

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

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College Publications



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

Latest Issue of Forum
October 2024, Volume 41, no 8

The quest for locums: Searching for a solution

 **View all Forums:**

<https://www.irishcollegeofgps.ie/Home/Clinical-Hub/Publications-and-Journals/Forum-Journal/>



GPWorks

As the College celebrates its 40th anniversary, we talk to Fionán Ó'Cuinneagáin, the College's first CEO, who helped guide the fledgling College from its earliest days. His insights are a reminder of the huge strides that General Practice has taken in the

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recognition of the specialty in the Irish health service, and the challenges it faced from the beginning.

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

Research Articles involving College Staff

O'Callaghan ME, Glynn LG. **Effects of COVID-19 on Irish general practice activity from 2019 to 2021: a retrospective analysis of 500,000 consultations using electronic medical record data.** *Ir J Med Sci.* 2024 Oct 2. doi: 10.1007/s11845-024-03810-6. Epub ahead of print. PMID: 39354285.

<https://link.springer.com/article/10.1007/s11845-024-03810-6>

Ryan L, O'Donoghue G, Crotty M, Birney S, Heary C, Hanlon M, Conlan O, Walsh JC. **Factors that influence general practitioners' obesity-related clinical practices and determinants of behavior to target to promote best practice in obesity care: A qualitative exploration.** *Obes Sci Pract.* 2024 Sep 28;10(5):e70012. doi: 10.1002/osp4.70012. PMID: 39345781; PMCID: PMC11438194.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11438194/>

Irish College of GPs Research, Policy & Information Department. **Audit Report Chronic Disease Management (CDM) reviews and onward referrals: A National Audit of Patient CDM Reviews in General Practice, V1.4** 10th August 2024.

Irish College of GPs Research, Policy & Information Department. **Audit Report Chronic Disease Management (CDM) programme and attendance outcomes: A National Audit of General Practice Electronic Medical Records pre- (2019) and post- (2022/2023) introduction of CDM, V1.2** 15th August 2024.

Irish College of GPs Research, Policy & Information Department. **Audit Report Extended Community Care (ECC) - NT-proBNP testing A National Audit of BNP testing in General Practice patients aged 65 years and older, V1.5** 29th August 2024.

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

<https://www.irishcollegeofgps.ie/Home/Lifelong-Learning-PCS/Research/Publications-Involving-College-Staff/2024-Research-Publications>

College News

Irish College of GPs - [Irish College of GPs celebrates 40th anniversary with book launch, honorary memberships, radio ad and major European conference](#)

By Irish College of GPs, 1 October 2024.

In celebration of its 40th anniversary, the Irish College of GPs held a series of special events on Friday 27th September at the Convention Centre, Dublin.

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Irish College of GPs - [History of Irish General Practice](#)

By Irish College of GPs, 21 October 2024.

The new book on the history of Irish general practice, written by Michael Hanna for the College, is now available to purchase online.

Irish College of GPs - [Launch of new Adult Sepsis Update](#)

By Irish College of GPs, 22 October 2024.

Irish College of GPs publishes new sepsis update to assist GPs in the detection and management of suspected sepsis in adults. New update highlights role of vaccination in sepsis prevention.

GP News

Irish Independent - [Give young GPs 'bricks and mortar' to set up their own practices, professional body urges](#)

By Eillish O'Regan, 28 September 2024.

GPs are scared off by the financial risks of setting up practices in parts of the country affected by the doctor shortage and need support with "bricks and mortar", it has been claimed. Dr Diarmuid Quinlan, medical director at the Irish College of General Practitioners (ICGP), said the west coast, midlands and deprived urban areas have a lack of doctors, and people are struggling to get on the books of a practice.

RTE - [Calls for national programme to tackle rise of drug use](#)

By RTE, 19 September 2024.

Senior medics have urged that a national programme be developed to tackle the rapidly rising use of cocaine, crack cocaine and other stimulants.

Irish Examiner - [Mixed response to Health Minister's plan to extend free contraception scheme to 16-year-olds](#)

By Michelle McGlynn, 18 September 2024.

News that the Health Minister is seeking to extend the free contraception scheme to 16 year olds has been met with something of a mixed response. Stephen Donnelly has confirmed that he is looking at extending the popular scheme, currently available to those aged 17 to 35, to a wider age range including those aged 16. There are some legal and ethical concerns that have been raised with the minister as the age of consent is currently 17.

HSE - [Patient Safety \(Notifiable Incidents and Open Disclosure\) Act 2023](#)

The Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 was signed into law in May 2023 and comes into effect from 26 September 2024.

Dept. of Health Press Release - [Minister for Health publishes the Report of the Interdepartmental Working Group on the Rising Cost of Health-Related Claims](#)

By Department of Health, 19 September 2024.

The Group, chaired by Professor Rhona Mahony and comprised of membership from across relevant government departments and agencies, was established by the Minister to

examine the rising cost of health-related claims, to consider mechanisms to reduce costs and to improve the experience of the processes involved for patients.

Reports

Joint Committee on Drugs Use Interim Report (22nd October)

The Joint Committee on Drugs Use today published its Interim Report, the Committee was formed to examine and respond to the Citizens' Assembly's thirty - six recommendations on drugs use in Ireland.

The Committee held engagements with stakeholders in June, July, September, and October of 2024 which provided evidence from a broad perspective of voices and sectors of Irish society.

Arising from these engagements, the Committee made 59 recommendations in its interim report. These include:

- the stigmatisation of drug use and the shaming of drug users are a source of significant harm.
- that Government introduce a health-led approach to the use and misuse of substances.
- the decriminalisation of the person in relation to the possession of all substances for personal use, in line with the recommendations of the Citizens' Assembly - this highlights that the goal of drug policy should be to reduce harm and eliminate stigma, both, in large part, caused and exacerbated by the criminalisation of people who use drugs.
- Section 3 of the Misuse of Drugs Act 1997 be repealed, to give effect to a comprehensive health led approach.
- the decriminalisation of possession for personal use should apply equally to all illicit drugs.
- people should be offered all supports and health resources that are required, but that no person should be criminalised for not availing of a supportive intervention.
- the importance of there being a strong, constructive working relationship between the community, voluntary and statutory services, and An Garda Síochána, to support the provision of compassionate and person-centred interventions where required, underpinned by a robust Memorandum of Understanding.
- local authorities and An Garda Síochána are supported and empowered in strongly discouraging and reducing consumption in public areas. This should be done in an

appropriate and sensitive way which considers the complex inter-relationship between problematic use and extreme deprivation and homelessness.

- that specific trauma and harm reduction training be provided to An Garda Síochána and local authorities, to inform their work with individuals and communities affected by drug misuse and addiction.
- the development of clear guidelines for An Garda Síochána to operate within a decriminalised model.

Read the Report: [Interim Report](#)



HRB - Drug poisoning deaths in Ireland in 2021: Data from the National Drug-Related Deaths Index (NDRDI) (25th September 2024)

This NDRDI bulletin presents data on drug poisoning deaths in Ireland in 2021, with key trends for period 2012 to 2021. Drug poisoning deaths are deaths due to the toxic effects of one or more substances. Included in this bulletin are poisoning deaths due to illicit drugs such as cocaine and poisoning deaths due to the use or misuse of prescribable drugs such as alprazolam.

In 2021, 354 drug poisoning deaths were recorded in Ireland. This equates to seven deaths per 100,000 of the population in that year. The deceased were 227 (64.1%) males and 127 (35.9%) females.

Opioids (68.9%), benzodiazepines (52.8%), and antidepressants (35.0%) were the three most common drug groups implicated in poisoning deaths overall. The main specific drugs implicated were methadone (36.4%), diazepam (31.6%), alprazolam (30.2%), cocaine (30.2%), alcohol (25.7%), and pregabalin (23.4%)

Read the Report: [Drug poisoning deaths in Ireland in 2021](#)

View the Infographic: [Drug Poisoning Deaths in Ireland in 2021 Infographic](#)

EBM Round-Up



NMIC Therapeutics Today (October 2024)

In this month's Therapeutics Today:

- Previous NMIC Bulletins
- Guidance and advice
- Regular features:
 - HSE Antibiotic Prescribing
 - Medication Safety Minutes
 - Health Products Regulatory Authority updates
 - Health Protection Surveillance Centre updates

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1. Signposting

- 👁️ **View** [this issue](#).

TRIP Database - Evidence for Primary Care

TRIP have introduced their latest AI-powered project aimed at helping healthcare professionals easily access the most relevant and recent clinical insights. In an ever-changing landscape, staying informed is crucial, but it can be time-consuming. That's where our new Primary Care Digest comes in!

They have created a streamlined way to deliver key evidence to you, summarized in a concise, actionable format. Here's how it works:

📄 **Curated Research:** We start with a broad list of primary care articles that we identify during our routine evidence updates.

👤 **Expert Selection:** Chris, our experienced general practitioner and Medical Director of Trip, reviews the articles and selects the top 20 most relevant and impactful pieces.

🗣️ **AI Summaries:** These selected articles are processed by a large language model (LLM), which provides clear, concise summaries with a clinical bottom line to help you understand the practical takeaways quickly.

📝 **AI Editorial:** The LLM also creates an editorial overview of the digest, offering broader insights into the trends and themes emerging from the research.

📢 **Digest Release:** Finally, we publish the digest, ready for you to explore!

- 👁️ **View** the [Evidence: Trip Medical Database](#).

Mental Health Ireland - Menopause and Mental Health (13th October 2024)

Mental Health Ireland has launched a new co-produced booklet on Menopause and Mental Health, ahead of World Menopause Day on October 18th.

- 👁️ **View** the [MHI-Menopause-booklet.pdf](#).

HSE - My Health, My Language (13th October 2024)

Healthcare videos are available in 27 languages. These videos cover essential topics, including how to access health services and GPs, maternal health, as well as the BreastCheck, CervicalCheck, BowelScreen and Diabetic RetinaScreen screening programmes.

For Roma communities, specific translated resources and video content are available in English, Romanian, Czech and Slovak at www.hse.ie/roma.

- 👁️ **View** the [My Health, My Language - HSE.ie](#)
[Multilingual resources and Translated material - HSE.ie](#)

Irish Articles

1. GBD 2021 Stroke Risk Factor Collaborators. **Global, regional, and national burden of stroke and its risk factors, 1990-2021: a systematic analysis for the Global Burden of Disease Study 2021.** *Lancet Neurol.* 2024 Oct;23(10):973-1003. doi: 10.1016/S1474-4422(24)00369-7. PMID: 39304265.
Full-text: [https://www.thelancet.com/journals/laneur/article/PIIS1474-4422\(24\)00369-7/fulltext](https://www.thelancet.com/journals/laneur/article/PIIS1474-4422(24)00369-7/fulltext)
Abstract: Up-to-date estimates of stroke burden and attributable risks and their trends at global, regional, and national levels are essential for evidence-based health care, prevention, and resource allocation planning. We aimed to provide such estimates for the period 1990-2021. Stroke burden has increased from 1990 to 2021, and the contribution of several risk factors has also increased. Effective, accessible, and affordable measures to improve stroke surveillance, prevention (with the emphasis on blood pressure, lifestyle, and environmental factors), acute care, and rehabilitation need to be urgently implemented across all countries to reduce stroke burden.
2. McDonnell L, Ashworth M, Schofield P, Durbaba S, Redmond P. **Antibiotic prescribing intensity and community UTI resistance: a cross-sectional ecological study.** *BJGP Open.* 2024 Oct 1:BJGPO.2023.0248. doi: 10.3399/BJGPO.2023.0248. Epub ahead of print. PMID: 39353733.
Full-text: <https://bjgpopen.org/content/early/2024/09/25/BJGPO.2023.0248.long>
Abstract: Antibiotic overuse is associated with antimicrobial resistance (AMR). It is unclear whether community AMR is driven by overall antibiotic use or by high levels of repeated (intense) use by individual patients. To determine the association between high antibiotic prescribing intensity (all antibiotic prescriptions; any indication), and rates of UTI resistance among patients within small communities. We found no relationship between concurrent high intensity 'any' antibiotic prescribing, and UTI resistance rates in small urban communities, pre-covid. Individual patient use of multiple antibiotics, even at high intensity, may not be an independent risk factor for community UTI resistance.
3. Abdullah N, Crowley J, Buckley M. **Implementing Faecal Immunochemical Testing in Primary Care.** *Ir Med J.* 2024 Sep 26;117(8):1013. PMID: 39377437.
Full-text: <https://imj.ie/implementing-faecal-immunochemical-testing-in-primary-care/>
Abstract: The incidence of colorectal cancer (CRC) has increased globally, in particular patients under the age of fifty. This is a pilot study of a faecal immunochemical testing (FIT) service in primary care. The aim was to trial a FIT service for asymptomatic patients. This study represents the first successful implementation of a FIT service in primary care in Ireland. There is a significant unmet need in this setting and strong scientific rationale for the use of FIT testing in general practice.
4. Oni L, Platt C, Marlais M, McCann L, Barakat F, et al. **National recommendations for the management of children and young people with IgA vasculitis: a best available evidence, group agreement-based approach.** *Arch Dis Child.* 2024 Oct 8:archdischild-2024-327364. doi: 10.1136/archdischild-2024-327364. Epub ahead

of print. PMID: 39379139.

Full-text: <https://adc.bmj.com/content/early/2024/10/17/archdischild-2024-327364.long>

Abstract: IgA vasculitis (IgAV) is the most frequently experienced subtype of vasculitis seen in children. Most children fully recover, however, complications including chronic kidney disease are recognised. The aim of this project was to use a best available evidence, group agreement, based approach to develop national recommendations for the initial management of IgAV and its associated complications. Despite IgAV being a rare disease with limited evidence, a national standardised approach to the clinical management for children and young people has been achieved. This should unite approaches to care and act as a foundation for improvement.

5. Byrne D, Ghoshal A, Boland F, Brannick S, Carney RM, Cuijpers P, Dima AL, Freedland KE, Guerin S, Hevey D, Kathuria B, McDarby V, Wallace E, Doyle F. **An exploratory graphical analysis of the Montgomery-Åsberg Depression Rating Scale pre- and post-treatment using pooled antidepressant trial secondary data.** *J Affect Disord.* 2024 Sep 16;368:584-590. doi: 10.1016/j.jad.2024.09.087. Epub ahead of print. PMID: 39293608.

Full-text: [https://linkinghub.elsevier.com/retrieve/pii/S0165-0327\(24\)01575-1](https://linkinghub.elsevier.com/retrieve/pii/S0165-0327(24)01575-1)

Abstract: The 10-item Montgomery-Åsberg Depression Rating Scale (MADRS) is a commonly used measure of depression in antidepressant clinical trials. Numerous studies have adopted classical test theory perspectives to assess the psychometric properties of this scale, finding generally positive results. However, its network configural structure and stability is unexplored across different time-points and treatment groups. To assess the network structure and stability of the MADRS in clinical settings pre- and post-treatment, and to determine a configurally invariant and stable model across time-points and treatment groups (placebo and intervention). An 8-item one-community variant of the MADRS may provide optimal performance when conducting network analyses of antidepressant clinical trial outcomes. Findings suggest that interventions targeting low mood and lassitude might be most efficacious in treating depression among clinical trial participants. Further considerations of the potential impact on trial design and analysis should be explored.

6. Morrissey EC, Harney OM, Hogan MJ, Murphy PJ, O'Grady L, et al. **Supporting General Practitioners and people with hypertension to maximise medication use to control blood pressure: the contribution of Collective Intelligence to the development of the 'Maximising Adherence, Minimising Inertia' (MIAMI) intervention.** *Health Psychol Behav Med.* 2024 Sep 19;12(1):2404038. doi: 10.1080/21642850.2024.2404038. PMID: 39315072; PMCID: PMC11418048.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11418048/>

Abstract: Hypertension remains one of the most important modifiable risk factors for stroke and heart disease. Anti-hypertensive medications are effective, but are often not used to maximum benefit. Sub-optimal dosing by prescribers and challenges with medication-taking for patients remain barriers to effective blood pressure control. We aimed to systematically develop a theory-based complex intervention to support General Practitioners (GPs) and people with hypertension to maximise medication use to control blood pressure. The finalised MIAMI intervention consists of both GP and patient supports. GP supports include a 30-minute online training, information booklet and consultation guide (drop-down

menu) embedded within the patient electronic health system. Patient supports include a pre-consultation plan, website, and a structured GP consultation with results from an Ambulatory Blood Pressure Monitor and urine chemical adherence test. The intervention components have been mapped to the intervention functions of the BCW and Behaviour Change Technique Ontology. Collective Intelligence offered a novel method to operationalise stakeholder input to Phases 2 and 3 of the BCW. The MIAMI intervention is now at pilot evaluation stage.

7. Markey K, Moloney M, O'Donnell CA, Noonan M, O'Donnell C, et al. **Enablers of and Barriers to Perinatal Mental Healthcare Access and Healthcare Provision for Refugee and Asylum-Seeking Women in the WHO European Region: A Scoping Review.** *Healthcare (Basel)*. 2024 Sep 1;12(17):1742. doi: 10.3390/healthcare12171742. PMID: 39273766; PMCID: PMC11395031.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11395031/>
Abstract: Perinatal mental health is a growing public health concern. Refugee and asylum-seeking women are particularly susceptible to experiencing perinatal mental illness and may encounter a range of challenges in accessing healthcare. This scoping review sought to identify the enablers of and barriers to healthcare access and healthcare provision for refugee and asylum-seeking women experiencing perinatal mental illness in the WHO European Region. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews was applied. Nine databases and six grey literature sources were initially searched in April 2022, and an updated search was completed in July 2023. The search identified 16,130 records, and after the removal of duplicates and the screening process, 18 sources of evidence were included in this review. A data extraction table was used to extract significant information from each individual source of evidence, which was then mapped to the seven dimensions of the candidacy framework. Empirical ($n = 14$; 77.8%) and non-empirical ($n = 4$; 22.2%) sources of evidence were included. The literature originated from seven countries within the WHO European Region, including the United Kingdom ($n = 9$; 50%), Germany ($n = 3$; 16.7%), Denmark ($n = 2$; 11.2%), Norway ($n = 1$; 5.6%), Greece ($n = 1$; 5.6%), Sweden ($n = 1$; 5.6%), and Switzerland ($n = 1$; 5.6%). The results indicate that, although enablers and barriers were apparent throughout the seven dimensions of candidacy, barriers and impeding factors were more frequently reported. There was also a notable overall lack of reported enablers at the system level. Unaddressed language barriers and lack of attention to the diversity in culturally informed perceptions of perinatal mental illness were the main barriers at the individual level (micro-level) to identifying candidacy, navigating healthcare systems, and asserting the need for care. The lack of culturally appropriate alignment of healthcare services was the key organizational (meso-level) barrier identified. The wider structural and political contexts (macro-level factors), such as lack of funding for consultation time, focus on Western diagnostic and management criteria, and lack of services that adequately respond to the needs of refugee and asylum-seeking women, negatively influenced the operating conditions and wider production of candidacy. It can be concluded that there are multilevel and interconnected complexities influencing access to and provision of perinatal mental healthcare for refugee and asylum-seeking women.
8. Hurley E, Byrne S, Walsh E, Foley T, Woods N, Dalton K. **Cost avoidance of pharmacist-led deprescribing using STOPPFrail for older adults in nursing homes.** *Int J Clin Pharm*. 2024 Oct;46(5):1163-1171. doi: 10.1007/s11096-024-

01749-3. Epub 2024 Jul 5. PMID: 38967733; PMCID: PMC11399282.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11399282/>

Abstract: The Screening Tool of Older Persons Prescriptions in Frail adults with limited life expectancy (STOPPFrail) criteria aim to reduce inappropriate/unnecessary medications in frail older adults, which should minimise adverse drug events and additional healthcare expenditure. Little is known about the economic outcomes of applying these criteria as an intervention. To evaluate cost avoidance of pharmacist-led application of STOPPFrail to frail older nursing home residents with limited life expectancy. Pharmacist-led application of STOPPFrail to frail older nursing home residents is associated with significant cost avoidance. Wider implementation of pharmacist interventions in frail older nursing home residents should be considered to reduce potentially inappropriate medications and patient harm, alongside substantial cost savings for healthcare systems.

Research Articles

1. Kushner P, Khunti K, Cebrián A, Deed G. **Early Identification and Management of Chronic Kidney Disease: A Narrative Review of the Crucial Role of Primary Care Practitioners.** *Adv Ther.* 2024 Oct;41(10):3757-3770. doi: 10.1007/s12325-024-02957-z. Epub 2024 Aug 20. PMID: 39162984; PMCID: PMC11399210.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11399210/>
Abstract: Chronic kidney disease, or CKD, affects about one in ten adults worldwide. Results from many real-world studies show that early identification and treatment of CKD is crucial to prevent the disease from getting worse. However, because CKD can have no symptoms in its early stages, it is often not diagnosed. Many people with CKD are therefore unaware that they have it. People with CKD are likely to have other long-term health issues as well, including cardiovascular disease, hypertension and diabetes. Primary care practitioners are best placed to offer holistic, patient-centered care to those with CKD, and are the frontline in identifying and managing the risk factors for chronic disease. Primary care practitioners may advise people with CKD on lifestyle changes, such as diet and exercise, as well as helping them understand what treatments are available. Sodium-glucose co-transporter 2 inhibitors have shown strong kidney-protective effects in clinical trials, and recently updated clinical guidelines recommend their use as foundational therapy alongside more established treatments of CKD. These treatments should be prescribed to people with CKD whether they have diabetes or not. For people at high risk of CKD, primary care practitioners should regularly obtain and record measurements of kidney function and blood pressure. Public and primary care practitioner awareness and education, the use of clinical decision support tools, and good communication between healthcare professionals are all important to drive change in primary care and improve the early identification and management of CKD.
2. Weber MW, Jullien S, Redlich C, Hall J, Carai S. **Improving primary health care for children and adolescents in Europe.** *Glob Pediatr.* 2024 Sep;9:None. doi: 10.1016/j.gped.2024.100194. PMID: 39267882; PMCID: PMC11388517.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11388517/>
Abstract: Primary health care for children in Europe is often not optimal. Primary care providers might not have been trained adequately in dealing with common

conditions affecting children and adolescents, and outdated practices often persist. To address these problems, WHO developed the Pocket Book of Primary Health Care for Children and Adolescents. It is for use by doctors, nurses and other health workers who are responsible for the care of children and adolescents at the primary health care level. It summarizes guidance on how to manage - and when to refer - children and adolescents presenting with common complaints and conditions. It includes information to enable primary health care providers to coordinate the continued care of children and adolescents with long-term conditions and diseases managed by specialists. Preventive and promotive measures from the newborn period to adolescence include advice on the timing and content of well-child visits, the promotion of early childhood development and health messages for adolescents. The recommendations of the Pocket Book apply across the WHO European Region and may be adapted by countries to suit their specific circumstances. A mobile APP for Android and IOS phones is available to facilitate uptake and dissemination. The Pocket Book and APP aim to improve quality of care for children and adolescents at the primary health care level. Quality of care is at the core of the comprehensive European Child and Adolescent Health Strategy that is being developed by Member States supported by WHO and partners to refocus attention on child and adolescent health after the COVID-19 pandemic had scooped attention and resources away from this age group. Countries are encouraged to adapt Pocket Book and Strategy to improve the situation of child and adolescent health and well-being in their settings and monitor progress.

Access the WHO Pocket Book 2022:

<https://www.who.int/europe/publications/i/item/9789289057622>

3. GBD 2021 Tobacco Forecasting Collaborators. **Forecasting the effects of smoking prevalence scenarios on years of life lost and life expectancy from 2022 to 2050: a systematic analysis for the Global Burden of Disease Study 2021.** *Lancet Public Health.* 2024 Oct;9(10):e729-e744. doi: 10.1016/S2468-2667(24)00166-X. PMID: 39366729; PMCID: PMC11447278.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11447278/>
Abstract: Smoking is the leading behavioural risk factor for mortality globally, accounting for more than 175 million deaths and nearly 4.30 billion years of life lost (YLLs) from 1990 to 2021. The pace of decline in smoking prevalence has slowed in recent years for many countries, and although strategies have recently been proposed to achieve tobacco-free generations, none have been implemented to date. Assessing what could happen if current trends in smoking prevalence persist, and what could happen if additional smoking prevalence reductions occur, is important for communicating the effect of potential smoking policies. Existing tobacco policies must be maintained if smoking prevalence is to continue to decline as forecast by the reference scenario. In addition, substantial smoking-attributable burden can be avoided by accelerating the pace of smoking elimination. Implementation of new tobacco control policies are crucial in avoiding additional smoking-attributable burden in the coming decades and to ensure that the gains won over the past three decades are not lost.
4. Mahesarajah S, El Asmar ML, Irwin R, Vallejo-Vaz AJ, Mastellos N, Dharmayat KI. **Impact of the COVID-19 pandemic on psychotropic prescribing: a systematic review.** *BMJ Open.* 2024 Sep 25;14(9):e076791. doi: 10.1136/bmjopen-2023-076791. PMID: 39322596; PMCID: PMC11425938.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11425938/>

Abstract: The global prevalence of mental health disorders has risen significantly since the beginning of the COVID-19 pandemic. The pandemic has additionally caused disruption to mental health services, leading to a shift from in-person to remote service delivery. Given its long-term impact, it has become critical to evaluate whether changes in health delivery during the pandemic have had an effect on prescribing patterns for commonly prescribed psychotropic drugs. This study aims to assess the impact of the COVID-19 pandemic on changes in psychotropic prescribing patterns in adults, as well as differences in prescribing in different healthcare delivery approaches across various geographical contexts. Findings support mixed trends in the prescription of psychotropic medications in a range of settings, hindering conclusive statements on COVID-19's impact on prescribing. In areas where remote consultations are in use, more comprehensive research is required to assess the safety of prescribing in these settings to inform public health policy and assess if the observed trends in our systematic review persist over time (given the increased consideration of remote and telehealth care in delivering services), particularly the safe and effective deployment of these services.

5. Gruffydd-Jones K, Parker S. **Managing chronic cough in adults in primary care.** *Br J Gen Pract.* 2024 Sep 26;74(747):476-478. doi: 10.3399/bjgp24X739653. PMID: 39327070; PMCID: PMC11441588.

Full-text: <https://bjgp.org/content/74/747/476.long>

Abstract: Acute cough (<3 weeks) is common, usually self-limiting, and due to a viral infection. Cough may persist for longer in more severe infection such as COVID-19 or community-acquired pneumonia. Chronic cough in adults (a cough lasting >8 weeks) is common in primary care (UK prevalence 5%), and is associated with impaired quality of life and significant healthcare costs. Recent British Thoracic Society guidance on chronic cough in adults outlines a pragmatic and evidence-based approach.

6. Chiu K, Sud A. **Reframing conceptualizations of primary care involvement in opioid use disorder treatment.** *BMC Prim Care.* 2024 Sep 30;25(1):356. doi: 10.1186/s12875-024-02607-x. PMID: 39350088; PMCID: PMC11443781.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11443781/>

Abstract: Opioid-related harms and opioid use disorder (OUD) are health priorities requiring urgent policy responses. There have been many calls for improved OUD care in primary care, as well as increasing involvement of primary care providers in countries like Canada and Australia, which have been experiencing high rates of opioid-related harms. While primary care is an essential arena for providing OUD care, existing sociocultural, political, health professional, and health system factors have led to the current model of care that limits primary care involvement. Addressing this may involve structurally embedding OUD care into primary care and strengthening primary care in general.

7. Braithwaite J, Smith CL, Leask E, Wijekulasuriya S, Brooke-Cowden K, et al. **Strategies and tactics to reduce the impact of healthcare on climate change: systematic review.** *BMJ.* 2024 Oct 8;387:e081284. doi: 10.1136/bmj-2024-081284. PMID: 39379104; PMCID: PMC11459334.

Full-text: <https://www.bmj.com/content/387/bmj-2024-081284.long>

Abstract: To review the international literature and assess the ways healthcare systems are mitigating and can mitigate their carbon footprint, which is currently

estimated to be more than 4.4% of global emissions. Publications presented various strategies and tactics to reduce GHG emissions. These included changing clinical and surgical practices; using policies such as benchmarking and reporting at a facility level, and financial levers to reduce emissions from procurement; reducing physical waste; changing organisational culture through workforce training; supporting education on the benefits of decarbonisation; and involving patients in care planning. Numerous tools and frameworks were presented for measuring GHG emissions, but implementation and evaluation of the sustainability of initiatives were largely missing. At the macro level, decarbonisation approaches focused on energy grid emissions, infrastructure efficiency, and reducing supply chain emissions, including those from agriculture and supply of food products. Decarbonisation mechanisms at the micro and meso system levels ranged from reducing low value care, to choosing lower GHG options (eg, anaesthetic gases, rescue inhalers), to reducing travel. Based on these strategies and tactics, this study provides a framework to support the decarbonisation of healthcare systems.

8. Agarwal A, Zeng X, Li S, Rayner D, Foroutan F, et al. **Sodium-glucose cotransporter-2 (SGLT-2) inhibitors for adults with chronic kidney disease: a clinical practice guideline.** *BMJ.* 2024 Oct 1;387:e080257. doi: 10.1136/bmj-2024-080257. PMID: 39353639.

Full-text: <https://www.bmj.com/content/387/bmj-2024-080257.long>

Abstract:

Recommendations: The guideline panel considered evidence regarding benefits and harms of SGLT-2 inhibitor therapy for adults with CKD over a five year period, along with contextual factors, and provided the following recommendations: 1. For adults at low risk of CKD progression and complications, we suggest administering SGLT-2 inhibitors (weak recommendation in favour) 2. For adults at moderate risk of CKD progression and complications, we suggest administering SGLT-2 inhibitors (weak recommendation in favour) 3. For adults at high risk of CKD progression and complications, we recommend administering SGLT-2 inhibitors (strong recommendation in favour) 4. For adults at very high risk of CKD progression and complications, we recommend administering SGLT-2 inhibitors (strong recommendation in favour). Recommendations are applicable to all adults with CKD, irrespective of type 2 diabetes status.

Understanding the recommendation: In order to apply recommendations, clinicians must appropriately identify adults with CKD, consider the underlying aetiology, and risk stratify them based on glomerular filtration rate (estimated or measured) and degree of albuminuria. In addition to classifying individuals into risk strata, further estimation of a given patient's risk based on the extent of their kidney disease and other comorbidities may be warranted to inform individual-level decisions and shared decision making. Available risk calculators may help estimate a given patient's risk of CKD progression and complications.

9. Khalife R, Burnett AE, Tritschler T, Waldron B, Xu Y. **Practical Prescribing: Direct oral anticoagulants.** *BMJ.* 2024 Aug 30;386:e079520. doi: 10.1136/bmj-2024-079520. PMID: 39214564.

Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/386/bmj-2024-079520>

What you need to know

Dosing and duration of direct oral anticoagulant (DOAC) treatments vary based on their indication, as well as a patient's weight and renal function

Before initiating treatment, assess baseline haemoglobin and platelet levels, check renal and liver function, and calculate creatinine clearance

Bleeding events are a common complication; educate patients on recognising symptoms, including coffee ground vomit, coloured urine, and severe or persistent dizziness

10. Wegwarth O, Hoffmann TC, Goldacre B, Spies C, Giese HA. **General practitioners' risk literacy and real-world prescribing of potentially hazardous drugs: a cross-sectional study.** *BMJ Qual Saf.* 2024 Sep 19;33(10):634-641. doi: 10.1136/bmjqs-2023-016979. PMID: 38631907; PMCID: PMC11503163.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11503163/>
Abstract: Overuse of medical care is a pervasive problem. Studies using hypothetical scenarios suggest that physicians' risk literacy influences medical decisions; real-world correlations, however, are lacking. We sought to determine the association between physicians' risk literacy and their real-world prescriptions of potentially hazardous drugs, accounting for conflicts of interest and perceptions of benefit-harm ratios in low-value prescribing scenarios. The observed association between GPs with higher risk literacy and the prescription of fewer hazardous drugs suggests the importance of risk literacy in enhancing patient safety and quality of care.
11. Pickles K, Haas R, Guppy M, O'Connor DA, Pathirana T, Barratt A, Buchbinder R. **Clinician and health service interventions to reduce the greenhouse gas emissions generated by healthcare: a systematic review.** *BMJ Evid Based Med.* 2024 Sep 20;29(5):300-312. doi: 10.1136/bmjebm-2023-112707. PMID: 38782560; PMCID: PMC11503105.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11503105/>
Abstract: To synthesise the available evidence on the effects of interventions designed to improve the delivery of healthcare that reduces the greenhouse gas (GHG) emissions of healthcare. Interventions designed to improve the delivery of healthcare that reduces GHG emissions may reduce GHG emissions and costs, reduce anaesthesia use, waste and unnecessary testing, be acceptable to staff and have little to no effect on energy use or unintended harms, but the evidence is very uncertain. Rigorous studies that measure GHG emissions using gold-standard life cycle assessment are needed as well as studies in more diverse areas of healthcare. It is also important that future interventions to reduce GHG emissions evaluate the effect on beneficial and harmful patient outcomes.
12. Steckelmacher J, Graham C, Maniero C, Gupta A. **Managing hypertension in older people: current concepts.** *Drug Ther Bull.* 2024 Sep 25;62(10):149-155. doi: 10.1136/dtb.2023.000031. PMID: 39322245.
Full-text: <https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/62/10/149>
Abstract: Hypertension management in older people is challenging due to pathophysiological changes brought about by ageing, associated comorbidities, frailty and polypharmacy and often has a poor evidence base. This article gives an

overview of these factors and related available evidence with particular attention to clinical issues and consensus guidance.

13. de Dumast L, Moore P, Snell KI, Marshall T. **Trends in clinical workload in UK primary care 2005-2019: a retrospective cohort study.** *Br J Gen Pract.* 2024 Sep 26;74(747):e659-e665. doi: 10.3399/BJGP.2023.0527. PMID: 38621809; PMCID: PMC11388090.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11388090/>
Abstract: Substantial increases in UK consulting rates, mean consultation duration, and clinical workload were observed between 2007 and 2014. To the authors' knowledge, no analysis of more recent trends in clinical workload has been published to date. This study updates and builds on previous research, identifying underlying changes in population morbidity levels affecting demand for primary health care. To describe the changes in clinical workload in UK primary care since 2005. Findings show sustained increases in consulting rates, consultation duration, and clinical workload until 2014. From 2015, however, rising demand for health care and a larger administrative workload have led to capacity constraints as the system nears saturation.
14. Hutchinson J, Gibson J, Kontopantelis E, Checkland K, Spooner S, Parisi R, Sutton M. **Trends in full-time working in general practice: a repeated cross-sectional study.** *Br J Gen Pract.* 2024 Sep 26;74(747):e652-e658. doi: 10.3399/BJGP.2023.0432. PMID: 38296357; PMCID: PMC11325444.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11325444/>
Abstract: There is little evidence and no agreement on what constitutes full-time working for GPs. This is essential for workforce planning, resource allocation, and accurately describing GP activity. To clarify the definition of full-time working for GPs, how this has changed over time, and whether these changes are explained by GP demographics. At the current average duration of sessions, six sessions per week aligns with the NHS definition of full-time hours. However, hours per week is a more consistent way to define full-time work for GPs.
15. Parisi R, Lau YS, Bower P, Checkland K, Rubery J, Sutton M, Giles S, Esmail A, Spooner S, Kontopantelis E. **GP working time and supply, and patient demand in England in 2015-2022: a retrospective study.** *Br J Gen Pract.* 2024 Sep 26;74(747):e666-e673. doi: 10.3399/BJGP.2024.0075. PMID: 39284685; PMCID: PMC11423349.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11423349/>
Abstract: English primary care faces a reduction in GP supply and increased demand. To explore trends in GP working time and supply, accounting for factors influencing demand for services. Population demand per GP has increased, particularly in terms of chronic conditions. This increase is driven by several factors, including a reduction in GP contracted time commitments. Persistent deprivation gradients in GP supply highlight the need to recruit and retain GPs more equitably.
16. Hawarden A, Paskins Z, Mughal F. **What's new in osteoporosis management? Leading the fight in primary care.** *Br J Gen Pract.* 2024 Sep 26;74(747):472-475. doi: 10.3399/bjgp24X739641. PMID: 39327089; PMCID: PMC11441607.
Full-text: <https://bjgp-org.icgplibrary.idm.oclc.org/content/74/747/472>
Abstract: This clinical practice article provides general practice teams with guidance on fracture risk assessment and osteoporosis drug management

informed by the latest evidence, the current authors' experience and expertise, and the National Institute for Health and Care Excellence (NICE)-accredited 2021 National Osteoporosis Guideline Group (NOGG) clinical guideline.

17. Shalviri G, Mohebbi N, Mirbaha F, Majdzadeh R, Yazdizadeh B, Gholami K, Grobler L, Rose CJ, Chin WY. **Improving adverse drug event reporting by healthcare professionals.** *Cochrane Database Syst Rev.* 2024 Oct 29;10:CD012594. doi: 10.1002/14651858.CD012594.pub2. PMID: 39470185.

Full-text:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012594.pub2/full>

Key messages

- Healthcare professionals have a responsibility to report unexpected and harmful responses to medicines. These responses are known as 'adverse drug events', a term that includes both adverse drug reactions (ADRs) and medication errors (MEs).

- An education session (outreach, in-person workshops or via telephone), along with providing a reminder card and ADR report form, may substantially increase the number of ADR reports submitted.

- Using a standardised discharge form with additional ADR items that is designed to make it easier to report ADRs may slightly increase the number of ADR reports submitted.

- Future studies need to assess the benefit (increase in the number of adverse drug event reports submitted) and harm (increase in the number of false adverse drug event reports submitted) of any intervention designed to improve healthcare professionals' reporting of adverse drug events.

- Interventions suitable for use in low- and middle-income countries need to be developed and rigorously evaluated.

18. Yuan Y, Wang Y, Xia J, Liu H, Liu JP, Li D, Wang R, Sang H, Cao H. **Topical, light-based, and complementary interventions for acne: an overview of systematic reviews.** *Cochrane Database Syst Rev.* 2024 Oct 23;10(10):CD014918. doi: 10.1002/14651858.CD014918.pub2. PMID: 39440650; PMCID: PMC11497561.

Full-text:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD014918.pub2/full>

Key messages

• We did not find enough good-quality evidence about benzoyl peroxide, topical antibiotics, and topical retinoids for treating acne. We found that the included systematic reviews only provided a small amount of evidence on these clinically important drugs for us to summarise.

• Future research should focus on areas that are important to patients, researchers, and decision-makers, such as new drugs for acne treatment, topical antibiotics and retinoids, and acne complications, including scars and psychological distress.

19. Renckens SC, Pasman HR, Veldhuijzen NJ, Onwuteaka-Philipsen BD. **The provision of bereavement care by general practitioners: data from a sentinel network.** *BMC Prim Care.* 2024 Oct 23;25(1):378. doi: 10.1186/s12875-024-02625-9. PMID: 39443858; PMCID: PMC11515723.

Full-text: <https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-024-02625-9>

Abstract: Limited information exists regarding the prevalence of bereavement care provision by general practitioners (GPs) and in what cases they provide this. Insights into the current practice of bereavement care provision by GPs can highlight areas for improvement of the bereavement care practice. Therefore, we examined in how many cases GPs contacted relatives regarding bereavement care, and which case-specific characteristics are associated. In the majority of cases GPs reach out to the relatives of their deceased patients to offer bereavement care. Given their familiarity with the deceased person, particularly instances of non-sudden death, the GP seems to be well-positioned to provide bereavement care, especially support that focuses on reviewing the period leading up to the death.

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