



ICGP Library

Recommended Reading

March 2024
Issue 3

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

[March 2024, Volume 41, no 2](#)

The nurse will see you now: How ANPs are enhancing GP care

 View all Forums from 2024:

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

ICGP Quick Reference Guide - Fertility Assessment in General Practice

This Quick Reference Guide aims to provide an update on the assessment and management of infertility in general practice. Also included are fertility cases and audit.

 Read the [Quick Reference Guide](#) on Fertility Assessment.



Contact Us: library@icgp.ie

ICGP Quick Reference Guide - Contraception Management in General Practice

This Quick Reference Guide aims to summarise and simplify the key practice points of each method of contraceptive for GPs.

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

GPWorks

To celebrate International Women's Day on Friday 8th March the College's podcast, GP Works, has interviews with all four of our leaders - Dr Cathy Cullen (National Director of GP Training), Dr Suzanne Kelly (Assistant Medical Director), Prof Claire Collins (ICGP Chief Operating Officer) and Dr Deirdre Collins (Chair of the ICGP Board).

Also, Dr Rita Doyle describes the importance of doctor-patient relationships and shares her knowledge over her 40 years of experience in general practice.

 **Listen to GPWorks:** <https://www.icgpnews.ie/gpworks/>

ICGP Staff Research Articles

 **View all ICGP Staff Research Articles here:**

https://www.icgp.ie/go/research/reports_statements/2AA00D46-19B9-E185-83BC012BB405BAA6.html

GP News

Dept. of Health Press Release - [Ministers for Health highlight significant progress in women's health services](#)

By Department of Health, 27 Feb 2024.

The Minister for Health Stephen Donnelly, Minister for Public Health, Wellbeing and the National Drugs Strategy Hildegard Naughton and Minister for Mental Health and Older People Mary Butler have highlighted the significant progress in the development of women's health services. Aligning with the Programme for Government commitment, investment of €140 million since 2020 has enabled several milestone developments as set out in the Women's Health Action Plan 2022-2023.

These include:

- Free Contraception Scheme for women aged 17 - 31.
- publicly-funded AHR treatment accessed via 6 Regional Fertility Hubs.
- 16 of a planned 20 See-and-treat Ambulatory Gynaecology Clinics operational.
- 6 Specialist Menopause Clinics operational.
- establishment of 2 Specialist Endometriosis Centres for complex care, with 5 regional hubs offering an initial level of service.
- perinatal mental health services provided in all 19 maternity services.

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Dept. of Health Press Release - [Ministers for Health announce appointment of members of Commission on Care for Older People](#)

By Department of Health, 29 Feb 2024.

Minister for Health Stephen Donnelly and Minister of State for Mental Health and Older People, Mary Butler announced the appointment of the members of the Commission on Care for Older People. The Commission on Care for Older People will examine the health and social care services and supports for older people across the continuum of care and make recommendations for their strategic developments. Dr. Lucinda Dockeray, Director, Care of the Older Person Course, Irish College of General Practitioners is one of the members.

Dept. of Health Press Release - [Minister for Health announces changes to rules around prescriptions](#)

By Department of Health, 1 March 2024.

Minister for Health Stephen Donnelly has announced that from today, the maximum legal validity of prescriptions has been extended from 6 to 12 months. The new measures seek to provide flexibility for patients, reduce the demand on primary care services and utilise the expertise of pharmacists to improve the provision of healthcare.

This means that:

- prescribers can now write prescriptions for patients that are valid for up to 12 months.
- from September, patients can ask their pharmacists to extend prescriptions from 6 months to a maximum of 12 months, if they have a prescription dated March 1, 2024, or later.

Irish Examiner - [100 women of 2024: Dr Mary Favier and Dr Trish Horgan believe 'women are getting a world class service'](#)

By Niamh Griffin, 2 March 2024

Dr Mary Favier and Dr Trisha Horgan are co-founders of START (Southern Task-Force On Abortion & Reproductive Topics), and played a pivotal role in the rollout of abortion services in Ireland.

Irish Times - [State payments to GPs up by more than 50% since 2019](#)

By Paul Cullen, 4 March 2024

State payments to GPs have increased by one-third in three years as the number of services provided by family doctors has broadened. When Covid-19-related payments are included, the increase in payments to GPs is 51 per cent. Total funding for general practice amounted to €784.9 million in 2022, according to figures provided by the Health Service Executive, up from €589 million in 2019.

Irish Independent - [Hopes of easing family doctor shortages as two thirds of recent GP graduates see their future in Ireland](#)

By Eilish O'Regan, 11 March 2024

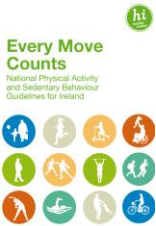
Over two thirds of recent GP graduates see their future in Ireland, according to a new survey. The survey from the Irish College of General Practitioners (ICGP) also found that 96pc of those who graduated from a GP training programme between 2017 and 2022 are working in general practice here.

RTE.ie - [New measures put in place to tackle shortage of GPs](#)

By Conor Kane, 13 March 2024.

A number of measures are in place across the country to alleviate an ongoing shortage of general practitioners and boost the number of active GPs to keep in line with the growing population.

Guidelines



Dept. of Health - Every Move Counts: National Physical Activity and Sedentary Behaviour Guidelines for Ireland (12th March)

The benefits of regular physical activity, at moderate to vigorous levels, for our overall health are immense. It improves our heart health, reduces risk of developing cancer and chronic diseases such as type-2 diabetes and well as improving our mood and sleep. These new guidelines encourage people of all ages to sit less and move more. The more time spent being physically active, the greater the health benefits – even relatively small increases in moderate level physical activity, up to 5 hours a week, can contribute to improved health.

 **Read the Guidelines:** [gov - Every Move Counts - National Physical Activity and Sedentary Behaviour Guidelines for Ireland \(www.gov.ie\)](#)



HSE/RCPI - Diabetes in Pregnancy: A model of care for Ireland (25th February)


The development of this Model of Care (MoC) for pre-gestational diabetes (PGDM) and GDM is designed to support standardisation of care irrespective of geographical location and encourage best clinical practice. It is designed to assist all clinicians and health care providers caring for women with DIP in their decision-making process and help to standardise delivery of care at primary, secondary and tertiary levels. This MoC sets out the recommended Care Pathways for women/pregnant people with Pre Gestational Diabetes Mellitus and Gestational Diabetes Mellitus in detail.

 **Read the Model of Care:** [Diabetes in Pregnancy: A Model of Care for Ireland 2024 \(hse.ie\)](#)



KDIGO - 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease (CKD) (13th March)

The guideline is intended for healthcare professionals who provide kidney care, for people with suspected or diagnosed CKD and their caregivers, and for policymakers and commissioners of CKD services. The aim is to provide a useful resource that clearly and concisely addresses relevant questions with actionable recommendations to guide clinical practice based on a formal evidence review and consensus-based practice points.

 **Read the Guidelines:** [KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease - Kidney International \(kidney-international.org\)](#)

HPSC - Guidelines for the Emergency Management of Injuries (EMI) and Post-Exposure Prophylaxis (PEP) (5th March)

These guidelines are intended for use in emergency medical settings where a patient first presents with an injury (including needlestick or other sharps injury, sexual exposure, human bite, exposure of broken skin or of mucous membranes) where there is a risk of transmission of infection, in particular bloodborne viruses (BBV). These guidelines are relevant to injuries occurring to members of the public in a community setting and also to injuries sustained occupationally (such as to healthcare workers (HCW) or members of the Garda).

 **Read the Guidelines:** [EMI - Health Protection Surveillance Centre \(hpsc.ie\)](https://www.hpsc.ie)

Reports



Medical Council - Medical Workforce Intelligence Consolidated Report 2022 (8th March)

The data shows the growing number of female doctors registering with the Medical Council for the first time and provides insights as to why doctors chose to withdraw from the register in 2022. The number of doctors on the register has been increasing year on year, with the number of young female doctors having risen steadily over the past decade.

Some of the key highlights include:

- **First Time Registered Doctors:**
 - **3,008** doctors registered with the Medical Council for the first time in 2022, compared with **2,605** in the previous year, representing a **15%** increase, between 2021 and 2022.
 - Over half (**52.6%**) of doctors registering for the first time in 2022 were male, and **47.4%** were female.
 - Notably, the ratio of females to males is greater in the youngest cohort of doctors, aged 24 and younger (**45%** male vs **55%** female).
 - Furthermore, **71.2%** of doctors registering for the first time obtained their qualifications abroad.
- **Doctors Retaining Registration:**
 - **18,839 (81.5%)** doctors who renewed their registration with the Medical Council were clinically active in Ireland, all or some of the time in 2022.
 - In 2022, **46.8%** of clinically active doctors in Ireland were female, while **53.2%** were male. The distribution of males and females was split more evenly in younger cohorts, whereas the majority of older doctors are male. Over half (**51.7%**) of clinically active doctors working in Ireland were on the Specialist Division of the Register, **16.3%** of doctors were on the Trainee Specialist Division; and **31.2%** were on the General Division of the Register.
 - In 2022, over a quarter of clinically active doctors working in Ireland self-reported working more than 48 hours a week on average.

 **Read the Report:** [2022-medical-workforce-intelligence-consolidated-report.pdf \(medicalcouncil.ie\)](https://www.medicalcouncil.ie)



Dept. of Health - Health in Ireland Key Trends 2023 (28th February 2024)

The 2023 edition of Health in Ireland Key Trends compiles summary statistics on various aspects of health and healthcare over the past ten years. This publication records the significant improvements in health outcomes over the past decade and highlights challenges in the access of timely and efficient healthcare.

Highlights from the publication, which covers demographics, population health, hospital and primary care, health sector employment and expenditure, include:

- In 2022, Ireland had the highest self-perceived health status in the EU.
- The total number of consultant and non-consultant hospital doctors employed in the public health service in Ireland increased to 11,884 or 57.1% between 2013 and 2022.
- The number of nurses and midwives increased to almost 44,000 or 27.6% since 2013.
- Between 2013 and 2022, the mortality rate from cancer fell by 11.4%, the mortality rate from circulatory system diseases fell by 25.1%, the mortality rate for ischaemic heart diseases fell by 33.4% and the mortality rate from respiratory system diseases fell by 24.5%.
- The proportion of total health expenditure paid for either out-of-pocket or through private health insurance has been reducing in recent years; the government funded 77.4% of total health expenditure in Ireland in 2021.

 **Read the Report:** [gov - Health in Ireland Key Trends 2023 \(www.gov.ie\)](http://www.gov.ie) [See *Chapter 4 Primary Care and Community Services*]

Read the Irish Independent Article: [Fall in death rate from worst diseases, but ageing population and lower birth rate to put strain on Ireland's health system | Irish Independent](#)

EBM Round-Up



National Medicines
Information Centre

NMIC Therapeutics Today (March 2024)

In this month's Therapeutics Today:

- Practical prescribing - thiazide diuretics
- Correct storage of biological disease-modifying anti-rheumatic drugs at home
- Drug-induced dermatomyositis
- Potentially inappropriate prescribing and potential prescribing omissions and their association with adverse drug reaction-related hospital admission
- Guidance/advice documents
- NMIC useful medicines information resources webpage
- Sexually transmitted infection (STI) course
- 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.](#)

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HSE Social Prescribing Toolkit

Social Prescribing Day is an annual event celebrated this year on 14th March, dedicated to raising awareness about the benefits and significance of social prescribing in healthcare. One of the key objectives of Social Prescribing Day is to showcase the diverse range of activities and services available through social prescribing. These may include art classes, gardening projects, exercise groups, volunteering opportunities, walking groups and access to community resources such as libraries and support groups. By prescribing these activities alongside or instead of medication, healthcare providers empower patients to take an active role in managing their health while fostering social connections and improving overall well-being.

 [View the Toolkit.](#)

Irish Articles

1. Tandan M, Dunlea S, Cullen W, Bury G. **Teamwork and its impact on chronic disease clinical outcomes in primary care: a systematic review and meta-analysis.** *Public Health.* 2024 Feb 26;229:88-115. doi: 10.1016/j.puhe.2024.01.019. Epub ahead of print. PMID: 38412699. [Open Access]
Full-Text: <https://www.sciencedirect.com/science/article/pii/S0033350624000398?via%3Dihub>
Abstract: Teamwork positively affects staff performance and patient outcomes in chronic disease management. However, there is limited research on the impact of specific team components on clinical outcomes. This review aims to explore the impact of teamwork components on key clinical outcomes of chronic diseases in primary care. Team-based interventions improve outcomes for chronic diseases, but more research is needed on managing cholesterol, hospitalizations, and chronic obstructive pulmonary disease. Studies with 4-5 team components were more effective in reducing systolic blood pressure and diastolic blood pressure. Heterogeneity should be considered, and additional research is needed to optimize interventions for specific patient populations.
2. O Shea M, Kiely B, O'Donnell P, Smith SM. **An evaluation of the social deprivation practice grant in Irish general practice.** *BJGP Open.* 2024 Feb 23:BJGPO.2023.0195. doi: 10.3399/BJGPO.2023.0195. Epub ahead of print. PMID: 38395435. [Open Access]
Full-Text: <https://bjgpopen.org/content/early/2024/02/23/BJGPO.2023.0195>
Abstract: The Inverse Care Law states that availability of good medical care varies inversely with the need for it in the population served. In 2019 the main medical union and the Department of Health in Ireland, agreed on funding a Social Deprivation Practice grant for GP practices in urban deprived areas. The aim of this study was to examine the implementation and impact of the Social Deprivation Practice Grant in participating General Practices. Delivery of healthcare in areas of socioeconomic deprivation presents significant challenges. While there were some problems with implementation, the introduction of a small, targeted grant for GP practices in areas of social deprivation allowed those practices to enhance their services with tailored initiatives seeking to meet the needs of their patient populations.

3. Beltran J, Valli C, Medina-Aedo M, Canelo-Aybar C, Niño de Guzmán E, Song Y, et al. **COMPAR-EU Recommendations on Self-Management Interventions in Type 2 Diabetes Mellitus.** *Healthcare (Basel)*. 2024 Feb 16;12(4):483. doi: 10.3390/healthcare12040483. PMID: 38391858; PMCID: PMC10887949. [Open Access]
Full-Text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10887949/>
Abstract: Self-management interventions (SMIs) offer a promising approach to actively engage patients in the management of their chronic diseases. Within the scope of the COMPAR-EU project, our goal is to provide evidence-based recommendations for the utilisation and implementation of SMIs in the care of adult individuals with type 2 diabetes mellitus (T2DM). A multidisciplinary panel of experts, utilising a core outcome set (COS), identified critical outcomes and established effect thresholds for each outcome. The panel formulated recommendations using the Grading of Recommendations, Assessment, Development, and Evaluations (GRADE) approach, a transparent and rigorous framework for developing and presenting the best available evidence for the formulation of recommendations. All recommendations are based on systematic reviews (SR) of the effects and of values and preferences, a contextual analysis, and a cost-effectiveness analysis. The COMPAR-EU panel is in favour of using SMIs rather than usual care (UC) alone (conditional, very low certainty of the evidence). Furthermore, the panel specifically is in favour of using ten selected SMIs, rather than UC alone (conditional, low certainty of the evidence), mostly encompassing education, self-monitoring, and behavioural techniques. The panel acknowledges that, for most SMIs, moderate resource requirements exist, and cost-effectiveness analyses do not distinctly favour either the SMI or UC. Additionally, it recognises that SMIs are likely to enhance equity, deeming them acceptable and feasible for implementation.

4. Juanola van Keizerswaard L, de Vries I, Moran N, Poorter S, Kok M, Zamberlin N, Kim S, Favier M, Chavkin W. **The role of healthcare providers in expanding legal abortion: Qualitative insights from Argentina, Ireland, and South Korea.** *Int J Gynaecol Obstet*. 2024 Feb;164 Suppl 1:21-30. doi: 10.1002/ijgo.15333. PMID: 38360031. [Open Access]
Full-text: <https://obgyn.onlinelibrary.wiley.com/doi/10.1002/ijgo.15333>
Abstract: Abortion laws are key in creating an enabling environment that facilitates the advancement of people's sexual and reproductive health and rights. Around 50 countries have liberalized their abortion laws in the last decades by adding new grounds allowing abortion. The road toward the expansion of legal abortion is a long, highly sensitive, and difficult process. The specific role of healthcare providers in influencing abortion law reforms has been scarcely studied. With the objective to better understand their (potential) roles, a qualitative study was conducted in 2021 focusing on three countries that had recently liberalized their abortion regulations: Argentina, South Korea, and Ireland. For each country, key informant interviews were conducted with actors in advocacy for legal change, the majority with healthcare providers. The study results indicate that healthcare providers can contribute to the expansion of legal abortion through their influence on public and legal debates. Healthcare providers were found to be scientifically credible and trustworthy. Their voice and argumentation counteracted anti-rights arguments and addressed information gaps, by providing specific clinical experiences and medical information. Healthcare providers amplified women's experiences through their testimonies and had entry points within governmental bodies, which facilitated their advocacy. These healthcare providers often functioned as individual operating

obstetrician/gynecologists or general practitioners who were engaged in networks of health professionals or had previous advocacy experience. In a global context of social and political contention around abortion, extending the engagement of healthcare providers in law and policy deliberation on abortion appears to be useful. This requires recognizing the diversity of roles that healthcare providers can take up, creating a safe environment in which they can operate, equipping them with skills that go beyond the medical expert role and facilitating strategic partnerships that seek complementarity between multiple stakeholders, building on the uniqueness of each stakeholder's expertise.

5. Nolan J, Alagic F, Sokol-Randell D, Rotundo MP, Deasy C, Crowley J. **A Video Analysis of Helmet Area Injuries and Helmet Type Worn in Hurling and Camogie Over 2 Seasons.** *Ir Med J.* 2024 Feb 22;117(2):914. PMID: 38446258. [Open Access] **Full-text:** <https://imj.ie/a-video-analysis-of-helmet-area-injuries-and-helmet-type-worn-in-hurling-and-camogie-over-2-seasons/>
Abstract: The wearing of helmets became mandatory in hurling and camogie in 2010/2011. Prior to this, 51% of hurling injuries involved the area protected by the helmet. Since the introduction of mandatory helmet usage, injuries to the helmet area have fallen to 5%. Helmets worn are required to meet the National Standards Authority of Ireland, IS355 Standard. It is reported that some players wear helmets that fail to meet this standard. We aimed to assess if players involved in potential helmet area injuries were wearing helmets that met the IS355 standard. We also quantified the financial cost of helmet area injuries by analysing the GAA Injury Benefit Fund for injuries related to the helmet area. Our results show that players involved in potential injuries are more likely to be wearing nonstandard helmets. This leads to more significant injuries and longer game stoppages. GAA rules state that players must wear a standard helmet to make an insurance claim. €18,710 was paid for injuries to players wearing standard helmets in those two seasons, implying a significant burden to players wearing non-standard helmets. The GAA should enforce the wearing of standard helmets in order to reduce injuries, reduce the cost of injuries and reduce stoppages in play.
6. Treacy T, Shiel C, Meaney S, Corcoran P, Burke C. **The effects of a range of treatment modalities on pain symptoms and overall health in women attending an endometriosis clinic.** *Ir Med J.* 2024 Feb 22;117(2):909. PMID: 38446083. [Open Access] **Full-text:** <https://imj.ie/the-effects-of-a-range-of-treatment-modalities-on-pain-symptoms-and-overall-health-in-women-attending-an-endometriosis-clinic/>
Abstract: Treatments for endometriosis include conservative, medical and surgical treatments. There is no definitive evidence to support one intervention over another. Women attending an endometriosis clinic will use various treatment modalities over time, depending on the success of each and the ability to achieve pregnancy when desired. This study seeks to examine the change in symptomatology and overall health score in response to various treatment interventions applied across many patients over a prolonged timeframe to examine the effectiveness of various treatments in women with endometriosis. We observed a significant improvement in most patient-reported pain symptoms over time with the use of a range of treatment interventions for endometriosis, supporting current practices in our endometriosis clinic.

7. Matrook KA, Cowman S, Pertl M, Whitford D. **Nurse-led family-based approach in primary health care for patients with type 2 diabetes mellitus: a qualitative study.** *Int J Qual Stud Health Well-being.* 2024 Dec;19(1):2323060. doi: 10.1080/17482631.2024.2323060. Epub 2024 Mar 6. PMID: 38446054; PMCID: PMC10919304. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10919304/>
Abstract: The prevalence of Type 2 diabetes is rapidly increasing, with 537 million people estimated to have diabetes in 2021. The literature suggests that nurses can deliver effective person-centred diabetes care and that families can be essential in supporting patients. Thus, a Nurse-led Family-based (NLFB) approach may be particularly effective. This study aims to explore the perceptions of nurses, adults with type 2 diabetes, and family members regarding the NLFB intervention. The study recommends stakeholders embrace nursing empowerment strategies and involve families to enhance the nurses' advanced roles and family inclusion in healthcare.
8. Konya J, McDonagh ST, Hayes P, Debus S, Aboyns V, Clark CE; EuroPAD investigators. **Peripheral artery disease recognition, diagnosis and management in general practice in the Republic of Ireland and England: an online survey.** *BJGP Open.* 2024 Mar 4:BJGPO.2023.0150. doi: 10.3399/BJGPO.2023.0150. Epub ahead of print. PMID: 38438198. [Open Access]
Full-text: <https://bjgpopen.org/content/early/2024/02/27/BJGPO.2023.0150.long>
Abstract: Peripheral artery disease (PAD) is common and associated with future cardiovascular events. PAD is under-diagnosed, limiting opportunities to address secondary prevention of cardiovascular disease. It is unknown how closely guidelines for detection of PAD are followed in primary care. We aimed to survey general practitioners' (GPs) attitudes to diagnosis and follow-up of patients with PAD. Currently, detection of PAD is generally triggered by "classical" leg claudication symptoms whilst known vascular risk factors appear to elicit little consideration. ABI measurement is not performed by many practitioners, suggesting that a proportion of vascular referrals must be based on history and examination findings alone. Opportunities to recognise PAD are missed.
9. Richmond JP, Kelly MG, Johnston A, Murphy PJ, O'Connor L, Gillespie P, Hobbins A, Alvarez-Iglesias A, Murphy AW. **A community-based advanced nurse practitioner-led integrated oncology care model for adults receiving oral anticancer medication: a pilot study.** *Pilot Feasibility Stud.* 2024 Feb 29;10(1):46. doi: 10.1186/s40814-024-01461-z. PMID: 38424625; PMCID: PMC10902979. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10902979/>
Abstract: Oral anti-cancer medications (OAMs) are being used increasingly within cancer care. OAMs offer the potential to improve patient convenience and increase hospital capacity. The clinical assessment for each cycle of OAMs requires specialist patient review often performed in hospital-based oncology units. Consequently, any potential improvement in patient expediency or increased hospital capacity that OAMs can offer is not realised. This study aimed to develop and pilot the specialist assessment of patients receiving OAMs by an Advanced Nurse Practitioner (ANP) in a community-based location. The primary aim of this pilot study was to assess the feasibility of a community-based ANP-led integrated oncology care model for adults receiving OAMs in Ireland who met the pre-specified eligibility criteria. Results demonstrated that the ANP-led intervention and new model for OAM care was safe, highly acceptable to patients and staff and that related healthcare costs could be

captured. Based on the success of this pilot study, the authors conclude that a community-based ANP-led integrated oncology care model for adults receiving OAMs is feasible, and a definitive trial is warranted.

10. Gibson I, Jennings C, Neubeck L, Corcoran M, Wood D, Sharif F, Hynes L, Murphy AW, Byrne M, McEvoy JW. **Using a digital health intervention "INTERCEPT" to improve secondary prevention in coronary heart disease (CHD) patients: protocol for a mixed methods non-randomised feasibility study.** *HRB Open Res.* 2023 Sep 1;6:43. doi: 10.12688/hrbopenres.13781.1. PMID: 38414839; PMCID: PMC10897504. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10897504/>
Abstract: Digital health interventions (DHIs) are increasingly used for the secondary prevention of cardiovascular disease (CVD). The aim of this study is to determine the feasibility of "INTERCEPT", a co-designed DHI developed to improve secondary prevention in hospitalised coronary heart disease patients (CHD). This study will provide important insights to help inform the feasibility of conducting a definitive trial of "INTERCEPT" among coronary heart disease patients in a critical health care setting.
11. Jäger M, Zangger G, Bricca A, Dideriksen M, Smith SM, Midtgaard J, Taylor RS, Skou ST. **Mapping interventional components and behavior change techniques used to promote self-management in people with multimorbidity: a scoping review.** *Health Psychol Rev.* 2024 Mar;18(1):165-188. doi: 10.1080/17437199.2023.2182813. Epub 2023 Mar 2. PMID: 36811829; PMCID: PMC7615688. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7615688/>
Abstract: Ageing populations and improved survival, have contributed to a rise in the number of people living with multimorbidity, raising issues related to polypharmacy, treatment burden, competing priorities and poor coordination of care. Self-management programs are increasingly included as an essential component of interventions to improve outcomes in this population. However, an overview of how interventions supporting self-management in patients with multimorbidity is missing. This scoping review focused on mapping the literature on patient-centered interventions for people living with multimorbidity. We searched several databases, clinical registries, and grey literature for RCTs published between 1990-2019 describing interventions that supported self-management in people with multimorbidity. We included 72 studies that were found to be very heterogeneous when it comes to the population, delivery modes and modalities, intervention elements and facilitators. The results pointed to an extensive use of cognitive behavioral therapy as a basis for interventions, as well as behavior change theories and disease management frameworks. The most coded behavior change techniques stemmed from the categories Social Support, Feedback and monitoring and Goals and Planning. To allow for implementation of effective interventions in clinical practice, improved reporting of intervention mechanisms in RCTs is warranted.
12. McGuinness D, Ni Mhurchu S, Frazer K, Bhardwaj N, Cornally P, Cantwell M, Cullen M, McNamara E, McDonald R, Carroll L, Cullen W, Kincaid R, Vickers N. **A co-designed evaluation study to identify Breastfeeding Knowledge of General Practitioners' and Practice Nurses'.** *Health Promot Int.* 2024 Apr 1;39(2):daae021. doi: 10.1093/heapro/daae021. PMID: 38452240. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10919884/>
Abstract: The World Health Organization and American Academy of Paediatrics

recommend exclusive breastfeeding until 6 months of age, with continued breastfeeding along with complementary solid foods for up to 2 years and beyond. Despite the well-established importance of breastfeeding, Irish rates remain the lowest in Europe. Healthcare professionals' breastfeeding knowledge and skills have a positive impact on increasing breastfeeding rates. There is limited evidence of the knowledge, attitudes or practices of general practitioners (GPs) and general practice nurses (GPNs), which is essential to breastfeeding in Ireland. The aim of this study was to evaluate the breastfeeding knowledge, attitudes and practices of GPs and GPNs in one community healthcare organisation (CHO) in Ireland. The results of this pilot study in one CHO in Ireland indicate a gap in knowledge and a need for specific breastfeeding and lactation theoretical and skills training for GPs and GPNs working in primary care to support, promote and protect breastfeeding.

13. Viani Walsh D, Murphy N, Evans S, Murphy KC, Guerandel A, Doherty AM, Hallahan B, Lally J. **The impact of badmouthing of medical specialties to medical students.** *Ir J Psychol Med.* 2024 Feb 14;14:1-8. doi: 10.1017/ipm.2023.52. Epub ahead of print. PMID: 38351631. [Open Access]

Full-text: <https://www.cambridge.org/core/journals/irish-journal-of-psychological-medicine/article/impact-of-badmouthing-of-medical-specialties-to-medical-students/27129C33168BDF17F9042596DED87651>

Abstract: This study aimed to evaluate the proportion of Irish medical students exposed to 'badmouthing' of different specialties and to ascertain: the degree of criticism of specialties based on the seniority of clinical or academic members of staff; if 'badmouthing' influenced student career choice in psychiatry; and attitudes of medical students towards psychiatry as a speciality and career choice. General practice (69%), surgery (65%) and psychiatry (50%) were the most criticised specialties. Criticism was most likely to be heard from medical students. 46% of students reported reconsidering a career in psychiatry due to criticism from junior doctors. There was a positive perception of psychiatry with 27% of respondents considering psychiatry as a first-choice specialty. Criticism of psychiatry by doctors, academics and student peers negatively influences students' career choice, which could be contributing to recruitment difficulties in psychiatry.

14. Mayne RS, Biddle GJH, Edwardson CL, Hart ND, Daley AJ, Heron N. **The relationship between general practitioner movement behaviours with burnout and fatigue.** *BMC Prim Care.* 2024 Feb 16;25(1):60. doi: 10.1186/s12875-024-02289-5. PMID: 38365606; PMCID: PMC10870505.

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10870505/>

Abstract: Physical inactivity is associated with feelings of burnout and fatigue, which in turn are associated with reduced performance among healthcare practitioners. This study explored movement behaviours of general practitioners (GPs) and the association between these behaviours with burnout and fatigue. GPs in Northern Ireland were asked to wear a thigh-worn accelerometer for seven days and complete validated questionnaires to assess the association between daily number of steps, time spent sitting and standing with feelings of burnout and fatigue. GPs were less active on workdays compared to non-workdays and exhibited high levels of sitting. Feelings of burnout and fatigue were highly prevalent, however movement behaviours were not found to be associated with burnout and fatigue. Given the increased sedentariness among GPs on workdays compared to non-workdays, GPs

should consider how they can improve their movement behaviours on workdays to help optimise their wellbeing.

Research Articles

1. Lane MM, Gamage E, Du S, Ashtree DN, McGuinness AJ, Gauci S, Baker P, Lawrence M, Rebholz CM, Srour B, Touvier M, Jacka FN, O'Neil A, Segasby T, Marx W. **Ultra-processed food exposure and adverse health outcomes: umbrella review of epidemiological meta-analyses.** *BMJ.* 2024 Feb 28;384:e077310. doi: 10.1136/bmj-2023-077310. PMID: 38418082.
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10899807/>
Abstract: To evaluate the existing meta-analytic evidence of associations between exposure to ultra-processed foods, as defined by the Nova food classification system, and adverse health outcomes. Greater exposure to ultra-processed food was associated with a higher risk of adverse health outcomes, especially cardiometabolic, common mental disorder, and mortality outcomes. These findings provide a rationale to develop and evaluate the effectiveness of using population based and public health measures to target and reduce dietary exposure to ultra-processed foods for improved human health. They also inform and provide support for urgent mechanistic research.
2. Chen TK, Hoenig MP, Nitsch D, Grams ME. **Advances in the management of chronic kidney disease.** *BMJ.* 2023 Dec 5;383:e074216. doi: 10.1136/bmj-2022-074216. PMID: 38052474.
Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/383/bmj-2022-074216>
Abstract: Chronic kidney disease (CKD) represents a global public health crisis, but awareness by patients and providers is poor. Defined as persistent abnormalities in kidney structure or function for more than three months, manifested as either low glomerular filtration rate or presence of a marker of kidney damage such as albuminuria, CKD can be identified through readily available blood and urine tests. Early recognition of CKD is crucial for harnessing major advances in staging, prognosis, and treatment. This review discusses the evidence behind the general principles of CKD management, such as blood pressure and glucose control, renin-angiotensin-aldosterone system blockade, statin therapy, and dietary management. It additionally describes individualized approaches to treatment based on risk of kidney failure and cause of CKD. Finally, it reviews novel classes of kidney protective agents including sodium-glucose cotransporter-2 inhibitors, glucagon-like peptide-1 receptor agonists, non-steroidal selective mineralocorticoid receptor antagonists, and endothelin receptor antagonists. Appropriate, widespread implementation of these highly effective therapies should improve the lives of people with CKD and decrease the worldwide incidence of kidney failure.

3. Maughan BC, Jarman AF, Redmond A, Geersing GJ, Kline JA. **Pulmonary embolism.** *BMJ.* 2024 Feb 8;384:e071662. doi: 10.1136/bmj-2022-071662. PMID: 38331462.
Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/384/bmj-2022-071662>

What you need to know

- Diagnosis of pulmonary embolism (PE) is frequently missed. An estimated 12-36% of patients with PE are misdiagnosed during initial evaluation in emergency departments or primary care clinics.
 - Delayed and missed diagnoses are more common in older adults, in patients with chronic cardiopulmonary disease, those with low pre-test risk of PE, and in patients presenting with cough or gradual onset dyspnoea. Most patients with PE have no symptoms of deep vein thrombosis, and many have no chest pain.
 - Using D-dimer thresholds adjusted for age or probability may reduce false positive results and rates of computed tomography pulmonary angiography scans.
4. Chisholm K, Daines L, Turner S. **Challenges in diagnosing asthma in children.** *BMJ.* 2024 Feb 13;384:e075924. doi: 10.1136/bmj-2023-075924. PMID: 38350681.
Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/384/bmj-2023-075924>

What you need to know

- Asthma in children is a clinical diagnosis based on history and examination, and in many cases a response to a trial of inhaled corticosteroid treatment.
 - Asthma can be diagnosed in children under 5, but is unlikely to explain recurrent respiratory symptoms in children under 2.
 - Tests can be done to help support (or exclude) a clinical diagnosis but should not be used solely to make (or exclude) a diagnosis of asthma.
5. Murray SA, Boyd K, Moine S, Kendall M, Macpherson S, Mitchell G, Amblàs-Novellas J. **Using illness trajectories to inform person centred, advance care planning.** *BMJ.* 2024 Mar 1;384:e067896. doi: 10.1136/bmj-2021-067896. PMID: 38428953.
Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/384/bmj-2021-067896>

What you need to know

- Most patients with progressive illness follow characteristic trajectories of decline, previously identified as rapid, intermittent, or a gradual decline from a low baseline.
- Multimorbidity is increasingly common and follows a distinct fourth trajectory
- An understanding of the dynamic multidimensional trajectories of patients with progressive illnesses helps clinicians consider individual holistic needs and have meaningful conversations with patients and families about advance care planning.
- In patients with an acute deterioration in health (such as from an infection), considering the main underlying illness trajectory helps guide shared decision making about realistic current and future treatment and care options.

6. Shelton J, Zotow E, Smith L, Johnson SA, Thomson CS, Ahmad A, Murdock L, Nagarwalla D, Forman D. **25 year trends in cancer incidence and mortality among adults aged 35-69 years in the UK, 1993-2018: retrospective secondary analysis.** *BMJ.* 2024 Mar 13;384:e076962. doi: 10.1136/bmj-2023-076962. PMID: 38479774; PMCID: PMC10935512.
Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/384/bmj-2023-076962>
Abstract: To examine and interpret trends in UK cancer incidence and mortality for all cancers combined and for the most common cancer sites in adults aged 35-69 years. Cancer mortality had a substantial reduction during the past 25 years in both men and women aged 35-69 years. This decline is likely a reflection of the successes in cancer prevention (eg, smoking prevention policies and cessation programmes), earlier detection (eg, screening programmes) and improved diagnostic tests, and more effective treatment. By contrast, increased prevalence of non-smoking risk factors are the likely cause of the observed increased incidence for a small number of specific cancers. This analysis also provides a benchmark for the following decade, which will include the impact of covid-19 on cancer incidence and outcomes.
7. Cunnington AJ, Abbara A, Bawa FK, Achan J. **Identification and management of co-infections in people with malaria.** *BMJ.* 2024 Mar 13;384:e077512. doi: 10.1136/bmj-2023-077512. PMID: 38479776.
Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/384/bmj-2023-077512>

What you need to know

- Co-infections with malaria affect up to half of children in endemic countries and around one in seven travellers with malaria.
 - A positive diagnostic test does not mean malaria is the only, or even a contributing, cause of current illness.
 - In settings where resources are constrained, limited diagnostic capacity can influence the diagnosis of co-infections, so vigilance is required for clinical features atypical for malaria.
8. Liberati EG, Martin GP, Lamé G, Waring J, Tarrant C, Willars J, Dixon-Woods M. **What can Safety Cases offer for patient safety? A multisite case study.** *BMJ Qual Saf.* 2024 Feb 19;33(3):156-165. doi: 10.1136/bmjqs-2023-016042. PMID: 37734957; PMCID: PMC10894827.
Full-text: <https://qualitysafety-bmj-com.icgplibrary.idm.oclc.org/content/33/3/156>
Abstract: The Safety Case is a regulatory technique that requires organisations to demonstrate to regulators that they have systematically identified hazards in their systems and reduced risks to being as low as reasonably practicable. It is used in several high-risk sectors, but only in a very limited way in healthcare. We examined the first documented attempt to apply the Safety Case methodology to clinical pathways. The principles behind a proactive, systematic approach to identifying and controlling risk that could be curated in a single document were broadly welcomed by participants, but was not straightforward to deliver. Compiling Safety Cases helped teams to identify safety hazards in clinical pathways, some of which had been previously occluded. However, the work of compiling Safety Cases was demanding of scarce skill and resource. Not all problems identified through proactive methods

were tractable to the efforts of front-line staff. Some persistent hazards, originating from institutional and organisational vulnerabilities, appeared also to be out of the scope of control of even the board level of organisations. A particular dilemma for organisational senior leadership was whether to prioritise fixing the risks proactively identified in Safety Cases over other pressing issues, including those that had already resulted in harm. The Safety Case approach was recognised by those involved in the Safer Clinical Systems programme as having potential value. However, it is also fraught with challenge, highlighting the limitations of efforts to transfer safety management practices to healthcare from other sectors.

9. Leon C, Hogan H, Jani YH. **Identifying and mapping measures of medication safety during transfer of care in a digital era: a scoping literature review.** *BMJ Qual Saf.* 2024 Feb 19;33(3):173-186. doi: 10.1136/bmjqs-2022-015859. PMID: 37923372; PMCID: PMC10894843.
Full-text: <https://qualitysafety-bmj-com.icgplibrary.idm.oclc.org/content/33/3/173>
Abstract: Measures to evaluate high-risk medication safety during transfers of care should span different safety dimensions across all components of these transfers and reflect outcomes and opportunities for proactive safety management. To scope measures currently used to evaluate safety interventions targeting insulin, anticoagulants and other high-risk medications during transfers of care and evaluate their comprehensiveness as a portfolio. The measures identified are insufficient for a comprehensive portfolio to assess safety of key medications during transfer of care. Further measures are required to reflect all components of transfers of care and capture the work system factors contributing to outcomes in order to support proactive intervention to reduce unwanted variation and prevent adverse outcomes. Advances in digital technology and its employment within integrated care provide opportunities for the development of such measures.
10. Phillips EC, Smith SE, Tallentire V, Blair S. **Systematic review of clinical debriefing tools: attributes and evidence for use.** *BMJ Qual Saf.* 2024 Feb 19;33(3):187-198. doi: 10.1136/bmjqs-2022-015464. PMID: 36977575.
Full-text: <https://qualitysafety-bmj-com.icgplibrary.idm.oclc.org/content/33/3/187>
Abstract: Clinical debriefing (CD) following a clinical event has been found to confer benefits for staff and has potential to improve patient outcomes. Use of a structured tool to facilitate CD may provide a more standardised approach and help overcome barriers to CD; however, we presently know little about the tools available. This systematic review aimed to identify tools for CD in order to explore their attributes and evidence for use. Recommendations for practice based on the findings are made. Future research should aim to further examine outcomes evidence of these tools in order to optimise the potential of CD tools for individuals, teams, healthcare systems and patients.
11. **Effect of semaglutide on major cardiovascular events.** *Drug Ther Bull.* 2024 Feb 28;62(3):35. doi: 10.1136/dtb.2024.000007. PMID: 38237952.
Full-text: <https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/62/3/35>

Key learning points

- Clinical trials have found that use of semaglutide by people who are obese or overweight resulted in weight loss of 12% over 68 weeks.

- People aged ≥ 45 years who did not have diabetes but were overweight or obese and who had pre-existing cardiovascular disease were given semaglutide for a median of 33 months.
- The absolute risk reduction in the composite cardiovascular outcome was 1.5% with a number-needed-to-treat of 66.

12. **Do COX-inhibitors improve emergency contraception efficacy?** *Drug Ther Bull.* 2024 Feb 28;62(3):38. doi: 10.1136/dtb.2024.000011. PMID: 38326010.

Full-text: <https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/62/3/38>

Key learning points

- Cyclo-oxygenase inhibitors have been investigated for their effect on ovulatory function.
- A study compared the emergency contraceptive efficacy of levonorgestrel plus piroxicam with levonorgestrel plus placebo.
- One pregnancy occurred in the levonorgestrel plus piroxicam group compared with seven pregnancies in the levonorgestrel plus placebo group.

13. Durand A, Morgan CL, Tinsley S, Hughes E, McCormack T, Bitchell CL, Lahoz R. **Familial hypercholesterolaemia in UK primary care: a Clinical Practice Research Datalink study of an under-recognised condition.** *Br J Gen Pract.* 2024 Feb 7;74(740):e174-82. doi: 10.3399/BJGP.2023.0010. Epub ahead of print. PMID: 38325890; PMCID: PMC10877619. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10877619/>

Abstract: Studies utilising genotyping methods report the prevalence of familial hypercholesterolaemia to be as high as one in 137 of the adult population. To estimate the prevalence of familial hypercholesterolaemia measured by clinically coded diagnosis, associated treatments, and lipid measurements observed in UK primary care. The estimated prevalence of familial hypercholesterolaemia was one in 608 of the population, less than expected from other studies, which may indicate that familial hypercholesterolaemia is under-recognised in UK primary care. Over one-third of diagnosed patients were undertreated and many did not achieve target goals, placing them at risk of cardiovascular events.

14. Greenwood H, Barnes K, Ball L, Glasziou P. **Comparing dietary strategies to manage cardiovascular risk in primary care: a narrative review of systematic reviews.** *Br J Gen Pract.* 2024 Feb 19;74(740):e199-207. doi: 10.3399/BJGP.2022.0564. Epub ahead of print. PMID: 38373850; PMCID: PMC10904132. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10904132/>

Abstract: Nutrition care in general practice is crucial for cardiovascular disease (CVD) prevention and management, although comparison between dietary strategies is lacking. To compare the best available (most recent, relevant, and high-quality) evidence for six dietary strategies that are effective for primary prevention/absolute risk reduction of CVD. For primary prevention, energy deficit, Mediterranean-like diets, and sodium substitution have modest evidence for risk reduction of CVD events. Strategies incorporated into clinical nutrition care should ensure guidance is person centred and tailored to clinical circumstances.

15. Wallace H, Wang Q, Botha T, Hunter B, Lumsden N, Nelson C. **Optimising diagnosis and management of kidney disease: an implementation trial of a clinical decision support system future health today.** *BMC Nephrol.* 2024 Feb 16;25(1):57. doi: 10.1186/s12882-024-03489-y. PMID: 38365641; PMCID: PMC10870544. [Open Access]

Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10870544/>

Abstract: Chronic kidney disease affects more than 10% of the world's population and is a non-communicable disease of global concern and priority. There is a significant implementation gap between best practice guideline recommendations and current kidney disease management. Previous research has shown the need to partner with primary care to improve education, collaboration, and kidney disease awareness. This implementation trial will explore use of an innovative clinical decision support software, Future Health Today, to improve screening, diagnosis, and management of kidney disease in primary care. The program will be supported by tertiary care outreach services. The primary aim is to test the hypothesis that the Future Health Today implementation program will improve screening, diagnosis, and management of kidney disease. Secondary aims are to evaluate primary care satisfaction and broader health service impacts. This investigator driven trial will assess the impact of Future Health Today software coupled with education and clinical outreach support. Investigators hypothesise that there will be improvement in appropriate screening, diagnosis, and management of kidney disease. This program has the potential to be scaled more broadly.

16. Wu C, Zhao P, Xu P, Wan C, Singh S, Varthya SB, Luo SH. **Evening versus morning dosing regimen drug therapy for hypertension.** *Cochrane Database Syst Rev.* 2024 Feb 14;2(2):CD004184. doi: 10.1002/14651858.CD004184.pub3. PMID: 38353289; PMCID: PMC10865448.

Full-text:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004184.pub3/full>

Is it better to take blood pressure-lowering medicines in the morning or evening to treat high blood pressure?

Key messages

- There may be little to no difference in death for any reason between taking blood pressure-lowering medicines in the morning or evening, but we have no confidence in the results. The difference in unwanted effects was not known.
- Taking blood pressure-lowering medicines in the evening may give slightly better blood pressure control than giving them in the morning for change in blood pressure over a 24-hour period, but we have no confidence in the results.

17. Mohiuddin SG, Ward ME, Hollingworth W, Watson JC, Whiting PF, Thom HHZ. **Cost-Effectiveness of Routine Monitoring of Long-Term Conditions in Primary Care: Informing Decision Modelling with a Systematic Review in Hypertension, Type 2 Diabetes and Chronic Kidney Disease.** *Pharmacoecon Open*. 2024 Feb 23. doi: 10.1007/s41669-024-00473-y. Epub ahead of print. PMID: 38393659. [Open Access] **Full-text:** <https://link.springer.com/article/10.1007/s41669-024-00473-y>
Abstract: Long-term conditions (LTCs) are major public health problems with a considerable health-related and economic burden. Modelling is key in assessing costs and benefits of different disease management strategies, including routine monitoring, in the conditions of hypertension, type 2 diabetes mellitus (T2DM) and chronic kidney disease (CKD) in primary care. This review aimed to identify published model-based cost-effectiveness studies of routine laboratory testing strategies in these LTCs to inform a model evaluating the cost effectiveness of testing strategies in the UK. There were few studies comparing routine testing strategies in the UK, indicating a need to develop a novel model in all three LTCs. Justification for the modelling technique of the identified studies was lacking. Markov and microsimulation models, with and without comorbidities, were used; however, the findings of this review can provide data sources and inform modelling approaches for evaluating the cost effectiveness of testing strategies in all three LTCs.
18. Kolltveit BH, Oftedal BF, Thorne S, Lomborg K, Graue M. **Experiences of an interprofessional follow-up program in primary care practice.** *BMC Health Serv Res*. 2024 Feb 23;24(1):238. doi: 10.1186/s12913-024-10706-9. PMID: 38395910; PMCID: PMC10885432. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10885432/>
Abstract: An integrative cooperation of different healthcare professional is a key component for high quality health services. With an aging population and many with long-term conditions, more health tasks and follow-up care are being transferred to primary care and locally where people live. Interprofessional collaboration among providers of different professional designations will be of increasing importance to optimizing primary care capacity in years to come. There is a call for further exploration of models of interprofessional collaboration that might be applicable in Norwegian primary care. The aim of this study was to explore experiences of interprofessional collaboration between primary care physicians and nurses working in primary care by applying an intervention for people with type 2 diabetes. Specifically, this study was designed to strengthen and gain deeper insight into interprofessional collaboration between primary care physicians and nurses in primary care settings. This study indicates that interprofessional collaboration in primary care practice requires that primary care physicians and nurses clarify their expectations and, in turn, determine how flexible they can become in changing their usual primary care practices. Moreover, findings reveal that nurses and primary care physicians had discrepancies in expectations of how interprofessional collaboration should be carried out in primary care practice. However, both the nurses and primary care physicians appreciated the blending of complementary competencies and skills that facilitated a more collaborative care practice. They experienced that this interprofessional collaboration represented an essential quality improvement in the primary care services.

19. Ghasemiardékani M, Willetts G, Hood K, Cross W. **The effectiveness of chronic disease management planning on self-management among patients with diabetes at general practice settings in Australia: a scoping review.** *BMC Prim Care*. 2024 Mar 1;25(1):75. doi: 10.1186/s12875-024-02309-4. PMID: 38429634; PMCID: PMC10905899. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10905899/>
Abstract: Medicare provides significant funding to improve, encourage and coordinate better practices in primary care. Medicare-rebated Chronic Disease Management (CDM) plans are a structured approach to managing chronic diseases in Australia. These chronic disease care plans are intended to be a vehicle to deliver guideline-based / evidence-based care.. However, recommended care is not always provided, and health outcomes are often not achieved. This scoping review aimed to identify the specific components of CDM plans that are most effective in promoting self-management, as well as the factors that may hinder or facilitate the implementation of these plans in general practice settings in Australia. Self-management support remains more aligned with a patient-centred collaboration approach and shared decision-making and is yet to be common practice. Identifying influential factors at different levels of patients, healthcare professionals, and services affecting patients' self-management via CDM plans can be crucial to developing the plans.
20. 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; PMCID: PMC10851809. [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.
21. Pikula A, Gulati M, Bonnet JP, Ibrahim S, Chamoun S, Freeman AM, Reddy K. **Promise of Lifestyle Medicine for Heart Disease, Diabetes Mellitus, and Cerebrovascular Diseases.** *Mayo Clin Proc Innov Qual Outcomes*. 2024 Feb 26;8(2):151-165. doi: 10.1016/j.mayocpiqo.2023.11.005. PMID: 38434935; PMCID: PMC10907160. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10907160/>
Abstract: The burden of noncommunicable chronic diseases has relevant and negative consequences to persons, health care systems, and economies worldwide. Chronic diseases are the leading cause of disability and mortality and are responsible for 90% of health care expenditure. The most common chronic diseases are diabetes mellitus (DM), cardiovascular disease, and cerebrovascular disease (stroke and

vascular cognitive impairment). Modifiable risk factors (MRFs) for these conditions include hypertension, hyperlipidemia, smoking, poor diet, and low-physical activity; with hypertension being the most prevalent MRF. Most MRFs can be successfully targeted through lifestyle medicine (LSM), which is a medical specialty that addresses the root causes of chronic diseases through its primary, secondary, and tertiary preventative approaches. Lifestyle medicine comprises 6 pillars (nutrition, physical activity, sleep health, stress reduction, social connections, and substance use) which through various behavioral approaches, focus on regular physical activity, healthy eating, good quality and quantity sleep, and meaningful social connections coupled with the reduction of stress and substance use. This paper will briefly review the evidence and promise of individual LSM pillars in addressing the underlying MRFs of DM, cardiovascular and cerebrovascular disease (specifically stroke and vascular cognitive impairment). Lifestyle medicine holds a great promise for comprehensive and much improved population health. However, the adoption of LSM at the societal scale requires a multifaceted approach and widespread integration would galvanize a paradigm shift to prevent, treat or reverse chronic diseases from the root causes and achieve health equity.

22. Tang MY, Graham F, O'Donnell A, Beyer F, Richmond C, Dhami R, Sniehotta FF, Kaner EFS. **Effectiveness of shared medical appointments delivered in primary care for improving health outcomes in patients with long-term conditions: a systematic review of randomised controlled trials.** *BMJ Open.* 2024 Mar 7;14(3):e067252. doi: 10.1136/bmjopen-2022-067252. PMID: 38453205. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10921542/>
Abstract: To examine the effectiveness of shared medical appointments (SMAs) compared with one-to-one appointments in primary care for improving health outcomes and reducing demand on healthcare services by people with one or more long-term conditions (LTCs). There was a little difference in the effectiveness of SMAs compared with usual care in terms of health outcomes or healthcare service use in the short-term (range 12 weeks to 24 months). To strengthen the evidence base, future studies should include a wider array of LTCs, standardised outcome measures and more details on SMA components to help inform economic evaluation.
23. Sperl-Hillen J, Crain AL, Wetmore JB, Chumba LN, O'Connor PJ. **A CKD Clinical Decision Support System: A Cluster Randomized Clinical Trial in Primary Care Clinics.** *Kidney Med.* 2023 Dec 12;6(3):100777. doi: 10.1016/j.xkme.2023.100777. PMID: 38435072; PMCID: PMC10906435. [Open Access]
Full-text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10906435/>
Abstract: The study aimed to develop, implement, and evaluate a clinical decision support (CDS) system for chronic kidney disease (CKD) in a primary care setting, with the goal of improving CKD care in adults. The CKD-CDS intervention did not lead to a significant improvement in CKD quality metrics. The challenges to CDS use during the coronavirus disease 2019 pandemic likely influenced these results.
24. **Menopause 2024.** *The Lancet.* Published: March 5 2024.
Full-text: <https://www.thelancet.com/series/menopause-2024>
Executive Summary: Menopause is an inevitable life stage for half the world's population, but experiences vary hugely. Some women have few or no symptoms over the menopause transition while others have severe symptoms that impair their quality of life and may be persistent. Many women feel unsupported as they transition

menopause. To better prepare and support women, the *Lancet* Series on menopause argues for an approach that goes beyond specific treatments to empower women with high-quality information, tools to support decision making, empathic clinical care, and workplace adjustments as needed. Targeted support is needed for groups who experience early menopause or treatment-induced menopause, and for those at increased risk of mental health problems. The authors recognise how gendered ageism may contribute to negative experiences of menopause and call for reduced stigma and greater recognition of the value and contribution of older women.

25. GBD 2021 Demographics Collaborators. **Global age-sex-specific mortality, life expectancy, and population estimates in 204 countries and territories and 811 subnational locations, 1950-2021, and the impact of the COVID-19 pandemic: a comprehensive demographic analysis for the Global Burden of Disease Study 2021.** *Lancet*. 2024 Mar 8:S0140-6736(24)00476-8. doi: 10.1016/S0140-6736(24)00476-8. Epub ahead of print. PMID: 38484753. [Open Access] **Full-text:** [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00476-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00476-8/fulltext)

Abstract: Estimates of demographic metrics are crucial to assess levels and trends of population health outcomes. The profound impact of the COVID-19 pandemic on populations worldwide has underscored the need for timely estimates to understand this unprecedented event within the context of long-term population health trends. The Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2021 provides new demographic estimates for 204 countries and territories and 811 additional subnational locations from 1950 to 2021, with a particular emphasis on changes in mortality and life expectancy that occurred during the 2020-21 COVID-19 pandemic period. Global adult mortality rates markedly increased during the COVID-19 pandemic in 2020 and 2021, reversing past decreasing trends, while child mortality rates continued to decline, albeit more slowly than in earlier years. Although COVID-19 had a substantial impact on many demographic indicators during the first 2 years of the pandemic, overall global health progress over the 72 years evaluated has been profound, with considerable improvements in mortality and life expectancy. Additionally, we observed a deceleration of global population growth since 2017, despite steady or increasing growth in lower-income countries, combined with a continued global shift of population age structures towards older ages. These demographic changes will likely present future challenges to health systems, economies, and societies. The comprehensive demographic estimates reported here will enable researchers, policy makers, health practitioners, and other key stakeholders to better understand and address the profound changes that have occurred in the global health landscape following the first 2 years of the COVID-19 pandemic, and longer-term trends beyond the pandemic.

26. GBD 2021 Nervous System Disorders Collaborators. **Global, regional, and national burden of disorders affecting the nervous system, 1990-2021: a systematic analysis for the Global Burden of Disease Study 2021**. *Lancet* 2024 March 14, DOI:[https://doi.org/10.1016/S1474-4422\(24\)00038-3](https://doi.org/10.1016/S1474-4422(24)00038-3). [Open Access]
Full-text: [https://www.thelancet.com/journals/laneur/article/PIIS1474-4422\(24\)00038-3/fulltext](https://www.thelancet.com/journals/laneur/article/PIIS1474-4422(24)00038-3/fulltext)
Abstract: Disorders affecting the nervous system are diverse and include neurodevelopmental disorders, late-life neurodegeneration, and newly emergent conditions, such as cognitive impairment following COVID-19. Previous publications from the Global Burden of Disease, Injuries, and Risk Factor Study estimated the burden of 15 neurological conditions in 2015 and 2016, but these analyses did not include neurodevelopmental disorders, as defined by the International Classification of Diseases (ICD)-11, or a subset of cases of congenital, neonatal, and infectious conditions that cause neurological damage. Here, we estimate nervous system health loss caused by 37 unique conditions and their associated risk factors globally, regionally, and nationally from 1990 to 2021. The ten conditions with the highest age-standardised DALYs in 2021 were stroke, neonatal encephalopathy, migraine, Alzheimer's disease and other dementias, diabetic neuropathy, meningitis, epilepsy, neurological complications due to preterm birth, autism spectrum disorder, and nervous system cancer. As the leading cause of overall disease burden in the world, with increasing global DALY counts, effective prevention, treatment, and rehabilitation strategies for disorders affecting the nervous system are needed.

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