated non-motor symptom of the disease. Its prevalence in PD is greater than age-matched controls with other chronic diseases. With an aim to increase awareness of this symptom in general practice, this article presents an overview of the different pain syndromes associated with PD and their management.
11. Stevens J, Miranda R, Pype P, Eecloo K, Deliens L, De Vleminck A, Pardon K. **Complex advance care planning intervention in general practice (ACP-GP): a cluster-randomised controlled trial.** *Br J Gen Pract.* 2024 Jan 22:BJGP.2023.0022. doi: 10.3399/BJGP.2023.0022. Epub ahead of print. PMID: 38253546. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10824347/>
Abstract: Advance care planning (ACP) is an iterative communication process about patients' preferences for future care. In general practice, there are barriers to ACP at patient, GP, and healthcare-system levels. A complex intervention may be necessary to reduce barriers. To evaluate the effects of a complex ACP intervention for patients with chronic, life-limiting illness in general practice (ACP-GP). ACP-GP did not improve patient engagement and GP self-efficacy more than usual care. Both groups showed patterns of increase from baseline. Trial procedures and the COVID-19 pandemic may have increased awareness about ACP.
12. McDonald S, Wallis K, Horowitz M, Mann E, Le V, Donald M. **Acceptability and optimisation of resources to support antidepressant cessation: a qualitative think-aloud study with patients in Australian primary care.** *Br J Gen Pract.* 2024 Jan 25;74(739):e113-e119. doi: 10.3399/BJGP.2023.0269. PMID: 38272680. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10714746/>
Abstract: Stopping long-term (>12 months) antidepressant use can be difficult due to unpleasant withdrawal symptoms. Many people do not recognise withdrawal symptoms or understand how to minimise them while safely discontinuing

antidepressants. To address the gaps, the authors developed the 'Redressing long-term antidepressant use' (RELEASE) resources, comprising a medicines information brochure, a decision aid, and drug-specific hyperbolic tapering protocols. To explore patients' acceptability of the RELEASE resources to optimise their use and impact. The RELEASE resources were found to be acceptable, useful, and potentially life changing. The effectiveness of these consumer-informed resources in supporting safe cessation of long-term antidepressants is currently being tested in general practice.

13. Soley-Bori M, Ashworth M, McGreevy A, Wang Y, Durbaba S, Dodhia H, Fox-Rushby J. **Disease patterns in high-cost individuals with multimorbidity: a retrospective cross-sectional study in primary care.** *Br J Gen Pract.* 2024 Feb 7:BJGP.2023.0026. doi: 10.3399/BJGP.2023.0026. Epub ahead of print. PMID: 38325891. [Open Access] **Full-text:** <https://bjgp.org/content/early/2024/02/06/BJGP.2023.0026.long> **Abstract:** 'High-cost' individuals with multimorbidity account for a disproportionately large share of healthcare costs and are at most risk of poor quality of care and health outcomes. To compare high-cost with lower-cost individuals with multimorbidity and assess whether these populations can be clustered based on similar disease patterns. High-cost individuals with multimorbidity have extensive heterogeneity in LTCs, with no single LTC combination dominating their primary care costs. The frequent presence of mental health conditions in this population supports the need to enhance coordination of mental and physical health care to improve outcomes and reduce costs.
14. Lovegrove E, Maidwell-Smith A, Stuart B, Santer M. **SSRIs in women of reproductive age; a systematic review of local formularies.** *BJGP Open.* 2024 Jan 25:BJGPO.2023.0255. doi: 10.3399/BJGPO.2023.0255. Epub ahead of print. PMID: 38272494. [Open Access] **Full-text:** <https://bjgpopen.org/content/early/2024/01/24/BJGPO.2023.0255.long> **Abstract:** Depression is the second most common chronic condition affecting women of reproductive age; 23.4% of women enter pregnancy with depression and use of Selective Serotonin Reuptake Inhibitors (SSRIs) in pregnancy is often necessary for maternal wellbeing. However, SSRI use during pregnancy can cause congenital malformations, post-partum haemorrhage (PPH) and Persistent Pulmonary Hypertension of the newborn (PPHN). In UK primary care, prescribing formularies are one medium by which prescribers are provided with local medicines advice. To review all local prescribing formularies with respect to prescribing SSRIs in women of reproductive age, during pregnancy and during breastfeeding. Our results suggest that prescribers may be poorly informed by local formularies about the risks of SSRI use around pregnancy. This may place babies at increased risk of unintentional SSRI exposure.
15. Vijfschagt ND, de Boer MR, Berger MY, Burger H, Holtman GA. **Accuracy of diagnostic tests for acute diverticulitis that are feasible in primary care: a systematic review and meta-analysis.** *Fam Pract.* 2024 Jan 25:cmad118. doi: 10.1093/fampra/cmad118. Epub ahead of print. PMID: 38271592. [Open Access] **Full-text:** <https://academic.oup.com/fampra/advance-article/doi/10.1093/fampra/cmad118/7589704> **Abstract:** Recognition of acute diverticulitis is important to determine an adequate management strategy. Differentiating it from other gastrointestinal disorders is challenging as symptoms overlap. Clinical tests might assist the clinician with this

diagnostic challenge. Previous reviews have focussed on prognostic questions and imaging examinations in secondary care. To evaluate the diagnostic accuracy of clinical tests feasible in primary care for acute diverticulitis in suspected patients. None of the studies were performed in primary care. Individual signs and symptoms alone are insufficiently informative for acute diverticulitis diagnosis. CRP showed potential for ruling out and ultrasound had a high diagnostic accuracy. More research is needed about the diagnostic accuracy of these tests in primary care.

16. Harrigan JJ, Hamilton KW, Cressman L, Bilker WB, Degnan KO, David MZ, Tran D, Pegues DA, Dutcher L. **Antibiotic Prescribing Patterns for Respiratory Tract Illnesses Following the Conclusion of an Education and Feedback Intervention in Primary Care.** *Clin Infect Dis.* 2024 Jan 25:ciad754. doi: 10.1093/cid/ciad754. Epub ahead of print. PMID: 38271275. [Open Access]
Full-text: <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciad754/7588896?login=false>
Abstract: A study previously conducted in primary care practices found that implementation of an educational session and peer comparison feedback was associated with reduced antibiotic prescribing for respiratory tract diagnoses (RTDs). Here, we assess the long-term effects of this intervention on antibiotic prescribing following cessation of feedback. The intervention effects appeared to last beyond the intervention period. However, without ongoing provider feedback, there was a trend toward increased prescribing. Future studies are needed to determine optimal strategies to sustain intervention effects.
17. Mullens W, Dauw J, Gustafsson F, Mebazaa A, Steffel J, et al. **Integration of implantable device therapy in patients with heart failure. A clinical consensus statement from the Heart Failure Association (HFA) and European Heart Rhythm Association (EHRA) of the European Society of Cardiology (ESC).** *Eur J Heart Fail.* 2024 Jan 25. doi: 10.1002/ejhf.3150. Epub ahead of print. PMID: 38269474. [Open Access]
Full-text: <https://onlinelibrary.wiley.com/doi/10.1002/ejhf.3150>
Abstract: Implantable devices form an integral part of the management of patients with heart failure (HF) and provide adjunctive therapies in addition to cornerstone drug treatment. Although the number of these devices is growing, only few are supported by robust evidence. Current devices aim to improve haemodynamics, improve reverse remodelling, or provide electrical therapy. This clinical consensus document of the Heart Failure Association (HFA) and European Heart Rhythm Association (EHRA) of the European Society of Cardiology (ESC) describes the physiological rationale behind device-provided therapy and also device-guided management, offers an overview of current implantable device options recommended by the guidelines and proposes a new integrated model of device therapy as a part of HF care.
18. Gao W, Sanna M, Chen YH, Tsai MK, Wen CP. **Occupational Sitting Time, Leisure Physical Activity, and All-Cause and Cardiovascular Disease Mortality.** *JAMA Netw Open.* 2024 Jan 2;7(1):e2350680. doi: 10.1001/jamanetworkopen.2023.50680. PMID: 38241049; PMCID: PMC10799265. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10799265/>
Abstract: For the first time, the 2020 World Health Organization guidelines on physical activity recommended reducing sedentary behaviors owing to their health consequences. Less is known on the specific association of prolonged occupational

sitting with health, especially in the context of low physical activity engagement. To quantify health risks associated with prolonged occupational sitting and to determine whether there is a certain threshold of physical activity that may attenuate it. As part of modern lifestyles, prolonged occupational sitting is considered normal and has not received due attention, even though its deleterious effect on health outcomes has been demonstrated. In this study, alternating between sitting and nonsitting at work, as well as an extra 15 to 30 minutes per day of LTPA or achieving a PAI score greater than 100, attenuated the harms of prolonged occupational sitting. Emphasizing the associated harms and suggesting workplace system changes may help society to denormalize this common behavior, similar to the process of denormalizing smoking.

19. Horn L, Ullrich C, Boelter L, Wensing M, Peters-Klimm F, Stengel S. **Core values of employed general practitioners in Germany - a qualitative study.** *BMC Prim Care.* 2024 Jan 6;25(1):14. doi: 10.1186/s12875-023-02255-7. PMID: 38184532; PMCID: PMC10770961. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10770961/>

Abstract: "Core values" help to guide practice of health care delivery. The core values of general practice are described in the European definition of general practice by WONCA, e.g. a holistic, comprehensive and continuous care. They may be associated with the idea that the general practitioner is the owner of the practice rather than an employee. The objective was to examine the core values of employed GPs in their professional setting and their practical manifestation. We identified twelve core values, including values relevant to patient care and values relevant to the lives of employed GPs. The values of employed GPs are partly consistent with the current WONCA definition of general practice. There were also indications of new values. The increase in the proportion of employed GPs implies a need to reflect on the core values of general practice, taking into account factors on the part of employed GPs, patients, and practice organisation.

20. Allory E, Scheer J, De Andrade V, Garlantézec R, Gagnayre R. **Characteristics of self-management education and support programmes for people with chronic diseases delivered by primary care teams: a rapid review.** *BMC Prim Care.* 2024 Jan 31;25(1):46. doi: 10.1186/s12875-024-02262-2. PMID: 38297228. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10829293/>

Abstract: Primary care actors can play a major role in developing and promoting access to Self-Management Education and Support (SMES) programmes for people with chronic disease. We reviewed studies on SMES programmes in primary care by focusing on the following dimensions: models of SMES programmes in primary care, SMES team's composition, and participants' characteristics. For this mixed-methods rapid review, we searched the PubMed and Cochrane Library databases to identify articles in English and French that assessed a SMES programme in primary care for four main chronic diseases (diabetes, cancer, cardiovascular disease and/or respiratory chronic disease) and published between 1 January 2013 and 31 December 2021. Our findings highlight the limited implication of community actors and the infrequent inclusion of multimorbidity in the SMES programmes, despite the recommendations to develop a more interdisciplinary approach in SMES programmes. This rapid review identified areas of improvement for SMES programme development in primary care, especially the privileged place of nurses in their promotion.

21. Xu W, Mak IL, Zhang R, Yu EYT, Ng APP, Lui DTW, Chao DVK, Wong SYS, Lam CLK, Wan EYF. **Optimizing the frequency of physician encounters in follow - up care for patients with type 2 diabetes mellitus: a systematic review.** *BMC Prim Care.* 2024 Jan 26;25(1):41. doi: 10.1186/s12875-024-02277-9. PMID: 38279105; PMCID: PMC10811944.
Full-text: <https://bmcpimcare.biomedcentral.com/articles/10.1186/s12875-024-02277-9>
Abstract: Decisions on the frequency of physician encounters for patients with type 2 diabetes mellitus (T2DM) have significant impacts on both patients' health outcomes and burden on health systems, whereas definitive intervals for physician encounters are still lacking in most clinical guidelines. This study systematically reviewed the existing evidence evaluating different frequencies of physician encounters among T2DM patients. Existing evidence suggested that the optimal frequency of physician encounters for patients with T2DM should be individualized, which can be stratified by patients' risk levels based on the cardiometabolic control to guide the differential scheduling of physician encounters in the follow - up. More research is needed to determine how to optimize the frequency of physician encounters for this large and heterogeneous population.
22. Beridze G, Abbadi A, Ars J, Remelli F, Vetrano DL, et al. **Patterns of multimorbidity in primary care electronic health records: A systematic review.** *J Multimorb Comorb.* 2024 Jan 30;14:26335565231223350. doi: 10.1177/26335565231223350. PMID: 38298757; PMCID: PMC10829499. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10829499/>
Abstract: Multimorbidity, the coexistence of multiple chronic conditions in an individual, is a complex phenomenon that is highly prevalent in primary care settings, particularly in older individuals. This systematic review summarises the current evidence on multimorbidity patterns identified in primary care electronic health record (EHR) data. These findings emphasise the frequent coexistence of physical and mental health conditions in primary care, and provide useful information for the development of targeted preventive and management strategies. Future research should explore mechanisms underlying multimorbidity patterns, prioritise methodological harmonisation to facilitate the comparability of findings, and promote the use of EHR data globally to enhance our understanding of multimorbidity in more diverse populations.
23. Holm A, Lyhnebeck AB, Rozing M, Buhl SF, Willadsen TG, et al; MM600 project team. **Effectiveness of an adaptive, multifaceted intervention to enhance care for patients with complex multimorbidity in general practice: protocol for a pragmatic cluster randomised controlled trial (the MM600 trial).** *BMJ Open.* 2024 Feb 2;14(2):e077441. doi: 10.1136/bmjopen-2023-077441. PMID: 38309759. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10840032/>
Abstract: Patients with complex multimorbidity face a high treatment burden and frequently have low quality of life. General practice is the key organisational setting in terms of offering people with complex multimorbidity integrated, longitudinal, patient-centred care. This protocol describes a pragmatic cluster randomised controlled trial to evaluate the effectiveness of an adaptive, multifaceted intervention in general practice for patients with complex multimorbidity.

24. Zhang Z, Gu D, Li S. **Effectiveness of Person-Centered Health Education in the General Practice of Geriatric Chronic Disease Care.** *Altern Ther Health Med.* 2024 Jan 31:AT9533. Epub ahead of print. PMID: 38330589. [Open Access]
Full-text: <http://alternative-therapies.com/oa/index.html?fid=9533>
Abstract: This study assesses the impact of personalized health education on elderly patients with chronic diseases in a general practice setting. The rationale behind the incorporation of personalized health education stems from the growing recognition of the need for patient-centered care approaches, particularly in geriatric populations, where such interventions could lead to improved health outcomes. Our study aims to evaluate the effects of personalized health education on elderly patients with chronic diseases in a general practice context. The initiation of this study is grounded in the increasing acknowledgment of patient-centered care's significance, especially in geriatric demographics. We hypothesize that personalized health education interventions could significantly enhance health outcomes in this patient group. Personalized health education in geriatric chronic disease management significantly better disease comprehension, health literacy, self-care, psychological well-being, and physical health while also lowering the risk of adverse events. This study underscores the value of patient-centered educational strategies in chronic disease care for the elderly. Our study conclusively demonstrates that personalized health education plays a pivotal role in managing chronic diseases among the elderly. It significantly improves disease comprehension, health literacy, self-care capabilities, psychological well-being, and physical health. Furthermore, it contributes to a reduced risk of adverse health events. These findings emphasize the critical importance of integrating patient-centered educational strategies into general practice care for the elderly. By doing so, we can enhance their overall well-being and quality of life, making personalized health education an essential component in the holistic care of elderly patients with chronic conditions. This approach not only aligns with the principles of modern geriatric care but also sets a benchmark for the future of chronic disease management in older populations.
25. Soejbjerg A, Rasmussen SE, Christensen KS, Christensen B, Pedersen AF, Maindal HT, Mygind A. **Managing mental health in chronic care in general practice: a feasibility study of the Healthy Mind intervention.** *Scand J Prim Health Care.* 2024 Mar;42(1):72-81. doi: 10.1080/02813432.2023.2289525. Epub 2024 Feb 7. PMID: 38095546. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10851809/>
Abstract: Patients with type 2 diabetes and/or ischaemic heart disease often experience poor mental well-being, revealing a shortage of general practice-based interventions targeting this issue. This study evaluates the feasibility of a problem-solving therapy intervention in general practice for patients with poor mental health and type 2 diabetes and/or chronic ischemic heart disease. Both patients and healthcare providers regarded problem-solving therapy as an acceptable intervention for managing psychological issues in general practice. Healthcare providers preferred practice nurses as the providers of problem-solving therapy since their schedules were often more suitable for longer consultations. In problem-solving therapy, the provider is expected to take a facilitating and guiding role, but GPs sometimes struggled remaining in this role due to a preconceived anticipation that patients expected them to take a more directive approach.
26. Lasky T, Samanta D, Sebastian W, Calderwood L. **Resilience in rural health system.** *Clin Teach.* 2024 Jan 28:e13726. doi: 10.1111/tct.13726. Epub ahead of print. PMID:

38282472.

Full-text: <https://asmepublications.onlinelibrary.wiley.com/doi/10.1111/tct.13726>

Abstract: Current literature emphasises the importance of resilience in health care. Studies have shown that lack of resilience not only leads to adverse clinical outcomes but is also associated with burnout and long-term stress in clinicians. Resource-limited rural settings in the United States often impose unique stressors, and thus, it is critical to examine resilience of health care providers practicing rural medicine. An anonymous REDCap survey was completed by medical students, residents and attending physicians between 7 April 2021 and 18 May 2022. The primary outcome of resilience was measured by the Connor-Davidson Resilience Scale 10 (CD-RISC-10[®]). Individuals scoring in the first two quartiles of the CD-RISC-10[®] perhaps indicate need for support as they are having difficulty coping with stress. Health care organisations should provide resilience training to support the wellness and mental health of their staff. Moreover, dedicated efforts should be made toward creating trauma-informed health care organisations as exposure to the topic of trauma informed care had a significant positive impact on resilience.

27. Garth B, Kirby C, Nestel D, Brown J. **Becoming a general practice supervisor: A longitudinal multi-case study exploring key supportive factors.** *Clin Teach.* 2024 Feb 1. doi: 10.1111/tct.13738. Epub ahead of print. PMID: 38302185. [Open Access]
- Full-text:** <https://asmepublications.onlinelibrary.wiley.com/doi/10.1111/tct.13738>
- Abstract:** Supervision of trainees in the health care professions is recognised internationally as core to safe and effective patient care. A supervisor workforce in general practice (GP) is critical to the profession and to the communities where they work and can be demanding as general practitioners incorporate workplace-based education and support of their trainees into their daily consulting work. Little is known about how this is experienced by new supervisors; therefore, this research sought to understand factors that play a significant role in the first semester of becoming a supervisor. Becoming a general practice supervisor is situated in the context of a workplace delivering clinical services, a training programme and personal life circumstances. It can be challenging and rewarding. Insufficient support may result in unintended attrition. Learning in this role is facilitated by enabling the new supervisor to find meaning in the role; structured allocation of time to engage effectively; a positive trainee-supervisor relationship; administrative support by practices; information, advice and remuneration from the training programme; and interactions with new and experienced supervisor peers.
28. Stacey D, Lewis KB, Smith M, Carley M, Volk R, et al. **Decision aids for people facing health treatment or screening decisions.** *Cochrane Database Syst Rev.* 2024 Jan 29;1(1):CD001431. doi: 10.1002/14651858.CD001431.pub6. PMID: 38284415; PMCID: PMC10823577.

Full-text:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001431.pub6/full>

Review question

How effective/beneficial are patient decision aids for adults making decisions regarding health treatment or screening?

Key messages

- Patient decision aids are pamphlets or videos used in person or online. They clearly identify the healthcare decision to be made, provide information on options (benefits

and harms), and help people clarify what is most important to them. Decision aids are designed to enhance and supplement consultation with the clinician, not replace it.

- Over 200 studies showed that patient decision aids helped adults be more involved in making health decisions by improving their knowledge and expectations of benefits and harms, and choosing an option that reflected what was most important to them.

- There were no unwanted effects for adults who used a patient decision aid.

29. Moreno G, Ramirez C, Corbalán J, Peñaloza B, Morel Marambio M, Pantoja T. **Topical corticosteroids for treating phimosis in boys.** *Cochrane Database Syst Rev.* 2024 Jan 25;1(1):CD008973. doi: 10.1002/14651858.CD008973.pub3. PMID: 38269441; PMCID: PMC10809033.

Full-text:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008973.pub3/full>

Abstract: According to the evidence summarized in this review, topical corticosteroids applied to the distal stenotic portion of the prepuce for four to eight weeks, in combination with gentle retraction of the prepuce, and compared with placebo or no treatment, may improve the probability of complete or partial resolution of phimosis after treatment and the long-term complete resolution of phimosis in boys. Adverse effects appear to be rare, non-serious, and similar to those seen with placebo. Researchers can use this important information in cost-effectiveness evaluations of the use of corticosteroids as the initial treatment of phimosis in boys prior to surgical intervention, and in the development of clinical guidelines for the management of phimosis in boys.