

Every month, the library scan resources of interest to General Practice and recommends 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

April 2025, Volume 42, no 3

Obesity Medication: a careful balancing act

May 2025, Volume 42, no 4

Migrant Health: towards better access|

 **View all Forums:**

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



General Practice Update (GPU): Atopic Eczema in Children (Feb 2025)

The aim of this General Practice Update (GPU) is to provide practical advice to general practitioners (GPs) on the diagnosis and management of Atopic Eczema in children up to 12 years old in the context of Irish general practice.

General Practice Update (GPU): Acne Management (March 2025, An update to the 2019 document by the same author)

This General Practice Update (GPU) aims to provide evidence-based suggestions to guide the clinical management of acne in primary care.

Read the GPUs:

<https://www.irishcollegeofgps.ie/Home/Clinical-Hub/General-Practice-Updates/Dermatology>

GPIT - The Use of Artificial Intelligence in Irish General Practice (February 2025)

Artificial intelligence (AI) is poised to revolutionise healthcare in the coming years, with GPs likely to incorporate AI tools into their daily practice. This integration promises numerous benefits, but also presents challenges.

Read the guidance: <https://www.irishcollegeofgps.ie/GPITPublications>



GPWorks

In this episode, Prof. Susan Smith brings strong insights into the varied life of a GP and academic. She describes how she became a GP, and the journey into academic general practice. Sharing her time between the Russell Centre in Tallaght, where we recorded this, and her part time role in general practice in Inchicore, Dr Smith describes her passion for general practice, and her work in highlighting the impact of unequal access to healthcare for poorer communities.

Listen to GP Works: <https://www.irishcollegeofgps.ie/GP-Works>

Research Articles involving College Staff

Kerr G, Greenfield G, Li E, Beaney T, Hayhoe BWJ, Car J, Clavería A, Collins C, et al.
Factors Associated With the Availability of Virtual Consultations in Primary Care Across 20 Countries: Cross-Sectional Study. *J Med Internet Res* 2025;27:e65147
doi: [10.2196/65147](https://doi.org/10.2196/65147)
<https://www.jmir.org/2025/1/e65147>

View all ICGP Staff Research Articles here:

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

GP News

Irish College of GPs - [GPs welcome success of Chronic Disease Management Programme](#)

By Irish College of GPs, 7 May 2025

The Irish College of GPs has welcomed the highly positive findings of a report on the GP led Chronic Disease Management programme, issued by the HSE. The report found that the programme was achieving a high level of impact on the health of the population and freeing up capacity in the health service - reaching over 400,000 patients, with 91% of these now receiving routine chronic disease care within the community. The report stated that participants had 30% fewer Emergency Department attendances, 26% fewer hospital admissions, and 33% fewer GP out-of-hours visits.

Irish Medical Times - [It's a long way to the top](#)

By Prof Pierce A. Grace, 11 April 2025

Review of *Irish General Practice - The Long Story*

Michael V. Hanna

ICGP and A.A. Farmar, Dublin, 2024, 304 pages.

This book brings to life the story, past and present, of general practice in Ireland and is a wonderful tribute to the ICGP and a celebration of the men and women who look after most of us most of the time. This book is a good read and will be of interest to Irish medical practitioners of all kinds.

Dept of Health Press Release - [Minister Carroll MacNeill announces state funded HRT will commence for women from 1 June and announces she is also covering a dispensing fee – a step forward from Budget 2025 which only covered the medication costs.](#)

By Department of Health, 15 April 2025

Minister for Health Jennifer Carroll MacNeill set out how the Budget 2025 Hormone

Replacement Therapy (HRT) initiative, which is designed to give patients access to HRT products and medicines at no charge, will be implemented, and has been developed.

Dept of Health Press Release - [Minister for Mental Health advises Government of overall reduction in suicide and self-harm rates in Ireland](#)

By Department of Health, 6 May 2025

The Minister for Mental Health, Mary Butler, has updated Cabinet colleagues about a reduction in Ireland's suicide and self-harm rates, and the level of response to the public consultation on the new suicide reduction policy currently being developed by the Department of Health. In recent years there has been significant progress in reducing incidence of suicide and self-harm, and between the years 2000 and 2021 Ireland has seen a 28% reduction in the suicide rate, falling from 12.9 per 100,000 in 2000 to 9.2 per 100,000 in 2021. This has resulted in Ireland having the 11th lowest suicide rate in the EU for all deaths, according to Eurostat data. Preliminary figures record 302 deaths by suicide in 2023, the lowest preliminary figure in over 20 years. While there is a significant time lag in reporting on deaths by suicide, and this number will revise upwards as Coroner investigations conclude, the overall decline shows progress in suicide reduction in Ireland. It's important to acknowledge every life lost to suicide is one too many, and the

government is committed to further reduction of suicide through the development and implementation of a new suicide reduction policy. Recently published data from the National Suicide Research Foundation Self-Harm Registry also highlights that between 2010 and 2023, self-harm rates decreased by 12%. Previous self-harm remains the biggest risk factor for suicide.

Dept. of Health Press Release - [Minister for Health announces GP locum cover support for 239 GPs in rural and remote areas commencing Summer 2025](#)

By Department of Health, 7 May 2025

Minister for Health Jennifer Carroll MacNeill has announced the implementation of a new locum support initiative, providing access to locum cover for up to 239 General Practitioners (GPs) in rural and remote areas commencing Summer 2025. This programme, developed under the terms of the 2023 GP Agreement, addresses a critical need for rural GPs who often face significant challenges in securing cover for periods of planned leave. Under this arrangement, GPs in receipt of rural practice supports will now have access to a streamlined locum sourcing service. While the GPs themselves will cover the cost of the locum, the Health Service Executive (HSE) will bear the cost of securing the locum, ensuring GPs have the necessary support to maintain continuity of care to their patients in their communities.

Reports

HSE - The Third Report of the Structured Chronic Disease Management Treatment Programme in General Practice (May 2025)



The Third Report of the Chronic Disease Management Treatment Programme (CDM) gives results on over 400,000 patients for the first 4 years of the programme. Over 91% of patients now receive routine chronic disease care within community settings, demonstrating a successful shift away from hospital reliance. Significant improvements in biometric and lifestyle risk factors, including blood pressure, vaccine status, smoking and vaping habits weight and BMI have been achieved. Additional insights from clinical results are presented, such as electrocardiogram (ECG) results, spirometry and blood test results. The clinical data shows that the programme contributes significantly to good blood pressure, LDL cholesterol and HbA1c control in patients enrolled, hence these results support the further extension of the programme by the Department of Health in 2023 and 2025 to include other high risk cardiovascular conditions.

The Programme has been widely embraced by General Practitioners (GPs) and patients alike, with a 97% participation rate among GPs across Ireland and 80% for patients of all ages. This high level of engagement underscores the programme's effectiveness and acceptance within the community.

ICGP colleagues have audited patients' unscheduled care utilisation pre and post enrolment in the CDM and have found substantial reductions. Participants enrolled in the programme experienced:

- 30% fewer ED attendances,

- 26% fewer hospital admissions, and
- 33% fewer GP out-of-hours attendances compared to their pre-enrollment rates.

 **Read the Report:** [third-chronic-disease-report.pdf](#)

Deep End Ireland - Deep End Ireland Policy Document on Drug Services in Ireland (18th March 2025)

Deep End Ireland Recommendations for Improving Drug Services in Ireland

1. Expand dual diagnosis services to provide integrated mental health and addiction support, particularly in deprived areas. Dual diagnosis services need to also expand their remit to include all substances and alcohol.
2. Increase the availability of residential detox and stabilisation beds to ensure those struggling with complex addictions have a pathway to recovery.
3. Invest in trauma-informed care within primary care settings, including enhanced funding for services such as the National Counselling Service. These services must be equipped to manage complex dual diagnosis cases and be easily accessible within the most deprived communities. Additionally, trauma-informed care training must be provided for GP teams to ensure they are adequately prepared to support individuals with a history of trauma.
4. Improve access to a range of psychological therapies within areas of deprivation, including addiction counselling, pain management programs, and a variety of psychological therapies suited to different needs. Given the transgenerational nature of addiction, expanding access to family therapy should also be a priority.
5. Formal recognition and appropriate resourcing for the critical role that GPs play in providing frontline mental health and addiction care.

 **Read the Report:** [Deep End Ireland Policy Document on Drug Services in Ireland — Deep End Ireland](#)



Houses of the Oireachtas Library & Research Services - Research Matters

Research Matters - Key Issues for the 34th Dáil and 27th Seanad is compiled by expert researchers from the Parliamentary Research Service in the Houses of the Oireachtas Library and Research Service as a collection of articles about topics that Members will likely be grappling with over the coming years. Each article identifies ways in which Members, as legislators and parliamentarians, can engage meaningfully with the issues outlined.

The following articles are relevant to Health:

[A harm-reduction approach to drug use](#)

The move towards a harm-reduction approach to drug usage poses new considerations for parliament. The diversity of drug usage in Ireland and the approach to decriminalisation in other jurisdictions may frame the development of future policy and legislation.

[Electronic health records and citizen access to health information](#)

Ireland is considered a laggard in terms of citizen access to electronic health records. Enacting new legislation would provide the legal basis to share health information for patient care and treatment.

Contact Us: library@icgp.ie

Do not attempt CPR orders

Policy makers and legislators can shape how a future national Do Not Attempt CPR Order system will operate in Ireland. There are lessons from Wales to consider and the new electronic health record system could be a potential lever for positive change.

Read the Report: [Research Matters – Houses of the Oireachtas](#)



HRB - Prevalence of problematic opioid use in Ireland, 2020-2022 (16th April)

In 2022, it was estimated that approximately 19,460 people in Ireland had problem opioid use. The report finds that use among 15-34-year-olds continues to decline, while levels of problem opioid use among people aged 35-64 have increased, with over three-in-four problem opioid users in this category.

Main findings

- In 2022, it was estimated that approximately 19,460 people in Ireland had problem opioid use
- A significant majority of these people were male (68%)
- Over three-quarters (75%) were in the older age group of 35-64-year-olds
- There were an estimated 11,100 problem opioid users in county Dublin in 2022, a rate over three times higher than in the rest of Ireland

Read the Report: [HRB reports a continued decline in problem opioid use among younger people](#) | [HRB | Health Research Board](#)



WHO - World report on social determinants of health equity, 2025 (6th May 2025)

This comprehensive World report on social determinants of health equity, as requested by resolution WHA74.16, reviews the insufficient progress on meeting the Commission on Social Determinants of Health's targets on achieving health equity and focuses the narrative and action agenda on what produces and reproduces health inequities and what proven policy remedies are available. The report includes 14 specific recommendations for action within four action areas. Country examples throughout the report showcase actions and diverse strategies for actioning the report's recommendations across different contexts. The report aims to inform global, national and local policymaking, providing a foundation for coordinated action and investment in social determinants of health equity. The report was developed with input from scientific and policy advisory groups, commissioned papers and evidence reviews, extensive internal contributions across the three levels of WHO, and consultation with Member States through the Executive Board and World Health Assembly.


Read the Report: [World Report on Social Determinants of Health Equity](#)



WHO European Observatory on Health Systems and Policy - Improving reach and access to health promotion and preventive services for vulnerable children and adolescents: Experiences from five European countries (1st April 2025)

Key messages:

- Childhood and adolescence are crucial in shaping long-term health, development and well-being.
- Interventions in early childhood and health promotion tackle risk factors and their long-term negative impacts but countries do not invest enough in prevention.
- Children from disadvantaged backgrounds have higher unmet needs and worse health outcomes but also face the most difficulties accessing health and social care services.
- Multiple barriers stop vulnerable children and adolescents accessing support, including costs, administrative complexity, the fragmented links between sectors, language and health literacy.
- Targeted interventions are key in addressing disparities and in reaching among others migrants, refugees and those from disrupted family environments.
- Policy-makers can improve health promotion and preventive services for children and adolescents through three key pathways:
 1. Strategic collaboration across health, social and educational sectors is vital in tackling the underlying determinants of health which cannot be addressed by one sector alone.
 - Encouraging bottom-up approaches fosters effective innovation.
 - Combining bottom-up approaches with top-down government support helps ensure the resources to implement, scale up and sustain successful programmes.
 2. Developing robust data collection and the infrastructure to share data facilitates work across sectors.
 - Building systems that collect and share high-quality information enables collaboration between healthcare, social services and education.
 - Systematically integrating data and programme evaluations helps highlight what works or doesn't work and the policy responses needed.
 3. Supporting targeted interventions with tailored outreach initiatives can overcome access barriers.
 - Communication campaigns, engaging a mix of stakeholders and expanding school health service can reach vulnerable children and adolescents.
 - Introducing navigators or coordinators to guide families through service options helps vulnerable children and adolescents get support.
 - Linking parent and child healthcare fosters holistic and better integrated care.

 Read the Report: [Improving reach and access to health promotion and preventive services for vulnerable children and adolescents: Experiences from five European countries](#)



Medical Council - Doctor & Patient views on reforming the Complaints Model (April 2025)

The primary objective of the Complaints Model Framework project is to develop a policy that informs and makes recommendations on a re-envisioned complaints model. It will enable the Medical Council to reflect on existing approaches and explore how to rebalance its regulatory model through the adoption of a proportionate, risk-based and agile approach. The aim is to create a pathway to manage complaints appropriate to risk.

This research study facilitates engagement and discourse by patients and doctors on key issues relating to the Medical Council's complaints process with a view to exploring and informing a revised complaints model that fosters transparency, efficiency, effectiveness and acceptance by key stakeholders.

 **Read the Report:** <https://www.medicalcouncil.ie/news-and-publications/publications/doctor-patient-views-on-reforming-the-complaints-model.pdf>

EBM round-up



NMIC Therapeutics Today (April 2025)

In this month's Therapeutics Today:

- **Guidance and advice**
- **Regular features:**
 - **HSE Antibiotic Prescribing**
 - **Medication Safety Minutes**
 - **Health Products Regulatory Authority updates**
- **Signposting**

 **View [April issue](#).**

NMIC Therapeutics Today (May 2025)

In this month's Therapeutics Today:

- **Guidance and advice**
- **Regular features:**
 - **HSE Antibiotic Prescribing**
 - **Medication Safety Minutes**
- **Signposting**

 **View [May issue](#).**

Forum of Irish Postgraduate Medical Training Bodies - The Global Health Curriculum for Specialist Medical Training in Ireland

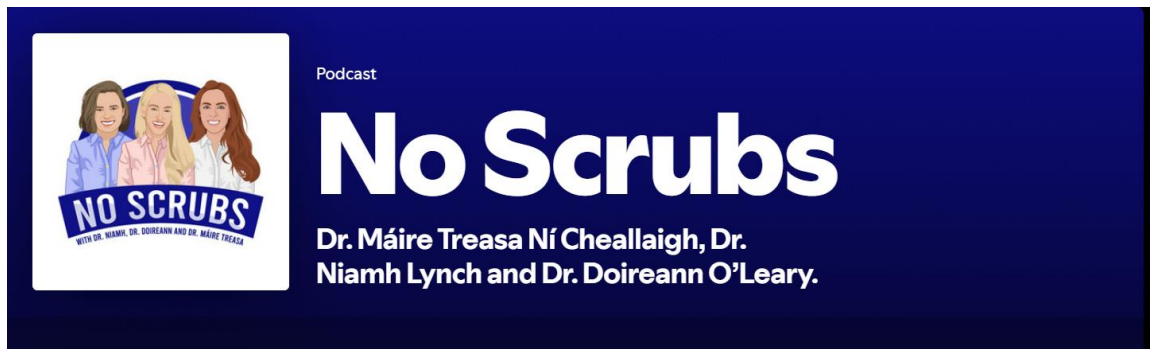
This comprehensive curriculum has been developed by the Global Health Committee of the Forum of Irish Postgraduate Medical Training Bodies to support your professional development in global health.


This course is currently hosted by the Irish Global Health Network. For any questions or assistance, feel free to contact us at <mailto:training@globalhealth.ie>.

 **View [Global Health Emodules - Global Health](#)**

No Scrubs Podcast

This podcast by three medical doctors, Dr. Máire Treasa Ní Cheallaigh, Dr. Niamh Lynch and Dr. Doireann O'Leary discusses things like weight management meds, patient blaming, skin and hair and so much more.



 **Listen [No Scrubs | Podcast on Spotify](#)**

HSE - Walk and Talk Improvement Podcast

This All Ireland podcast aims to improve patient care by capturing the personal stories of people who work in and use health services regarding patient safety and quality improvement. The series is co-produced by patient partners and members of the Health and Social Care Quality Improvement (HSCQI) Northern Ireland and HSE National Quality and Patient Safety (NQPS) teams.

The latest episode features Donald M. Berwick, one of the leading scholars, teachers, and advocates in the world for the continual improvement of health care systems. Don shares his extensive experience and insights on leadership, intrinsic motivation, and quality improvement.

 **Listen [Walk and Talk Improvement | HSE National Quality and Patient Safety \(NQPS\) and Health and Social Care QI Northern Ireland \(HSCQI\)](#)**

Irish Articles

1. McCluskey P, Hassabo M, Zainal MT, Browne J, Ntlholang O. **The use of proton pump inhibitors in patients aged 65 years and above in an academic tertiary referral hospital.** *Ir Med J*; April 2025; Vol 118; No. 4; P61.

Full-text: <https://imj.ie/the-use-of-proton-pump-inhibitors-in-patients-aged-65-years-and-above>

Abstract: Proton Pump inhibitors (PPIs) are among the world's most frequently prescribed medications. PPIs are generally well tolerated though are associated with adverse effects ranging from decreased absorption of concomitant medications to *C. difficile* infection. Due the innocuous perception on PPIs they are prescribed with less scrutiny. To understand PPIs' current prescribing patterns, indications, and durations in patients 65 years and over admitted to general medical teams within our institution. PPIs lack relevant documentation and may be inappropriately prescribed.

2. Prendergast C, Ryan J, Barry LA, Galvin R, Cummins NM. **Consensus between healthcare professionals on the "appropriateness" of attendances in an Irish emergency department.** *Ir J Med Sci.* 2025 May 2. doi: 10.1007/s11845-025-03961-0.

Full-text: <https://link.springer.com/article/10.1007/s11845-025-03961-0>

Abstract: Non-urgent care attendances to the emergency department (ED) increase the strain on this sector. Identification of patients who may benefit from appropriate alternative care pathways may serve to lessen ED crowding. However, healthcare professionals from different specialties may differ in their opinion of what is an appropriate use of ED services. The study aims to establish the consensus between healthcare professionals, from different specialties, on the appropriateness of attendances to an Irish ED. Despite agreement that there was "inappropriate" use of ED services, healthcare professionals from different backgrounds did not reach a general consensus on which attendances were inappropriate. Therefore, expectations regarding patients' ability to self-assess illness or injury severity related to ED attendances may not be reasonable.

3. Larkin J, Smith SM, Christensen LD, Voss TS, Vestergaard CH, Paust A, Prior A. **The association between multimorbidity and out-of-pocket expenditure for prescription medicines among adults in Denmark: A population-based register study.** *Res Social Adm Pharm.* 2025 Jul;21(7):549-558. doi: 10.1016/j.sapharm.2025.03.009. Epub 2025 Mar 17. PMID: 40121125.

Full-text:

<https://www.sciencedirect.com/science/article/pii/S1551741125000889?via%3Dihub>

Abstract: Multimorbidity, defined as two or more chronic conditions in an individual, is increasing in prevalence and is associated with polypharmacy. Polypharmacy can lead to increased out-of-pocket payments for prescription medicines. This, in turn, can be associated with cost-related non-adherence and impoverishment. Healthcare in Denmark is mostly free at the point-of-use; prescription medicines are one of the only exceptions. To examine the association between multimorbidity and annual out-of-pocket prescription medicine expenditure for adults in Denmark. For adults in Denmark, multimorbidity was associated with significantly higher out-of-pocket prescription medicine expenditure, even after controlling for demographic and socioeconomic covariates. This is similar to patterns

in other countries and likely affects those with lowest income the most, given the known socioeconomic patterning of multimorbidity, and raises concerns about cost related non-adherence. Potential protective mechanisms could include subsidies for certain vulnerable patient groups (e.g. those with severe mental illness) and low-income groups.

4. Murphy R, Waters R, Murphy A, McDermott S, Reddin C, et al. **Risk-based screening for the evaluation of atrial fibrillation in general practice (R-BEAT): a randomized cross-over trial.** *QJM*. 2025 Mar 1;118(3):166-173. doi: 10.1093/qjmed/hcaf001.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12051387/>

Abstract: The optimal approach to the diagnosis of atrial fibrillation in primary care is unclear. To determine if external loop recorder (ELR) screening improves atrial fibrillation detection in community-dwelling adults with a CHA2DS2-VASc score of greater than two. Among older community-dwelling adults with a CHA2DS2-VASc score of greater than two, screening with ELR for one week was associated with a 5.5% incremental detection of new atrial fibrillation over usual care.

5. McCarthy C, Moynagh P, Fahey T, Boland F, Moriarty F. **Core medication use in general practice prescriptions: A pilot study evaluating the Drug Utilization 90% Index in Irish general practice.** *Br J Clin Pharmacol*. 2025 Apr;91(4):1241-1249. doi: 10.1111/bcp.16356. Epub 2024 Dec 8.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11992658/>

Abstract: The Drug Utilization 90% Index (DU90%), the number of medicines making up 90% of a doctor's prescribing, is a simple tool that can be used to describe core prescribing patterns. This research aimed to pilot the application of the DU90% in the Irish context, to investigate the relationship between the DU90% and prescriber and practice characteristics and prescribing quality. Applying the DU90% to Irish general practice prescriptions is feasible, revealing that GPs typically use 140 medicines in the bulk of their prescribing.

6. O'Connor L, Delaney S, Hanlon M, Hayes P, McCarthy C, et al. **Identifying research priorities for chronic disease management in primary care: results of an Irish James Lind Alliance Priority Setting Partnership.** *BMC Prim Care*. 2025 Apr 26;26(1):131. doi: 10.1186/s12875-025-02822-0.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12032698/>

Abstract: Chronic conditions are extremely common, with approximately 1 million people in Ireland currently affected by the four most common chronic conditions alone. This is expected to significantly increase in the near future due to Ireland's aging population. Identifying the priorities of patients, carers, and healthcare professionals for primary care research in chronic condition management could ensure future work is relevant and that resulting service changes and policy decisions align with the needs of those most affected. The resulting top ten research priorities offer a starting point for funding bodies and researchers to ensure that future primary care research in chronic condition management is relevant, meaningful, and impactful. The top ten priorities reflect current Irish and global challenges in healthcare, with top items including communication, non-pharmacological treatments, and multidisciplinary care.

7. Doherty AS, Moriarty F, Boland F, Clyne B, Fahey T, Kenny RA, O'Mahony D, Wallace E. **Prevalence of potentially inappropriate prescribing in community-dwelling older adults: an application of STOPP/START version 3 to The Irish Longitudinal Study on Ageing (TILDA).** *Eur Geriatr Med*. 2025 Apr 28. doi: 10.1007/s41999-025-01201-3. Epub

ahead of print. PMID: 40295430.

Full-text: <https://link.springer.com/article/10.1007/s41999-025-01201-3>

Abstract: Potentially inappropriate prescribing includes prescribing potentially inappropriate medicines (PIMs), where risk of medication-related harm may outweigh the clinical benefit(s), and potential prescribing omissions (PPOs), whereby clinically indicated medications are unprescribed without good reason. This study aimed to assess prevalence of PIMs and PPOs (subset of STOPP/START version 3) in older community-dwelling adults and any association with healthcare utilisation and functional decline over time. Approximately one-third of study participants experienced STOPP PIMs, associated with an increased risk of hospital admissions and functional decline. START PPOs also occurred in over one-third, associated with increasing age and degree of multimorbidity. Balancing the risk: benefit of medications for older people with multimorbidity remains challenging.

8. Alexander L, Rajiah K, Courtenay A, Ali N, Abuelhana A. **Confidence, Barriers, and Role Identity of General Practice Independent Pharmacist Prescribers in Northern Ireland.** *Healthcare (Basel)*. 2025 Apr 18;13(8):933. doi: 10.3390/healthcare13080933.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12027101/>

Abstract: The role of General Practice Independent Pharmacist Prescribers (GPIPPs) has expanded significantly in primary care, with increasing responsibilities in medicines optimisation and chronic disease management. However, gaps remain in understanding their confidence in clinical decision-making, the barriers they face, and their professional identity within multidisciplinary teams. This study aimed to explore GPIPPs' confidence, identify barriers to their prescribing autonomy, and assess the clarity of their role and their support within primary care settings in Northern Ireland. The study highlights that while GPIPPs are confident in their prescribing roles, significant barriers such as indemnity concerns, training gaps, and role ambiguity hinder their full potential. Policy-level changes, including clearer indemnity policies, enhanced training programs, and standardised mentorship, are essential to optimise GPIPPs' integration and effectiveness in primary care. Addressing these challenges will ensure that GPIPPs can fully contribute to patient care as autonomous prescribers.

9. Frydenlund J, Cosgrave N, Moriarty F, Wallace E, Kirke C, Williams DJ, Bennett K, Cahir C. **Adverse drug reactions and events in an Ageing PopulaTion risk Prediction (ADAPTiP) tool: the development and validation of a model for predicting adverse drug reactions and events in older patients.** *Eur Geriatr Med*. 2025 Apr;16(2):573-581. doi: 10.1007/s41999-024-01152-1. Epub 2025 Jan 17. PMID: 39821882.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12014759/>

Abstract: Older people are at an increased risk of developing adverse drug reactions (ADR) and adverse drug events (ADE). This study aimed to develop and validate a risk prediction model (ADAPTiP) for ADR/ADE in older populations. Using accessible information from medical records, ADAPTiP can help clinicians to identify those older people at risk of an ADR/ADE who should be monitored and/or have their medications reviewed to avoid potentially harmful prescribing.

10. O'Caoimh R, Cadoo S, Daly B, Molloy DW. **Comparing Short Cognitive Screening Instruments in an Outreach Memory Clinic in Primary Care.** *Int J Environ Res Public Health*. 2025 Mar 11;22(3):410. doi: 10.3390/ijerph22030410.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11942097/>

Abstract: Few studies have investigated the possibility of offering outreach from hospital-based memory clinic services to primary care. Such models could potentially improve access to specialised mental healthcare. We report on the reliability and validity of a pilot

cognitive screening pathway in general practice (GP) in Ireland. Consecutive patients with memory complaints attending two primary care clinics were screened and diagnosed clinically by a physician-run memory clinic in GP. Follow-up in secondary care confirmed the diagnosis. Inter-rater reliability (IRR) and diagnostic validity of the Quick Mild Cognitive Impairment (*Qmci*) screen was compared to the Montreal Cognitive Assessment (MoCA) and General Practitioner Assessment of Cognition (GPCOG). In all, 63 patients, 31 with subjective memory complaints (SMC), 16 with mild cognitive impairment and 16 with dementia were screened. Their median age was 73 and 67% were female. The IRR of the *Qmci* screen between GP and clinic was excellent ($r = 0.89$). The *Qmci* was more accurate than the GPCOG in identifying cognitive impairment; the area under the curve (AUC) was 0.95 versus 0.80 ($p = 0.008$). The *Qmci* and MoCA had similar accuracy, with an AUC of 0.95 versus 0.91 ($p = 0.117$), respectively, but was significantly shorter ($p < 0.001$), suggesting it may be a useful instrument in this setting. Based on these results, a definitive study is now planned to examine the benefits and challenges of utilizing these instruments as part of establishing an outreach memory clinic service in primary care.

11. McGuinness D, Frazer K, Brennan S, Bhardwaj N, Cornally P, et al. **Breastfeeding related knowledge, attitudes, perceptions and practices of primary healthcare professionals in Ireland: A national cross-sectional survey.** *PLoS One*. 2025 Apr 9;20(4):e0320763. doi: 10.1371/journal.pone.0320763.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11981121/>

Abstract: Global research identifies the importance of breastfeeding, including the World Health Organisation in developing recommendations and noting over 800,000 child lives would be saved each year if breastfeeding was adopted following the recommendations of WHO/UNICEF. There is limited published data exploring breastfeeding knowledge, attitudes, perceptions and practices [KAPP] of health care professionals employed in primary care. Recent Irish evidence from one local geographical area identified general practitioners and general practice nurses [GPs and GPNs] received limited formal breastfeeding education within undergraduate or postgraduate education programmes and were interested in undertaking further professional development, education and training. This national study reports low engagement with a national KAPP survey. There is inadequate preparation of primary healthcare professionals both theoretically and clinically to promote, protect and support breastfeeding in the primary healthcare setting, and has important implications for supporting wellbeing and shaping population health and achieving sustainable development goals.

12. O'Flynn J, McMorrough R, Foley T, Forde R, McHugh S, Newman C, Jennings AA. **The long-term general practice healthcare of women with a history of gestational diabetes: A Scoping Review Protocol.** *HRB Open Res*. 2025 Apr 10;8:31. doi: 10.12688/hrbopenres.14022.2.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11992512/>

Abstract: Gestational Diabetes Mellitus (GDM) is a hyperglycaemic condition diagnosed during pregnancy. GDM is strongly associated with future development of type 2 diabetes and cardiovascular disease. Lifestyle and pharmacological interventions can reduce the risk of developing type 2 diabetes. General practice is the recommended setting for long-term follow-up of women with a history of GDM. However, rates of follow-up are suboptimal. The evidence around long-term general practice healthcare for women with a history of GDM has not previously been reviewed. The aim of this scoping review is to explore the current evidence base for the long-term care of women with a history of GDM

in general practice. The findings of this scoping review will have the potential to inform future research efforts in the area.

13. O'Reilly N, Smithwick E, Murphy E, Jennings AA. **The challenges experienced by Ukrainian refugees accessing General Practice: a descriptive cross-sectional study.** *Fam Pract.* 2025 Feb 7;42(2):cmf012. doi: 10.1093/fampra/cmf012.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11920865/>

Abstract: The war in Ukraine has led to an influx of Ukrainian refugees across Europe. Internationally, there is limited research into refugees' experiences of accessing Primary Care. Furthermore, few studies have explored the experience of one homogenous refugee group. No study has explored the specific experience of Ukrainian refugees. To improve the care provided to this marginalized group it is important to understand the challenges they experience. The aim of this research is to identify the barriers Ukrainian refugees experience when accessing General Practice in Ireland. At a time of significant capacity challenges in General Practice it is paramount that resources are provided at a national level to address the challenges Ukrainian refugees currently experience.

14. Sharma AM, Birney S, Crotty M, Finer N, Segal-Lieberman G, Vázquez-Velázquez V, Vrijens B. **Determinants of adherence to obesity medication: A narrative review.** *Obes Rev.* 2025 May;26(5):e13885. doi: 10.1111/obr.13885. Epub 2025 Jan 20.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11964794/>

Abstract: Obesity Medications (OMs) are increasingly considered as an integral part of obesity management; however, like with all chronic disease medications, low adherence to these medications is often observed, impacting their therapeutic effect. Adherence to obesity medication can be affected at any phase of obesity management (weight gain, weight loss, and weight stabilization/regain) so considering the disease phase can help identify potential reasons for low adherence. Future initiatives to improve adherence to obesity medication should be a key focus of discussions at each opportunity with healthcare professionals, including thorough evaluation and targeted education, all in a supportive and stigma-free manner.

15. Keye C. **The Effect of an advanced nurse practitioner led menopause clinic on quality of life and menopausal symptoms.** *Womens Health (Lond).* 2025 Jan-Dec;21:17455057251324573. doi: 10.1177/17455057251324573. Epub 2025 Apr 2.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11967208/>

Abstract: Impact of an advanced nurse practitioner led menopause clinic Women feel there is a lack of menopause information and support. Menopause care needs practitioners who can provide accurate facts on symptoms and treatment. Advanced Nurse Practitioners have the knowledge and skills to provide high quality, safe, individualised care. An ANP led menopause clinic was set up after the ANP completed menopause courses and mentorship. A study was undertaken to assess the impact on quality of life (QoL) and menopause symptoms before and after attending the ANP menopause clinic. The information was collected using a menopause symptom assessment tool, called the Greene scale. The information was analysed using both excel and a two tailed paired t test. The ANP led menopause clinic improved the overall quality of life to a statistical significance and reduced menopausal symptom in all 20 symptoms assessed, 19 symptoms were reduced to a statistical significance. ANP led menopause clinics could be a great addition to the workforce providing patients with timely menopause care. Further studies could provide more information including co-morbidities, demographics and patient's perspective.

16. Hassan AHF, Barry HE, Hughes CM. **Perspectives of patients on the role of general practice pharmacists: a systematic review and meta-synthesis of qualitative studies.** *BMC Prim Care*. 2025 Mar 31;26(1):90. doi: 10.1186/s12875-025-02787-0.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11956316/>

Abstract: There is a scarcity of research about patients' perspectives on the role of general practice pharmacists (GPPs). In this review, we aimed to compile qualitative evidence of patients' perspectives regarding the role of GPPs. This systematic review and meta-synthesis of qualitative studies provides valuable insights into patients' perspectives on the role of GPPs. The findings highlight both positive aspects and challenges associated with GPP integration into primary care, including concerns about role awareness and accessibility. These findings suggest that while GPPs can add value to general practice teams, there is a need for improved patient education about the GPP role and enhanced accessibility to maximise the potential benefits of the GPPs.

17. Kiely B, Larkin J, Mullan K, Tuathail MÓ, Coughlan E, Marshall D, Fitzgerald M, O'Reilly F. **Prevalence of psychological distress detected by the PROTECT and PHQ4 questionnaires and subsequent mental health diagnosis. A cross sectional analysis of the outcomes of new arrival health assessments for refugees and asylum seekers in Ireland.** *J Migr Health*. 2025 Feb 28;11:100317. doi: 10.1016/j.jmh.2025.100317.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11951198/>

Abstract: The mental health needs of refugees and asylum seekers are often unmet. Many screening methods for mental health problems in refugees and asylum seekers have been suggested, but the optimal method for identifying those at risk has not been determined. The PROTECT questionnaire and the Patient Health Questionnaire 4 (PHQ4) are two tools currently being used to identify refugees and asylum seekers at risk of mental health problems in Ireland, but there is limited data on the prevalence of positive scores or risk factors for these to inform health service planning. Rates of depression, anxiety and PTSD were similar to other studies. There was a strong correlation between PHQ4 scores and PROTECT but with PROTECT ultimately identifying more cases of depression and PTSD, suggesting it may be reasonable to use it alone. Whichever screening tool is used, adequate healthcare resources need to be available for further assessment and treatment. Participants from Syria were less likely to have a positive score compared to others and further research is required to understand the reasons for this.

18. McElhinney Z, Laidlaw A, Scully R, Gordon L, Kennedy C. **How can we promote academic GP careers? A qualitative framework analysis of factors affecting the development of the academic GP workforce.** *BMJ Open*. 2025 Mar 26;15(3):e091833. doi: 10.1136/bmjopen-2024-091833. PMID: 40139708; PMCID: PMC11950926.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11950926/>

Abstract: General practice continues to be an under-represented career choice among medical school graduates, and the retention of the general practitioner (GP) workforce remains challenging. Academic general practice (AGP) is vital to the development of the evidence base for general practice and the education of the next generation of doctors and GPs. Academic careers and portfolio careers in general practice are seen as a means of increasing retention of GPs in the profession. However, AGP remains largely invisible to many and the number of AGPs is declining. There is no clear understanding of the reasons for this. The aim of this study was to explore factors that inhibit and promote AGP careers. GPs encountered barriers to entering AGP at multiple levels. Lack of clarity and visibility of training pathways, including the lack of clear routes into academia at multiple career stages, were significant barriers, as were the effects of taking on academic work on overstretched practices, and relative job insecurity and lower pay in academic careers. The

findings of this research demonstrate that unless the structural issues affecting the profession more generally are addressed, significant barriers to pursuing AGP careers will remain.

19. Dolan S, O'Regan A. **How can physical activity promotion be optimised in general practice: a narrative review of the literature.** *Ir J Med Sci.* 2025 Mar 21. doi: 10.1007/s11845-025-03932-5.

Full-text: <https://link.springer.com/article/10.1007/s11845-025-03932-5>

Abstract: Physical inactivity is a significant contributor to preventable chronic health conditions worldwide. General practice has been identified as a setting to improve physical activity levels through exercise promotion during consultations. However, physical activity promotion in general practice is unstructured and suboptimal. The aim of this study is to review the literature pertaining to factors that influence physical activity promotion in general practice and to answer the research question: what are the experiences of patients and GPs with physical activity promotion in consultations? General practice has the potential to effectively promote physical activity but system- and practitioner-level changes are necessary to achieve meaningful change.

20. Gillespie P, Moriarty F, Smith SM, Hobbins A, Walsh S, Clyne B, Boland F, McEnteggart T, Flood M, Wallace E, McCarthy C; SPPIRE Study team. **Cost effectiveness of a GP delivered medication review to reduce polypharmacy and potentially inappropriate prescribing in older patients with multimorbidity in Irish primary care: the SPPIRE cluster randomised controlled trial.** *Eur J Health Econ.* 2025 Apr;26(3):427-454. doi: 10.1007/s10198-024-01718-7. Epub 2024 Aug 27.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11937149/>

Abstract: Evidence on the cost effectiveness of deprescribing in multimorbidity is limited. To investigate the cost effectiveness of a general practitioner (GP) delivered, individualised medication review to reduce polypharmacy and potentially inappropriate prescribing in older patients with multimorbidity in Irish primary care. The study observed a pattern towards dominance for the SPPIRE intervention, with high expected cost effectiveness. Notably, observed differences in costs and outcomes were consistent with chance, and missing data and related uncertainty was non trivial. The cost effectiveness evidence may be considered promising but equivocal.

Research Articles

1. McCarthy CP, Bruno RM, Rahimi K, Touyz RM, McEvoy JW. **Global and European landscape of major hypertension guidelines.** *Lancet.* 2025 Mar 15;405(10482):874-876. doi: 10.1016/S0140-6736(24)02795-8. Epub 2025 Jan 15. PMID: 39826557.

Full-text: [https://linkinghub.elsevier.com/retrieve/pii/S0140-6736\(24\)02795-8](https://linkinghub.elsevier.com/retrieve/pii/S0140-6736(24)02795-8)

Abstract: Elevated blood pressure is the most important risk factor for cardiovascular disease. Numerous clinical practice guidelines for blood pressure coexist, emanating from European, North American, Asian, and global medical societies. These blood pressure guidelines are scrutinised for their differences, with the focus typically on how they deviate. Little attention is given to why they differ. The 2024 European Society of Cardiology (ESC) guidelines create an opportunity to take a fresh look at the current landscape of major hypertension guidelines, emphasising the potential reasons these guidelines differ and whether these reasons matter to clinicians and patients. To this end, we consider hypertension definitions and blood pressure treatment thresholds and targets

in the 2024 ESC guidelines, the 2023 European Society of Hypertension (ESH) guidelines, and the 2017 American guidelines.

2. Docking S, Sridhar S, Haas R, Mao K, Ramsay H, Buchbinder R, O'Connor D. **Models of care for managing non-specific low back pain.** *Cochrane Database Syst Rev.* 2025 Mar 7;3(3):CD015083. doi: 10.1002/14651858.CD015083.pub2.

Full-text: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD015083.pub2/full>

Key messages:

- Compared to usual care, alternative care models probably do not appreciably improve the quality of care for people with low back pain in terms of referrals to or use of any lumbar spine imaging and prescription or use of opioids.
- Alternative care models do not make an important difference to the level of pain or back-related function.
- We are less certain of the effects on lumbar spine surgery, hospitalisation, and total adverse (unwanted or harmful) events.

3. Dissanayake HA, Warner B, Hannon AM, Pofi R, Mihai R, James T, Shine B, Ray DW, Tomlinson JW, Pal A. **Is It Possible to Screen for Primary Aldosteronism Effectively in Primary Care?** *Clin Endocrinol (Oxf).* 2025 Apr 7. doi: 10.1111/cen.15247.

Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/cen.15247>

Abstract: Primary aldosteronism (PA) is the commonest secondary cause of hypertension but case-detection remains a challenge. Screening is usually performed in secondary care using an aldosterone:renin ratio (ARR) measurement. Here, we describe the outcomes of screening in primary care, in Oxfordshire, UK. Screening for PA in primary care with ARR is feasible with modest concordance and comparable sensitivity to secondary care testing. Simple referral criteria and raising awareness among primary care colleagues could ensure appropriate referral to secondary care.

4. Hurt RT, Stephenson CR, Gilman EA, Aakre CA, Croghan IT, Mundi MS, Ghosh K, Edakkanambeth Varayil J. **The Use of an Artificial Intelligence Platform OpenEvidence to Augment Clinical Decision-Making for Primary Care Physicians.** *J Prim Care Community Health.* 2025 Jan-Dec;16:21501319251332215. doi: 10.1177/21501319251332215.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12033599/>

Abstract: Artificial intelligence (AI) platforms can potentially enhance clinical decision-making (CDM) in primary care settings. OpenEvidence (OE), an AI tool, draws from trusted sources to generate evidence-based medicine (EBM) recommendations to address clinical questions. However, its effectiveness in real-world primary care cases remains unknown. To evaluate the performance of OE in providing EBM recommendations for five common chronic conditions in primary care: hypertension, hyperlipidemia, diabetes mellitus type 2, depression, and obesity. OE was rated high in clarity, relevance, and evidence-based support, reinforcing physician decisions in common chronic conditions. While the impact on CDM was minimal due to the study's retrospective nature, OE shows promise in augmenting the primary care physician. Prospective trials are needed to evaluate its utility in complex cases and multidisciplinary settings.

5. Bober T, Cameron F, Alexander L, Luiggi-Hernandez JG, Rometo D, et al. **Characterizing obesity: A qualitative study.** *Obes Pillars.* 2025 Apr 2;14:100174. doi: 10.1016/j.obpill.2025.100174.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12008540/>

Abstract: The prevalence of obesity among US adults has risen over the past several decades. In addition to bariatric surgery and behavioral weight management, several effective anti-obesity medications have emerged in the last ten years and become increasingly available. The goal of this qualitative study is to explore the perspectives of people with obesity (PwO), health professionals (HPs), and payors on obesity management and treatments. This qualitative study of people with obesity, health professionals, and payors demonstrated current views of addressing and treating obesity in clinical settings. These findings could spur person-centered, less stigmatizing methods to craft plans for weight management.

6. Andersen CA, Løkkegaard T, Nayahangan LJ, Edwards H, Iacob MS, et al. **A core curriculum of point-of-care ultrasound examinations for frontline physicians in primary care: results from a European Delphi study.** *Ultraschall Med.* 2025 Apr 16. English. doi: 10.1055/a-2590-5242. Epub ahead of print. PMID: 40239950.

Full-text: <https://www.thieme-connect.com/products/ejournals/abstract/10.1055/a-2590-5242>

Abstract: Point-of-care ultrasound (PoCUS) has found its way into primary care in some, but not all, European countries. A prerequisite for reliable and Europe-wide comparable diagnostic reliability of PoCUS performed by primary care physicians is high-quality training limited to relevant, frequently encountered PoCUS applications that are easy to learn and master. A European Federation of Societies for Ultrasound in Medicine (EFSUMB) task force commenced with a brainstorming exercise to identify all possible ultrasound examinations that could be performed in primary care. A three-stage Delphi process was launched. Delphi panellists were 95 primary care physicians from 28 European countries with more than two years of experience using and teaching ultrasound. Solely focusing on the complexity of performing PoCUS, panellists stepwise reduced the brainstorming list to a basic core curriculum intended for primary care frontline physicians including 40 diagnostic PoCUS examinations within 13 different anatomical areas and no ultrasound-guided procedures. A 75% cut-off was used for agreement. Despite the great heterogeneity of the Delphi panel representing different views and contexts from across Europe, kappa statistics showed substantial or moderate agreement across Delphi round two and three for 85% of the 40 diagnostic PoCUS applications. The results of this study offer guidance for EFSUMB to establish training recommendations for the basic core curriculum that can be adapted to the needs of different regions of Europe and thus create a basis for PoCUS to become a reliable diagnostic service in primary care across Europe, based on common quality standards.

6. Wagner A, Rind E, Burgess S, Böckelmann I, Thielmann B, et al. **Shaping a positive occupational safety climate in general practice teams-findings of the baseline survey of the cluster randomized IMPROVEjob trial.** *Front Public Health.* 2025 Apr 16;13:1477930. doi: 10.3389/fpubh.2025.1477930. PMID: 40308925; PMCID: PMC12041036.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12041036/>

Abstract: The consideration of occupational health and safety can support the creation of good sustainable working conditions in general practices and help in retaining staff and support their workability. This study aimed to assess attitudes of primary care physicians and practice assistants toward occupational safety climate, and to identify what factors are associated with a perceived positive occupational safety climate in this setting. The identification of such factors in general practice settings can serve as a basis for further developments of specific tailored interventions and offers to promote workplace safety for

GPs and practice assistants. Leadership and job satisfaction were identified as main factors shaping a positive occupational safety climate (scale company standards) in our regression model built on data from German general practices and their practice teams. The findings are consistent with a previous study conducted in the German healthcare setting. The promotion of these factors should be supported further and can probably contribute to improving the occupational safety climate in general practices in Germany.

7. Rizzo RR, Cashin AG, Wand BM, Ferraro MC, Sharma S, et al. **Non-pharmacological and non-surgical treatments for low back pain in adults: an overview of Cochrane reviews.** *Cochrane Database Syst Rev.* 2025 Mar 27;3(3):CD014691. doi: 10.1002/14651858.CD014691.pub2.

Full-text:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD014691.pub2/full>

Key messages

For acute low back pain (pain lasting less than 6 weeks)

- Advice to stay active probably reduces pain and improves function compared to advice to rest in bed.

For subacute low back pain (pain lasting from 6 to 12 weeks)

- Multidisciplinary therapies probably reduce pain compared to usual care.
- Spinal manipulation probably does not improve function compared to placebo (a 'sham' or 'dummy' treatment designed to resemble the actual treatment but lacking active ingredients or the intended therapeutic effect).

For chronic low back pain (pain lasting longer than 12 weeks)

- Acupuncture probably reduces pain and improves function compared to placebo and no treatment/usual care.
- Exercise therapies probably reduce pain and improve function compared to placebo and no treatment/usual care.
- Traction probably does not reduce pain compared to sham traction.
- Multidisciplinary therapy probably reduces pain and improves function compared to usual care.
- Psychological therapies probably reduce pain but make no difference to function compared to usual care.

8. Taylor R, Vollam S, McKechnie SR, Shah A. **Improving Outcomes in Survivors of Sepsis-The Transition from Secondary to Primary Care, and the Role of Primary Care: A Narrative Review.** *J Clin Med.* 2025 Apr 9;14(8):2582. doi: 10.3390/jcm14082582.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12028095/>

Abstract: Sepsis is defined as a life-threatening organ dysfunction caused by a dysregulated host response to infection. The number of patients with sepsis requiring critical care admission is increasing. At the same time, overall mortality from sepsis is declining. With increasing survival to hospital discharge, there are an increasing number of sepsis survivors whose care needs shift from the acute to chronic care settings. Recently, the phrase "post-sepsis syndrome" has emerged to encompass the myriad of complications in patients recovering from sepsis. The aim of this narrative review is to provide a contemporary summary of the available literature on post-sepsis care and

highlight areas of ongoing research. There are many incentives for improving the quality of survivorship following sepsis, including individual health-related outcomes (e.g., increased survival, enhanced physical and psychological health) and wider socio-economic benefits (e.g., reduced economic burden on the healthcare systems, reduced physical and psychological burden on carers, ability for individuals (and carers) to return to workforce). Modifiable factors influencing long-term outcomes can be in-hospital or after discharge, when primary care physicians play a pivotal role. Despite national and international guidance being available, this area has been under-recognised historically, despite its profoundly negative impact on both patients and their families or caregivers. Contributing factors likely include the lack of a formally recognised "disease" or pathology, the presence of challenging-to-treat symptoms such as fatigue, weakness and cognitive impairment, and the prevailing assumption that ongoing rehabilitation merely requires time. Our review will focus on the following areas: screening for new cognitive and physical impairments; optimisation of pre-existing comorbidities; transition to primary care; and palliative care. Primary care physicians may have a crucial role to play in improving outcomes in sepsis survivors, and candidate interventions include education on common complications of post-sepsis syndrome.

9. Dijkstra P, Greenhalgh G, Magdi Mekki Y, Morley J. **How to read a paper involving artificial intelligence (AI)**: *BMJ Medicine* 2025;4:e001394.

Full-text: <https://bmjmedicine.bmj.com/content/4/1/e001394>

Key messages

- Papers describing research on or with artificial intelligence (AI) are now commonplace
- Some forms of AI have an established place in clinical practice whereas others are speculative
- A preliminary framework and set of questions for appraising a paper describing an AI based decision support algorithm are described

10. Nathwani P, May L, Micallef R. **Becoming a designated prescribing practitioner: a pilot educational course**. *Educ Prim Care*. 2025 May 8:1-8. doi:

10.1080/14739879.2025.2500045.

Full-text: [Full article: Becoming a designated prescribing practitioner: a pilot educational course](#)

Abstract: With the need for an increase in non-medical prescribers (NMPs) in the NHS, there is a lack of designated prescribing practitioners (DPPs) in place to supervise trainee NMPs. An educational five-session course was developed using the Royal Pharmaceutical Society's (RPS) competency framework to support allied healthcare professional groups (HCPs) in fulfilling the role. The aim of this study was to evaluate the knowledge and confidence of learners after their attendance, on the competencies required to become a DPP. Pre and post training questionnaires were used after sessions, identifying pre-existing knowledge and confidence in the competency framework, alongside changes after the sessions, using Likert 1-10 scales, along with job details and previous DPP experience. This study was ethically approved. Responses ($n = 80$) represented all HCPs including pharmacists, nurses and paramedics. The average knowledge levels increased 4.08 after the session, from 5.09 for all HCPs to 9.17 ($p < 0.0001$). The average confidence levels increased 3.71 from 5.49 to 9.20 for all HCP's ($p < 0.0001$). Over half (64%, $n = 52$) stated they were very likely to become DPPs following this course. Almost all (90%, $n = 72$) stated that they did not require any other additional training. Additional roll outs of this educational course could help increase the number of NMPs in the NHS, aligning well with

the aims and objectives of the NHS Long-term and access recovery plan. A notable increase was felt by the HCPs in their knowledge and confidence from the sessions, therefore this study shows the benefit of running such a programme.

11. GBD 2019 Acute and Chronic Care Collaborators. **Characterising acute and chronic care needs: insights from the Global Burden of Disease Study 2019.** *Nat Commun.* 2025 May 7;16(1):4235. doi: 10.1038/s41467-025-56910-x.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12059133/>

Abstract: Chronic care manages long-term, progressive conditions, while acute care addresses short-term conditions. Chronic conditions increasingly strain health systems, which are often unprepared for these demands. This study examines the burden of conditions requiring acute versus chronic care, including sequelae. Conditions and sequelae from the Global Burden of Diseases Study 2019 were classified into acute or chronic care categories. Data were analysed by age, sex, and socio-demographic index, presenting total numbers and contributions to burden metrics such as Disability-Adjusted Life Years (DALYs), Years Lived with Disability (YLD), and Years of Life Lost (YLL). Approximately 68% of DALYs were attributed to chronic care, while 27% were due to acute care. Chronic care needs increased with age, representing 86% of YLDs and 71% of YLLs, and accounting for 93% of YLDs from sequelae. These findings highlight that chronic care needs far exceed acute care needs globally, necessitating health systems to adapt accordingly.

12. Burch P, Whittaker W, Lau YS. **Relationship between the volume and type of appointments in general practice and patient experience: an observational study in England.** *Br J Gen Pract.* 2025 May 2;75(754):e375-e381. doi: 10.3399/BJGP.2024.0276.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11966529/>

Abstract: Patient satisfaction is a significant dimension of quality in general practice and has notably declined post-COVID. Understanding the dynamics between practice activities, practice characteristics, and patient experience is vital for improving care quality. To investigate the relationship between the volume, modality (telephone or face to face), and practitioner type of general practice appointments and patient experience. Patient satisfaction and ability to have health needs met is associated with face-to-face access to GPs as well as the total volume of appointments available. The results suggest that patients' perceptions of access involve more than immediate availability of appointments or that patients may struggle to get appointments at practices offering more same-day appointments. Initiatives to improve access to, and satisfaction with, general practice should prioritise expanding face-to-face GP appointments.

13. Elwenspoek MMC, O'Donnell R, Jackson J, Dawson S, Charlwood K, et al. **Evidence-based tests to monitor adults with type 2 diabetes mellitus in primary care: rapid reviews and consensus process.** *Br J Gen Pract.* 2025 May 6:BJGP.2024.0744. doi: 10.3399/BJGP.2024.0744. Epub ahead of print.

Full-text: [Evidence-based tests to monitor adults with type 2 diabetes mellitus in primary care: rapid reviews and consensus process | British Journal of General Practice](#)

Abstract: When monitoring long-term conditions both over- and undertesting risk patient harm and increased healthcare costs. To evaluate the evidence base for type 2 diabetes mellitus (T2DM) monitoring tests and develop methods for creating evidence-based testing strategies. We found that the evidence-base for most T2DM monitoring tests is weak or absent. Clinicians should avoid non-evidence based tests unless there are

additional clinical indications for testing. Standardised evidence-based testing panels for T2DM and other long-term conditions could reduce unnecessary testing.

14. Bolton Saghdaoui L, Lampridou S, Tavares S, Lear R, Davies AH, Wells M, Onida S. **Interventions to improve referrals from primary care to outpatient specialist services for chronic conditions: a systematic review and framework synthesis update.** *Syst Rev.* 2025 May 9;14(1):103. doi: 10.1186/s13643-025-02841-z.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12063302/>

Abstract: Prior systematic reviews highlight that accessing specialist healthcare to treat chronic conditions can be obstructed by variations in referral rates, inappropriate referrals, and poor communication. Structured referral proformas, peer feedback, and educational interventions involving specialists have been identified as successful strategies for improving referral rates and appropriateness. However, the success of such interventions is often dependent on specific clinical contexts, and little is known about the practicalities of implementation. Additionally, with advancements in healthcare delivery, such as e-referral systems, there is a need to explore new interventions and how they address barriers to referral. Unsurprisingly, the success of interventions aimed at improving referral practices is based on contextual circumstances, and as with previous reviews, there is no one-size-fits-all approach. Given the challenges highlighted in this review, multi-component interventions addressing referral barriers in both primary and secondary care appear to be a successful way to improve referral practices.

15. Bhandari S, Heron N. **Recognition and Detection of Concussion in the Community: Implications for Primary Care in the UK.** *Am J Lifestyle Med.* 2025 May 4:15598276251337429. doi: 10.1177/15598276251337429. Epub ahead of print.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12052739/>

Abstract: Concussion, a subset of traumatic brain injury, is prevalent in both adults and children and can result in a range of short-term and long-term symptoms that can significantly impair an individual's overall quality of life. Lifestyle factors, such as engaging in high-impact sports may increase the likelihood of sustaining a concussion. Recently, there has been a coordinated effort to raise awareness and educate the general public about the recognition, time-critical interventions, and the associated risks. In the United Kingdom (UK), new grassroots concussion guidance advocates the importance of suspected concussions being diagnosed by a healthcare professional. This will likely lead to an influx of patients presenting to primary care as well as to other medical practitioners, such as those in accident and emergency departments. This review examines and highlights the limitations of the current diagnostic tools available to clinicians in the community and primary care settings. It compares how UK concussion practice relates to concussion practice in the United States (US) and critiques their limitations. It proposes a standardised, computer-integrated tool tailored to the time constraints of UK primary care, pending validation and patient outcome data, to improve diagnostic consistency and efficiency.

16. Ftouh S, Zucker M, Tran A, Tollerfield S, Williams K, Simpson H; Guideline Development Group. **Adrenal insufficiency: identification and management-summary of new NICE guidance.** *BMJ.* 2025 May 1;389:r330. doi: 10.1136/bmj.r330.

Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/389/bmj.r330>

What you need to know

- Adrenal insufficiency is often unrecognised and can lead to adrenal crisis and death if not identified and treated
- Offer an 8-9am serum cortisol test to people aged one year and older with suspected adrenal insufficiency
- Treat adrenal crises with hydrocortisone and fluid rehydration, and transport the patient to hospital quickly
- Discuss the following with patients who have confirmed adrenal insufficiency: sick day rules, how to administer emergency hydrocortisone, and the need for extra hydrocortisone cover when faced with stressors, including intercurrent illness

17. Clark D, Lawton R, Baxter R, Sheard L, O'Hara JK. **Do healthcare professionals work around safety standards, and should we be worried? A scoping review.** *BMJ Qual Saf.* 2025 Apr 17;34(5):317-329. doi: 10.1136/bmjqs-2024-017546.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12013549/>

Abstract: Healthcare staff adapt to challenges faced when delivering healthcare by using workarounds. Sometimes, safety standards, the very things used to routinely mitigate risk in healthcare, are the obstacles that staff work around. While workarounds have negative connotations, there is an argument that, in some circumstances, they contribute to the delivery of safe care. In this scoping review, we explore the circumstances and perceived implications of safety standard workarounds (SSWAs) conducted in the delivery of frontline care. SSWAs are used frequently during the delivery of everyday care, particularly during medication-related processes. These workarounds are often used to balance different risks and, in some circumstances, to achieve safe care.

18. Forbes AK, Gallagher H. **Initiating renin-angiotensin system inhibitors in chronic kidney disease.** *Drug Ther Bull.* 2025 Apr 2;63(4):54-58. doi: 10.1136/dtb.2023.000052.

Full-text: <https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/63/4/54>

Abstract: Chronic kidney disease (CKD) is a heterogeneous group of disorders characterised by abnormalities in kidney structure or function, present for at least 3 months. Renin-angiotensin system (RAS) inhibitors are established treatments in the management of CKD, reducing the risk of adverse kidney and cardiovascular events. Despite an extensive evidence base and decades of clinical experience, they remain underused, underdosed and frequently discontinued due to concerns about changes in kidney function and hyperkalaemia. In this article, we provide an overview of initiating RAS inhibitors in adults with CKD, highlight current guideline recommendations and offer a practical approach to dealing with the challenges associated with their use.

19. Leaver L. **Medical management of ADHD in adults: part 1.** *Drug Ther Bull.* 2025 Apr 28;63(5):74-80. doi: 10.1136/dtb.2024.000019.

Full-text: <https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/63/5/74>

Abstract: Attention deficit hyperactivity disorder (ADHD) in adults is common, impairing and often unrecognised. Comorbidity is very common and may compound the impact of ADHD. It is important that a diagnosis of ADHD is made following a high-quality assessment. Symptoms and social outcomes can be improved by treatment, particularly medication. Non-pharmacological treatment may be more effective in those who are also on medication, and psychoeducation and environmental modifications are also important. Stimulants such as methylphenidate and lisdexamfetamine are recommended first choice

medications. The choice of drug can be tailored to patients' circumstances, especially intended duration of action, then titrated week by week, according to response.

20. Grice A, Izon AS, Khan NF, Foy R, Beeken RJ, Richards SH. **Discussions about physical activity in general practice: analysis of video-recorded consultations.** *Br J Gen Pract.* 2025 Mar 27;75(753):e277-e284. doi: 10.3399/BJGP.2024.0166.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11849690/>

Abstract: Clinical guidance recommends promoting physical activity during general practice consultations. The frequency and content of physical activity discussions in UK general practice are poorly understood. To explore the content of physical activity discussions during routine consultations between patients and GPs. Physical activity advice, following national guidance, was potentially relevant to more than half of GP consultations; GPs delivered advice of varying depth in a third of these consultations. Future work should explore ways of delivering physical activity advice effectively, efficiently, and equitably within the constraints of general practice.

21. Mew R, Neal RD. **Diagnosis and management of cancer recurrence: a clinical update for GPs.** *Br J Gen Pract.* 2025 May 2;75(754):231-233. doi: 10.3399/bjgp25X741549.

Full-text: <https://bjgp-org.icgplibrary.idm.oclc.org/content/75/754/231.long>

Abstract: More timely primary diagnosis of cancer is associated with better patient outcomes, and is a priority target nationally; however, it is unclear whether the same is true for the diagnosis of cancer recurrence. The current evidence is limited and mixed, and hard to interpret because of improving cancer treatments. Recent advances in technologies for identifying cancer recurrence could facilitate earlier treatment and improve outcomes. Recurrent and metastatic cancer can now potentially be treated in a huge variety of ways and not universally with palliative intent. Understanding the role of primary care within this is important. Mean survival time from a cancer diagnosis is now over 10 years, and improving quantity and quality of life for cancer patients is a priority for the millions living beyond a cancer diagnosis. This analysis aims to summarise key evidence around how the diagnosis of cancer recurrence is changing, how this impacts on patient outcomes, and its relevance to GPs and their patients.

22. Watson A, Chopra R, Muddaiah A. **Globus: a practical guide for general practice.** *Br J Gen Pract.* 2025 May 2;75(754):237-238. doi: 10.3399/bjgp25X741573.

Full-text: <https://bjgp-org.icgplibrary.idm.oclc.org/content/75/754/237>

Abstract: Globus, Latin for globe or ball, is a common and frequently frustrating symptom in primary care. Patients describe it as a sensation of a lump or foreign body in the throat, often worse on dry or empty swallow, despite the absence of a physical obstruction or actual dysphagia.¹ Patients may describe it in other ways, such as a frog, hair, phlegm, or catarrh stuck in the throat. Although typically benign, it can be distressing and lead to specialist referrals to reassure patients and clinicians. Given its symptom overlap with serious conditions such as malignancy or neuromuscular disorders, primary care clinicians must be adept at distinguishing benign globus sensation from concerning sinister pathology. This article provides an up-to-date, practical guide to diagnosing and managing globus in primary care.

23. Ivers N, Yogasingam S, Lacroix M, Brown KA, Antony J, et al. **Audit and feedback: effects on professional practice.** *Cochrane Database Syst Rev.* 2025 Mar 25;3(3):CD000259. doi: 10.1002/14651858.CD000259.pub4.

Full-text:

Key messages

- Audit and feedback in healthcare is when a health professional's performance is evaluated and compared to professional standards (audit). Then the health professionals are given the results of the comparison (feedback), with the hope that it might help them improve their performance.
- Audit and feedback helps to improve health professional performance a little to a moderate amount. It works best when it shows health professionals how they compare to top performers, focuses on important areas for improvement, and includes tips for making changes. Audit and feedback can be even more helpful when combined with other supports like reminders or extra training.
- Future research should focus on finding the best ways to improve audit and feedback interventions.

24. Younesi, P., Haas, C., Dreischulte, T. et al. **Brief interventions for suicidal ideation in primary care: a systematic review.** *BMC Prim. Care* **26**, 167 (2025).

Full-text: <https://doi.org/10.1186/s12875-025-02848-4>

Abstract: General practitioners (GPs) play a crucial role in assessing and diagnosing suicidal ideation, often acting as the first person of contact for individuals with mental health concerns. Given the time constraints faced by primary care providers, interventions need to be brief and easily implemented. This systematic review seeks to identify, compare, and critically evaluate effective brief interventions for managing suicidality in primary care, offering a comprehensive overview and discussion of key findings. This review highlights the need for further research to adapt brief interventions for primary care suicide prevention. Given their central role in patient care, GPs are well-positioned to identify and support individuals at risk. While initial promising approaches have emerged, further research in primary care suicide prevention is needed, and interventions tailored to the GP setting must be developed.

25. Poghosyan, L., Dougherty, M., Martsolf, G.R. et al. **Dementia care management in primary care practices: a descriptive study among nurse practitioners.** *BMC Prim. Care* **26**, 164 (2025).

Full-text: <https://doi.org/10.1186/s12875-025-02855-5>

Abstract: More than 55 million people worldwide have dementia, and every year, 10 million new cases are diagnosed. In the United States (U.S.) alone, 6.9 million Americans ages 65 and older have dementia. Health systems are searching for innovative solutions to expand the primary care system's capacity to care for these patients. Advanced practice nurses such as nurse practitioners (NPs) are vital to increasing primary care capacity to meet the need, yet primary care NPs often face structural, organizational, and workforce challenges. More specifically, little is known about NPs who care for dementia patients in primary care settings. This study explored the practice structural capabilities, organizational context, and job outcomes (i.e., burnout, job dissatisfaction, and intent to leave the practice) among NPs providing care for patients with dementia in U.S. primary care practices. Given the projected growth in the number of patients with dementia and the growing workforce of NPs worldwide, policy and practice efforts should be directed toward strengthening primary care practices to provide quality care for dementia patients. Bolstering NP workforce capacity and supporting NP roles in dementia care could improve organizational capacity to provide dementia care. However,

widespread burnout among NPs found in our study could undermine their contribution to the dementia care workforce.

26. Cheng Y, Zou C, Liu C, Jia Y, Yang R, Zhang Y, Han J, Lei Y, Liao X. **Evidence-based general practice: a scoping review.** *BMC Prim Care*. 2025 May 14;26(1):161. doi: 10.1186/s12875-025-02838-6.

Full-text: <https://bmcpimcare.biomedcentral.com/articles/10.1186/s12875-025-02838-6>

Abstract: Evidence-based medicine(EBM) is widely used across various disciplines globally. However, in general practice, we need a more person-centered approach rather than a disease-centered one. The differentiation of evidence-based general practice (EBGP) is essential. This scoping review aims to extract a potential definition of EBGP and uncover its characteristics in implementation. We propose the following definition for EBGP: Applying a combination of the best available evidence, integrated within the inner and outer contexts of general practice, person preferences, and the expertise of the general practitioner to formulate shared, person-centered decisions aimed at holistic care. This definition provides a solid foundational framework for the development of EBGP guidelines and policies.

27. Correia RH, Dash D, Pasat Z, Strum RP, Aryal K, Kabir H, Potter M, Swayze E, Beaudoin P, Ward P, Siu HY. **Attributes of family physician encounters valued by older adults: a systematic review.** *BMC Prim Care*. 2025 Mar 28;26(1):87. doi: 10.1186/s12875-025-02794-1.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11954301/>

Abstract: Older adults (aged ≥ 65) are frequent users of primary care services, often presenting with unique values, needs, expectations, and preferences for family physician encounters compared to patients of younger ages. This review identified and synthesized the attributes of family physician encounters that older patients prioritize, spanning the time of accessing primary care to post-visit. Our findings synthesizing international evidence highlight which attributes matter most to older primary care patients as they age and increasingly access family physicians. These attributes can guide primary care planning, organization, and physician education/training to promote high-quality care for older adults.

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