



ICGP Library

Recommended Reading

January 2024
Issue 1

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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GP News

Dept. of Health Press Release - [Minister for Health announces huge increase in use of GP access to Community Diagnostics Scheme.](#)

By Department of Health, 5 Jan 2024.

- Over 700,000 diagnostic scans completed since scheme was introduced in January 2021 – at no cost to patients.
- Hundreds of thousands of outpatient appointments avoided through community diagnostics scheme.
- Funding allocated in 2023 totalled €46.8 million.

Dept. of Health Press Release – [Minister Naughton highlights high uptake of home STI test kits with 10,000 kits ordered every month.](#)

By Department of Health, 4 Jan 2024.

New figures show that the service received more than 100,000 orders up to the end of November 2023, while more than 91,000 kits were ordered in 2022. The service provides individuals aged 17

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and older with the option to test for STIs discreetly at home. Those with a reactive result, indicating a need for additional investigation or treatment, are referred to participating public STI clinics.

Dept. of Health Press Release - [OECD research shows Ireland avoided excess deaths during core pandemic years.](#)

By Department of Health, 2 Jan 2024.

New research shows that Ireland had no excess deaths during the core pandemic years of 2020-2022. Research published by the Organisation for Economic Co-operation and Development (OECD) shows that Ireland was one of nine OECD countries to avoid excess deaths during this period, registering the fourth lowest rate behind New Zealand, Iceland and Norway.

RTE.ie - [Why does access to healthcare remain so problematic in Ireland?](#)

By Sheelagh Connolly, ESRI, 16 Jan 2024.

Analysis: here are 4 reasons why proposed healthcare reforms are often not implemented at all.

Irish Examiner - [Free contraceptives given to 160k women in first nine months of last year.](#)

By Niamh Griffin & Mairead Sheehy, 7 Jan 2024.

Advocates call for scheme to be extended to all women of reproductive age.

Reports



World Health Organization. Regional Office for Europe. (2023). **Use of behavioural and cultural insights in 2021 –2022 in the WHO European Region: status report** (10th January)

Public health authorities want to use behavioural and cultural insights (BCI) to combat major health problems but lack both resources and capacity, according to a new report from WHO/Europe. The WHO published its first report into the use of BCI for better health across 44 countries. In September 2022, Ireland and other WHO European Region member states agreed to use a new European regional action framework for BCI for health. All the major health challenges and causes of death and disease – such as cancer, hypertension, gaps in vaccination coverage, antimicrobial resistance and the health impacts of climate change – have behaviours at their core. These are complex and are affected by individual knowledge and motivation, as well as sociocultural and structural factors. Such behaviours can only be effectively supported, enabled and promoted through an evidence-based and structured approach.

This research shows Ireland is performing well in the use of BCI to support better health. It shows that Ireland is one of just 8 out of 44 countries that have scored at least 3 out of 5 across all five strategic commitments under the framework. This rating means that Ireland has developed a strong baseline from which to achieve the targets set out for Member States in the years to 2026.

The WHO's action framework contains five strategic country commitments:

1. To build understanding and support for BCI among key stakeholders.
2. Conduct BCI research.
3. Apply BCI to improve outcomes of health-related policies, services, and communication.
4. Commit human and financial resources for BCI and ensure their sustainability.
5. Implement strategic plan(s) to apply BCI for better health.

Table A1 in Annex 1 of the WHO's Status Report presents an overview of performance. Ireland achieved a score of 3 or higher on each of the five strategic commitments.

 **Read the Report:** [Use of behavioural and cultural insights in 2021 –2022 in the WHO European Region: status report](#)



ESRI – The National Development Plan in 2023: priorities and capacity (12 Jan 2024)

When the current National Development Plan (NDP) was launched in 2018, it identified a clear need for substantial public investment in Ireland and set out an ambitious programme for this investment. The needs were set out again with the launch of the renewed NDP in 2021, along with an updated set of projects. In spite of the ambition which underpinned the NDP, the latest information which informs the scale of investment needed suggests that the earlier level of ambition may have underestimated what is needed. Population growth is exceeding expectations, partly as a result of the inflow of Ukrainian refugees, and targets on greenhouse gas emissions look increasingly challenging.

Chapter 6 covers Healthcare. Healthcare policy has an over-arching framework – namely Sláintecare – and the discussion of investment needs in the Health chapter is grounded in Sláintecare. However, as with other chapters, the faster pace of population growth has implications for capital needs in healthcare. In addition, the pace of population ageing presents particular issues for healthcare, especially with regard to long-term care. So while the basic policy framework is in place and identifies the needs for investment in acute, primary and community care, the required scale and geographic distribution of the investment is likely to be evolving.

 **Read the Report:** [The National Development Plan in 2023: priorities and capacity | ESRI](#)

EBM Round-Up



NMIC Therapeutics Today (January 2024)

In this month's Therapeutics Today:

- Help shape our publications - please take the NMIC Survey 2024
- Drug-drug interactions and risk of adverse drug reaction-related hospital admissions in the older population
- Emollients - comparison of lotions, creams, gels and ointment for childhood eczema
- Safety outcomes when switching between biosimilar and reference biological medicines
- Regular features
 - Medication Safety Minutes
 - Updates to the HSE antibiotic prescribing website
 - Health Products Regulatory Authority (HPRA) updates
 - Health Protection Surveillance Centre updates

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Irish Articles

1. Sullivan M, O'Connor R, Hannigan A. **Determinants of poor glycaemic control and proteinuria in patients with type 2 diabetes: a retrospective analysis of general practice records in Ireland.** *BMC Prim Care.* 2024 Jan 10;25(1):22. doi: 10.1186/s12875-023-02252-w. PMID: 38200427; PMCID: PMC10777496.[Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10777496/>
Abstract: Analysis of general practice records can address the information gap on the epidemiology of type 2 diabetes (T2DM) in Ireland, informing practice and the development of interventions in primary care. The aim of this study was to identify patients with poor glycaemic control, risk factors for complications and evidence of end organ damage in a large multi-practice study and to profile their characteristics. Patients with T2DM were identified using disease coding in Health One practice management software in 41 general practices. Patients' demographics and clinical data were extracted. Rates of poor glycaemic control (glycated haemoglobin > 58 mmol/mol) and albumin creatinine ratio > 3 mg/mmol were calculated. A multilevel logistic regression analysis using both patient and practice variables was conducted. Data was collected from 3188 patients of whom 29% (95% CI 28 to 31%) had poor glycaemic control, which was associated with younger age, higher BMI and higher total cholesterol. Only 42% of patients (n = 1332) had albumin creatinine ratio measured with 42% (95% CI 40 to 45%) of these having values > 3 mg/mmol. Older age groups, men, those with hypertension, eGFR < 60 mL/min/1.73m² and poor glycaemic control were most associated with higher values of albumin creatinine ratio. Analysing this large multi-practice dataset gives important information on the prevalence and characteristics of diabetic patients who are most at risk of poor outcomes. It highlights that recording of some data could be improved.
2. Dunne P, Carvalho M, Byrne M, Murphy AW, O'Reilly S. **Maternity dietitians' perspectives on delivering gestational diabetes care, and postpartum follow-up in Ireland: A qualitative study.** *J Acad Nutr Diet.* 2023 Dec 27:S2212-2672(23)01766-5. doi: 10.1016/j.jand.2023.12.012. Epub ahead of print. PMID: 38158178. [Available via Inter-Library Loan – Contact ICGP Library]
Abstract: Medical nutrition therapy is recognised as the cornerstone to optimal glycaemic management of gestational diabetes (GDM) during pregnancy and the dietitian is central to delivery of this, yet data are lacking on their views of the barriers and enablers to performing this role. This qualitative study aimed to explore the perspectives of registered dietitians providing medical nutrition therapy (MNT) to people with GDM across the Republic of Ireland. Dietitians recognise the need for continuity of care in pregnancy and postpartum for people diagnosed with GDM. However, perceived disparities in allocation of dietetic services for GDM and an absence of agreed care pathways were seen as barriers to optimum care. Collaboration and communication across primary and secondary care settings are essential and require improvement.
3. Drinkwater J, MacFarlane A, Twiddy M, Meads D, Chadwick RH, Donnelly A, Gleeson P, Hayward N, Kelly M, Mir R, Prestwich G, Rathfelder M, Foy R. **How can patients influence service improvement decision-making? a participatory research mixed methods study.** *Br J Gen Pract.* 2023 Dec 14:BJGP.2023.0263. doi: 10.3399/BJGP.2023.0263. Epub ahead of print. PMID: 38164535. [Open Access]
Full-text: <https://bjgp.org/content/early/2023/12/13/BJGP.2023.0263.long>
Abstract: Health policy promotes patient participation in decision-making about service

organisation. In English general practice this happens through contractually required patient participation groups (PPGs). However, there are problems with the enactment of PPGs which have not been systematically addressed. To observe how a co-designed theory-informed intervention can increase representational legitimacy and facilitate power-sharing to support PPGs to influence decision-making about general practice service improvement. Combining participatory practices and facilitated participatory methods enabled patients to influence decision-making about general practice service improvement. The policy of mandatory PPGs needs updating to recognise the need to resource participation in a meaningful way.

Research Articles

1. Senaratne D, Colvin LA. **Chronic pain associated with temporomandibular disorders.** *BMJ.* 2023 Dec 15;383:2877. doi: 10.1136/bmj.p2877. PMID: 38101931.
Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/383/bmj-2023-076227>

Comprehensive new guidelines recommend physical and psychological treatments, and supported self-care.

2. Kang Y, Trewern L, Jackman J, Irani Nee Soni A, McCartney D. **Chronic pain: supported self-management.** *BMJ.* 2024 Jan 2;384:e072362. doi: 10.1136/bmj-2022-072362. PMID: 38167273.
Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/384/bmj-2022-072362>

What you need to know:

- Supported self-management is an approach to chronic pain that involves shared decision making, co-production of treatment, and equipping patients with the skills to manage their pain outside of clinical consultations
- Supported self-management is not an all-or-nothing approach but can be tailored to the individual patient
- Longer consultation times may be required initially, but successful supported self-management may reduce consultation rates over time.

3. Wolffenbuttel BH, Owen PJ, Ward M, Green R. **Vitamin B₁₂.** *BMJ.* 2023 Nov 20;383:e071725. doi: 10.1136/bmj-2022-071725. PMID: 37984968; PMCID: PMC10658777.
Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/383/bmj-2022-071725>

What you need to know:

- The clinical picture is the most important factor in assessing the significance of results of blood tests assessing cobalamin (B₁₂) status because there is no “gold standard” test to define deficiency
- Neurological symptoms resulting from B₁₂ deficiency may take several months or even years to resolve completely
- Measuring serum biomarkers such as B₁₂ or methylmalonic acid is neither helpful nor indicated in assessing or monitoring clinical improvement, neither is titration of injection frequency based on biomarker assessment

- Self-administration of intramuscular B₁₂ injections can lead to greater patient satisfaction and better health outcomes
4. Santer M, Burden-Teh E, Ravenscroft J. **Managing acne vulgaris: an update.** *Drug Ther Bull.* 2023 Dec 27;62(1):6-10. doi: 10.1136/dtb.2023.000051. PMID: 38154809.
Full-text: <https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/62/1/6>

Acne vulgaris is very common and can have significant negative impact on people. While sometimes a transient problem, acne may persist for many years and often leads to permanent scars or pigment changes. Guidelines unanimously advise topical treatments as first-line, although differ in recommending either topical benzoyl peroxide or topical retinoid (mainly adapalene) alone or in combination. Guidance published by the National Institute for Health and Care Excellence advises counselling patients regarding avoidance of skin irritation when starting topical treatments and promoting adherence (treatments take 6–8 weeks to work). Oral antibiotics are currently overprescribed for acne but have a role when coprescribed with a non-antibiotic topical treatment. Hormonal treatments, such as the combined contraceptive pill, are also effective and there is growing evidence for the use of spironolactone for women with persistent acne. Recent guidance from the Medicines and Healthcare products Regulatory Agency regarding isotretinoin has implications for specialist prescribing and monitoring, and increasing public awareness of potential risks of mental health problems and sexual dysfunction. Although acne is associated with psychiatric disorder, the mental health effects of isotretinoin remain controversial.

5. Greenhalgh T, Payne R, Hemmings N, Leach H, Hanson I, et al. **Training needs for staff providing remote services in general practice: a mixed-methods study.** *Br J Gen Pract.* 2023 Dec 28;74(738):e17-e26. doi: 10.3399/BJGP.2023.0251. PMID: 38154935; PMCID: PMC10756003.
Full-text: <https://bjgp-org.icgplibrary.idm.oclc.org/content/74/738/e17>

Contemporary general practice includes many kinds of remote encounter. The rise in telephone, video and online modalities for triage and clinical care requires clinicians and support staff to be trained, both individually and as teams, but evidence-based competencies have not previously been produced for general practice. To identify training needs, core competencies, and learning methods for staff providing remote encounters. The knowledge needed to deliver high-quality remote encounters to diverse patient groups is complex, collective, and organisationally embedded. The vital role of non-didactic training, for example, joint clinical sessions, case-based discussions, and in-person, whole-team, on-the-job training, needs to be recognised.

6. Santer M, Ridd MJ, Harvey J, Lax S, Muller I, Roberts A, Thomas KS. **Atopic eczema in primary care: evidence update and implications for practice.** *Br J Gen Pract.* 2023 Dec 28;74(738):40-42. doi: 10.3399/bjgp24X736101. PMID: 38154929; PMCID: PMC10755983.
Full-text: <https://bjgp-org.icgplibrary.idm.oclc.org/content/74/738/40>

Most people with eczema have mild or moderate disease, and most are treated in primary care. This article aims to support health professionals in helping patients get control of

eczema in time-limited consultations. Recent updated National Institute for Health and Care Excellence (NICE) guidance on atopic eczema highlighted changes to advice regarding bath emollients and advice on how to wash. While a fuller update is awaited, the evidence behind this is presented here, along with a summary of other recent research on eczema.

7. Hind D, Wheelband KR, Brown SR, Lee MJ. **Pilonidal sinus disease: a brief guide for primary care.** *Br J Gen Pract.* 2023 Dec 28;74(738):44-45. doi: 10.3399/bjgp24X736113. PMID: 38154940; PMCID: PMC10755991.

Full-text: <https://bjgp-org.icgplibrary.idm.oclc.org/content/74/738/44>

Pilonidal sinus (PS) is a condition characterised by the ingrowth of hair in the natal cleft (between the buttocks). This leads to the formation of a sinus with hair at the apex. The sinus is unable to drain effectively and can become infected. This may lead to abscess formation, pain, and chronic drainage from the sinus. It affects around 26 per 100 000 population, and favours males in a 3:1 ratio. Those affected are typically working age. Treatment of this condition is poorly evidenced and there is much variation in practice.

8. Bjørch MF, Gram EG, Brodersen JB. **Overdiagnosis in malignant melanoma: a scoping review.** *BMJ Evid Based Med.* 2024 Jan 19;29(1):17-28. doi: 10.1136/bmjebm-2023-112341. PMID: 37793786.

Full-text: <https://ebm-bmj-com.icgplibrary.idm.oclc.org/content/29/1/17>

We aimed to systematically identify and scrutinise published empirical evidence about overdiagnosis in malignant melanoma and examine how frequent overdiagnosis of melanoma is and whether this is related to different types of interventions or diagnostic technologies.

9. García-Sempere A, Hurtado I, Robles C, Llopis-Cardona F, Sánchez-Saez F, Rodríguez-Bernal C, Peiró-Moreno S, Sanfélix-Gimeno G. **Initial opioid prescription characteristics and risk of opioid misuse, poisoning and dependence: retrospective cohort study.** *BMJ Qual Saf.* 2023 Dec 14;33(1):13-23. doi: 10.1136/bmjqs-2022-015833. PMID: 37414557.

Full-text: <https://qualitysafety-bmj-com.icgplibrary.idm.oclc.org/content/33/1/13>

To identify individual and initial prescription-related factors associated with an increased risk for opioid-related misuse, poisoning and dependence (MPD) in patients with non-cancer pain.

10. Remskar M, Western M.J, Osborne E.L, Maynard O.M, Ainsworth B. **Effects of combining physical activity with mindfulness on mental health and wellbeing: Systematic review of complex interventions.** *Mental Health and Physical Activity*, Volume 26, 2024, 100575. [Open Access]

Full-text: <https://www.sciencedirect.com/science/article/pii/S175529662300073X>

Physical activity and mindfulness practice both have established psychological benefits, yet research into their interaction and combined use is sparse. This systematic review aimed to pool the evidence examining the impact of interventions that combined physical

activity and mindfulness on mental health and wellbeing outcomes, and their potential mechanisms of action. Interventions combining physical activity with mindfulness are effective for improving mental health and wellbeing, possibly more so than either approach alone. Further research, including larger randomised controlled trials, is required to determine effectiveness and optimal intervention parameters. Exploring mechanisms of change will clarify their effects on mental health, wellbeing, and potential for behaviour change.

11. Shetty A, Delanerolle G, Cavalini H, Deng C, Yang X, et al. **A systematic review and network meta-analysis of pharmaceutical interventions used to manage chronic pain.** *Sci Rep.* 2024 Jan 18;14(1):1621. doi: 10.1038/s41598-023-49761-3. PMID: 38238384. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10796361/>

It is estimated 1.5 billion of the global population suffer from chronic pain with prevalence increasing with demographics including age. It is suggested long-term exposure to chronic could cause further health challenges reducing people's quality of life. Therefore, it is imperative to use effective treatment options. We explored the current pharmaceutical treatments available for chronic pain management to better understand drug efficacy and pain reduction.

Our meta-analysis revealed the significant reduction in chronic pain scores of patients taking NSAID versus non-steroidal opioid drugs was comparative to patients given placebo under a random effects model. Pooled evidence also indicated significant drug efficiency with Botulinum Toxin Type-A (BTX-A) and Ketamine. Chronic pain is a public health problem that requires far more effective pharmaceutical interventions with minimal better side-effect profiles which will aid to develop better clinical guidelines. The importance of understanding ubiquity of pain by clinicians, policy makers, researchers and academic scholars is vital to prevent social determinant which aggravates issue.

12. Schwenker R, Dietrich CE, Hirpa S, Nothacker M, Smedslund G, Frese T, Unverzagt S. **Motivational interviewing for substance use reduction.** *Cochrane Database Syst Rev.* 2023 Dec 12;12(12):CD008063. doi: 10.1002/14651858.CD008063.pub3. PMID: 38084817; PMCID: PMC10714668.

Full-text:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008063.pub3/full>

Does motivational interviewing help people reduce their use of alcohol, drugs, or both?

Key messages

- Motivational interviewing may reduce substance use compared with no intervention for a short time.
- We have moderate to no confidence in the evidence, which forces us to be careful about our conclusions. New research may change our conclusions.
- Future studies comparing motivational interviewing to other treatments should be larger, better designed, and better reported.

13. Gonzalez-Lorenzo M, Ridley B, Minozzi S, Del Giovane C, Peryer G, et al. **Immunomodulators and immunosuppressants for relapsing-remitting multiple sclerosis: a network meta-analysis.** *Cochrane Database Syst Rev.* 2024 Jan 4;1(1):CD011381. doi: 10.1002/14651858.CD011381.pub3. PMID: 38174776; PMCID: PMC10765473.

Full-text:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011381.pub3/full>

What are the benefits and risks of drugs acting on the immune system to treat relapsing-remitting multiple sclerosis ?

Key messages

- After two years of treatment, natalizumab, cladribine and alemtuzumab work best in reducing the frequency of relapses in relapsing-remitting multiple sclerosis. Natalizumab is likely to be also effective in slowing the progression of disability after two years of treatment.
- Longer studies are needed to assess the benefits and harms of drugs acting on the immune system for relapsing-remitting multiple sclerosis.
- Future research on these types of drugs should compare them against each other and focus on effects that are important to people with multiple sclerosis, such as their quality of life and their ability to think, learn, remember, use judgement, and make decisions.

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