

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

March 2025, Volume 42, no 2

Under Scrutiny - The state of general practice

 **View all Forums:**

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

General Practice Update (GPU): Clinical Support for Termination of Pregnancy in General Practice (Amended Feb 2025)

This document was amended in 2025 to reflect the updated HSE model of care which provides an enduring facility for a blended in-person and remote approach to consultations. The amendment also provides further clarifications around complications of Early Medical Abortion (EMA), in alignment with the National Women's and Infants Programme and Institute of Obstetricians and Gynaecologists National Clinical Practice Guideline on the Investigation and Management of Complications of Early termination of Pregnancy.

Read the GPU:

<https://www.irishcollegeofgps.ie/Home/Clinical-Hub/General-Practice-Updates/Sexual-and-Reproductive-Health>

GPWorks



In our latest episode of GP Works, Dr Mike O'Callaghan takes us into the fascinating world of GP data, an area that enables us to learn more about the impact of general practice on Irish healthcare. Formerly with Intel, Mike changed career to general practice and works in a busy practice in Bruff, Co. Limerick, juggling this with his role as the Clinical Lead in the Research, Policy and Information Department of the College.



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

Research Articles involving College Staff

Keenan I, Stanley F, Homeniuk R, Gallagher J, O'Callaghan M, Collins C, **Exploring Sex-Based Differences in Patient Outcomes: A Secondary Analysis of Heartwatch, an Irish Cardiovascular Secondary Prevention Programme**, *International Journal of Cardiology Cardiovascular Risk and Prevention*, 2025, 200376, <https://doi.org/10.1016/j.ijcrp.2025.200376>

Matthews C, Beecham GB, Khan M, Judge G, Afrasinei M, McCormack M, Hanley K. **Exploring experiences of less-than-full-time postgraduate medical training in Ireland and options for future improvement: a qualitative study.** *BMJ Open*. 2025 Feb 18;15(2):e093744. doi: 10.1136/bmjopen-2024-093744. PMID: 39965951; PMCID: PMC11836810. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11836810/>



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 - [PRESS RELEASE Overprescribing](#)

By Irish College of GPs, 25 February 2025

- The Irish College of GPs welcomes the publication of the report on the Overprescribing of Benzodiazepines, Z Drugs, & Gabapentinoids in Ireland.
- Solutions to overprescribing require a multifaceted approach, including timely access to suitable services for patients all over the country.

NewsTalk - [Short term drugs are being overprescribed in Ireland - new report](#)

By Molly Cantwell, 25 February 2025

Some short term drugs are being overprescribed by doctors, the Medical Council have said. A working group has published a report highlighting patient safety issues regarding the prescribing patterns of benzodiazepines, z-drugs and gabapentinoids in Ireland. The report is calling for increased resources for Primary Care counselling supports and addiction services to reduce the number of people relying on these drugs long term.

Dept. of Health Press Release - [Minister for Health highlights increase in healthcare workforce](#)

By Department of Health, 17 March 2025

The Minister for Health Jennifer Carroll MacNeill has highlighted increases in the healthcare workforce and in healthcare activity as the latest national data tables on [non-monetary healthcare statistics](#) are published. This data allows researchers and the wider public timely access to national information and provides them with a better understanding of Ireland's data on a range of health topics. The tables published include national healthcare statistics compiled by the Department of Health as part of the Non-Monetary Health Care Statistics questionnaire, administered jointly by Eurostat, the OEC and the World Health Organization (WHO). This will be the third edition of the annually published tables, prior to their release by Eurostat and the Organisation for Economic Co-operation and Development (OECD).

Minister Carroll MacNeill said: "Data for 2024 shows a steady increase in the healthcare workforce in Ireland. There is a 4% rise in physicians, a 3% rise in midwives, and a 6% rise in nurses compared to 2023. Additionally, there has been a consistent increase in graduates in these fields."

Dept of Health - [Minister for Health welcomes the publication of the European Health Data Space Regulation](#)

By Department of Health, 5 Mar 2025

The Minister for Health Jennifer Carroll MacNeill has welcomed the publication of the EU Regulation on the European Health Data Space (EHDS) in the Official Journal of the European Union. The EHDS Regulation will enter into force on the 26 March 2025 and will take direct effect in all EU Member States.

The EHDS Regulation is set to revolutionise healthcare by:

- empowering individuals with better access to their personal electronic health data
- enabling health professionals to access relevant health data for seamless healthcare delivery across the EU (primary use of data)
- facilitating access to health data for research, innovation, policy-making, and regulatory activities (secondary use of data)

This will be achieved by:

- providing a common governance framework and harmonised infrastructure for the safe and secure exchange of electronic health data across the EU
- facilitating the use of EU standardised and interoperable electronic health records (EHRs) and harmonisation of EHR systems
- establishing key fundamental patient rights surrounding personal electronic health information

Dept of Health - [Minister Carroll MacNeill launches the new HSE Health App](#)

By Department of Health, 25th February 2025

Minister for Health Jennifer Carroll MacNeill has announced the launch of the new Health Service Executive (HSE) Health App. This innovative tool empowers patients by providing easy access to their health information and will become the digital front door for patients in the coming months and years to navigate and access the health service.

The first release includes functionality that allows people to:

- carry a digital list of self-declared medications and see a list of medicines received through the Drugs Payment Scheme or Medical Card Scheme
- store your European Health Insurance Card (EHIC), medical card, Long-term Illness card (LTI), Drugs Payment Scheme card (DPS) and GP Visit card
- access 'flu and COVID-19 vaccination records
- easily find information about HSE services, such as Emergency Departments and Injury Units
- view maternity service appointments (for expectant mothers)

RCSI - [New digital tool launched by RCSI to monitor prescribing trends in Ireland - Royal College of Surgeons in Ireland](#)

By RCSI, 13 Mar 2025

A new digital tool, developed by researchers at RCSI University of Medicine and Health Sciences, will provide real-time insights into prescribing trends in Ireland. The interactive platform, known as RxTrends, enables healthcare professionals, policymakers and researchers to analyse national prescribing patterns, offering a valuable resource for decision-making and policy development.

The Journal - [Ireland already has some medical deserts - and it's been getting worse](#)

By The Journal Investigates, 18 Mar 2025

IRELAND IS ONE of few EU countries where the patient load of GPs has increased over the




past decade. Each GP has an average of 100 extra people in their catchment area due to a surge in population that has not been matched by an equivalent rise in doctors here, *The Journal Investigates* can reveal. Experts told us that this is exacerbating a primary care crisis, where GPs are firefighting to treat ageing and growing communities who are finding it more difficult to get access to care.

Voxeurop - Healthcare: Europe is short of general practitioners

By Adrian Burtin, 18 February 2025

Europe is facing a shortage of doctors in all specialities. The shortage of general practitioners is a particular problem. GPs are ageing and unevenly distributed, and the profession is struggling to attract new recruits, data show.

Europe is running out of general practitioners. As populations age and healthcare demand soars, GPs are retiring faster than they're being replaced. Even in high-income countries like Norway and Denmark, the shortage is hitting hard.

-  1 in 3 doctors in the EU is over 55
-  Rural areas are struggling the most
-  It takes 2 young doctors to replace 1 retiring GP

Reports

Multiagency Working Group on Over Prescribing. Examining the overprescribing of benzodiazepines, z drugs and gabapentinoids in Ireland. Dublin: Medical Council. (25th February 2025)

Further educational initiatives should be developed for doctors, pharmacists, and the public to increase awareness of the risks associated with benzodiazepine, z-drug and gabapentinoid use, according to a new report. The report, *Examining the Overprescribing of Benzodiazepines, Z Drugs and Gabapentinoids in Ireland*, has been produced by a multiagency working group established by the Medical Council.

The working group was established to review and address overprescribing by doctors of benzodiazepines, z-drugs, and gabapentinoids in Ireland. The recommendations within the report aim to reduce the initiation and inappropriate prescribing of these medicines in the interests of patient and doctor safety, and to support prescribers.

Key Recommendations of the Working Group:

1. Improved Service Delivery: Increase resources for Primary Care counselling supports and addiction services to reduce the number of people requiring prescriptions for benzodiazepines, z-drugs and gabapentinoids.
2. Education: Further educational initiatives should be developed for doctors, pharmacists, and the public to increase awareness of the risks associated with these drugs.
3. Advancing Transparency in Prescribing Practices: The Working Group proposes that a central repository for data, which would be accessible to prescribers, should be established.



4. Consideration given to including Pregablin and Gabapentin in the Controlled Drugs List: The Working Group supports the idea of consideration being given to including pregabalin and gabapentin on the controlled drugs list, as has been done in other countries, such as the UK.
5. Implementation of Recommendations of the Working Group: The successful implementation of these recommendations will require considerable stakeholder involvement across the Irish healthcare system to be effective.

 **Read the Report:** [examining-the-overprescribing-of-benzodiazepines-z-drugs-and-gabapentinoids-in-ireland1.pdf](#)



World Health Organization. Regional Office for Europe. (2024). European health report 2024: keeping health high on the agenda. (25th February 2025)

WHO through one of its flagship publications, the European Health Report, supports countries by providing a call to action and guiding framework. The 2024 edition of the European Health Report shows that people's health in the WHO European Region continues to be negatively impacted by a range of complex and persistent threats and new hazards, which demand urgent attention in the aftermath of the COVID-19 pandemic.

The report calls on Member States of the WHO European Region to:

- better protect the health of children;
- address the preventable burden of noncommunicable diseases;
- tackle the emerging phenomenon of widespread poor mental health and well-being;
- tighten the grip on infectious diseases;
- transform health systems to be resilient and sustainable in the face of new health emergencies, climate change and demographic shifts; and
- ensure a solid evidence base for health policy-making.

The European Health Report is a key publication of WHO/Europe, produced every 3 years. The 2024 edition is based on indicators from the "Measurement framework for the European Programme of Work, 2020–2025". The insights and evidence in the report serve as a guide for the priorities to be addressed in the next European Programme of Work for 2026–2030.

 **Read the Report:** [Keeping health high on the agenda: the European Health Report 2024](#)



OECD (2025), *Does Healthcare Deliver?: Results from the Patient-Reported Indicator Surveys (PaRIS)*, OECD Publishing, Paris. (20th February)

The *Patient-Reported Indicator Surveys* (PaRIS) is an initiative of the OECD where countries work together on developing, standardising and implementing a new generation of indicators that measure the outcomes and experiences of healthcare that matter most to people. This PaRIS flagship report presents the results from the first international survey of primary care patients aged 45 years and older, with an emphasis on the largest and fastest-growing group of healthcare users: people with chronic conditions. By capturing patients' self-reported health outcomes and experiences, this survey offers an invaluable perspective for assessing healthcare systems across the OECD and beyond.

Key findings include:

➡ Most people are living longer but not necessarily better lives. The survey reports that 8 in 10 people aged 45+ who visited a primary care practice in the six months preceding the survey have at least one chronic condition. Over half have two or more, and more than a quarter have three or more.

➡ While higher health spending is associated with better outcomes and experiences, it is also possible to achieve better health outcomes at lower levels of health spending with targeted strategies. Czechia and Slovenia, for example, both score well while having relatively low health spending per capita.

➡ While women live longer than men, on average they report poorer physical and mental health in the PaRIS results. They are also less likely to report experiences of good quality of care and trust in healthcare.

➡ Countries should harness the potential of technology to improve patient outcomes and experiences. Currently, older and less educated people have difficulty understanding health information and have less confidence in using digital technology to manage their health.

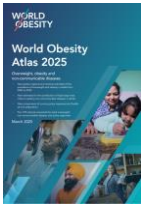
 **Read the Report:** [Does Healthcare Deliver? | OECD](#)



HIQA - The management of obesity in adults: Protocol for a review of international clinical guidelines. (27th February)

The purpose of this review is to identify and appraise current international clinical guidelines on the management of obesity in adults that could be used to support the development of a National Clinical Guideline (NCG) on the management of obesity in adults in Ireland. Obesity is a chronic complex disease characterised by having excess body fat (adipose tissue) that presents a risk to health. Globally, the prevalence of obesity has increased over the last 30 years and has doubled in Ireland during this period. As of 2019, approximately 23% of adults in Ireland were classified as obese based on body mass index, with an additional 37% of adults classified as overweight. In order to support the development of an Irish National Clinical Guideline on the management of obesity, the CICER Clinical Guideline Support team has been tasked with conducting a review to identify and appraise current international clinical guidelines on the management of obesity in adults. This protocol sets out the steps planned for this review, including search strategies, screening, data extraction, quality appraisal, and synthesis.

 **Read the Report:** [The management of obesity in adults: Protocol for a review of international clinical guidelines | HIQA](#)



Global Obesity Observatory - Obesity Atlas 2025 (March 2025)

World Obesity Day 2025 comes at a critical time for advancing action on obesity. As new data in this Atlas makes clear, the world is off-track to meet global NCD targets. The data also emphasises that prioritising and acting on obesity is a critical opportunity to reduce the global impact of NCDs.

The first part of the Atlas presents new global and regional estimates of prevalence of overweight and obesity and major NCDs in adults from 2000 to 2030. In section 2 we demonstrate that Obesity is a disease and a major driver of NCDs including some types of cancers, heart disease, stroke, and type 2 diabetes. Section 3 showcases WHO's new Technical Package to Stop Obesity with a framework of priority actions and recommended interventions, selected for their proven impact and cost effectiveness in addressing growing obesity rates. The Atlas is completed by a series of national scorecards for 199 countries for adult overweight, non-communicable disease, and policy responses. These serve as a wealth of evidence for advocacy directed at policymakers who have the power to make a difference. You can download Ireland's scorecard as a PDF.

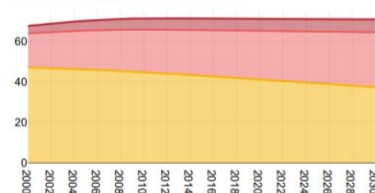


Ireland

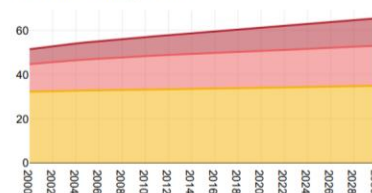
Overweight and obesity prevalence over time

Projected proportion of adults living with high Body Mass Index (25kg/m² and above)

% men with high BMI



% women with high BMI



76%

Adults with high BMI in 2025

42%

Adults living with obesity in 2025

 **Read the Report:** [Obesity Atlas 2025 | World Obesity Federation Global Obesity Observatory](#)

ESRI Research Bulletin - Sexual Health and Wellbeing in Young Adulthood

(19th February 2025)

In this report, we use data from the '98 Cohort of Growing Up in Ireland (GUI), the national longitudinal study of children and young people in Ireland, to examine the factors associated with age of sexual initiation among young adults, and the way in which age of first sex influences the circumstances of first sex and selected outcomes. Age and circumstances of first sex, and selected outcomes, are all based on data collected during the fourth wave of data collection for the '98 Cohort of GUI, when the young people were 20 years of age.

 **Read the Report:** [Sexual Health and Wellbeing in Young Adulthood | ESRI](#)

Contact Us: library@icgp.ie

EBM round-up



NMIC Therapeutics Today (March 2025)

In this month's Therapeutics Today:

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

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

HSE Health Protection Surveillance Centre - The National Notifiable Disease Hub

The HSE Health Protection Surveillance Centre has launched a new online hub that makes up-to-date information about 79 communicable diseases available to view and analyse, in one place, for the first time. Developed with Esri's ArcGIS Hub, this interactive and versatile solution improves internal employee efficiency, while also giving everyone from policy makers to the general public a rich insight into epidemiological trends in Ireland.




Powered by Esri's ArcGIS technology, this hub uses aggregated data to display a dynamic series of dashboards which provide an overview of notifiable infectious diseases in Ireland. The dashboard is updated on a weekly basis and is managed by the Health Protection Surveillance Centre (HPSC).

The HPSC developed the National Notifiable Disease Hub to increase public awareness of health risks and enable faster reactions to disease outbreaks nationwide.

 **View [the National Notifiable Disease Hub](#)**

WHO World Health Data Hub Country Pages: Health data overview for Ireland (March 2025)

Access to reliable health data is crucial in deciding matters of life and death. Check out the revamped for a snapshot of health data including:

-  Demographic change
-  Healthy life expectancy
-  Biggest killer diseases

 **View [Ireland](#)**

Irish Articles

1. Maguire N, Moloney A, Fic K. **Prostate Specific Antigen (PSA) testing in a general practice 2009-2019.** *Ir J Med Sci.* 2025 Feb;194(1):1-3. doi: 10.1007/s11845-024-03804-4. Epub 2024 Oct 23. PMID: 39441509.

Full-text: <https://link-springer-com.icgplibrary.idm.oclc.org/article/10.1007/s11845-024-03804-4>

Abstract: Prostate-specific antigen (PSA) testing is not recommended as a population screening measure for prostate cancer. PSA testing is nevertheless widespread and is associated with harm due to false-positive test results, overdiagnosis and economic costs. This study sought to document the exposure of patients to PSA testing over a decade in a general medical practice setting. Men at our practice are significantly exposed to PSA testing. We found evidence of possible overdiagnosis.

2. Tandan M, Browne LD, Jalali A, Rowan C, Moriarty F, Stack AG. **Prevalence and determinants of chronic kidney disease among community-dwelling adults, 50 years and older in Ireland.** *Clinical Kidney Journal*, 2025;; sfaf065, <https://doi.org/10.1093/ckj/sfaf065>

Full-text: https://academic.oup.com/ckj/advance-article/doi/10.1093/ckj/sfaf065/8058883?login=false#google_vignette

Abstract: Using the Irish Longitudinal Study on Ageing (TILDA), we evaluated the prevalence and distribution of chronic kidney disease (CKD), and its determinants in order to identify risk groups for population health planning in Ireland. Compared to the national average, the burden of CKD is far greater in older individuals with major chronic conditions and socioeconomic deprivation. The identification and targeting of these groups through national surveillance programmes is likely to yield substantial benefits from more effective disease management and proactive population health planning.

3. O'Shea J, Hughes C, Molloy G, Cadogan C, Vellinga A, et al. **Protocol for the development of an intervention to improve the use of Point-of-care Diagnostic tests in the management of respiratory tract infections in primary care (the PREDICTORS study).** *HRB Open Res.* 2025 Mar 7;7:73. doi: 10.12688/hrbopenres.13962.2. PMID: 40060198; PMCID: PMC11890267.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11890267/>

Abstract: Antimicrobial resistance is a significant global health challenge, exacerbated by inappropriate antibiotic prescribing, particularly in primary care where up to 50% of antibiotic prescriptions prescribed by general practitioners (GPs) and dispensed by community pharmacists (CPs) are deemed inappropriate. Respiratory tract infections (RTIs) are among the most common conditions leading to GP consultations and subsequent antibiotic prescribing, much of which is inappropriate as most RTIs are viral in nature or self-limiting bacterial infections. Point-of-care tests (POCTs) have emerged as tools to improve the diagnosis and appropriate treatment of RTIs. This study aims to develop and test an intervention to improve the use of POCTs in managing RTIs involving GPs and CPs in Irish primary care, following the UK's Medical Research Council's (MRC) framework for complex intervention development, involving five work-packages (WPs). A theoretically informed intervention(s) for using POCT(s) in the management of RTIs in primary care in

Ireland will be developed and tested in a proof-of-concept study, following MRC guidance. Further refinement and larger studies will be needed to determine its effectiveness before widespread implementation.

4. Beirne N, Klein J, O'Neill M. **Hospital-based paediatric training for general practice trainees in Ireland.** *Ir J Med Sci.* 2025 Feb 17. doi: 10.1007/s11845-025-03904-9. Epub ahead of print. PMID: 39960597.

Full-text: <https://link-springer-com.icgplibrary.idm.oclc.org/article/10.1007/s11845-025-03904-9>

Abstract: Paediatric presentations represent 25% of General Practice consultations in Ireland. The 'Under 6' GP scheme saw a further increase of 25% within paediatric consultations. GP trainees spend 4 months on a dedicated paediatric rotation, representing 5.7% of the 4-year scheme. To establish trainee exposure to paediatric presentations during a summer-time rotation; and, whether such presentations satisfy the requirements of the GP curriculum, as it currently stands. GP paediatric teaching is experiential, opportunistic, and seasonal. The GP curriculum, as it relates to paediatrics, may benefit from relevant updates via modified Delphi study. Paediatric rotations could be bolstered by use of validated e-learning tools, audio-visual material and evidence-based simulation to develop diagnostic accuracy via deliberate practice without a clinical encounter.

5. Jennings AA, Doherty AS, Clyne B, Boland F, Moriarty F, Fahey T, Hally L, Kennelly SP, Wallace E. **Stakeholder perceptions of and attitudes towards problematic polypharmacy and prescribing cascades: a qualitative study.** *Age Ageing.* 2024 Jun 1;53(6):afae116. doi: 10.1093/ageing/afae116. PMID: 38851215; PMCID: PMC11162292.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11162292/>

Abstract: Problematic polypharmacy is the prescribing of five or more medications potentially inappropriately. Unintentional prescribing cascades represent an under-researched aspect of problematic polypharmacy and occur when an adverse drug reaction (ADR) is misinterpreted as a new symptom resulting in the initiation of a new medication. The aim of this study was to elicit key stakeholders' perceptions of and attitudes towards problematic polypharmacy, with a focus on prescribing cascades. Stakeholders believed that at a certain depth of polypharmacy, the risk that a new symptom is being caused by an existing medication becomes incalculable. Therefore, in the absence of harm, medication changes were avoided. However, medication reconciliation post hospital discharge compelled prescribing decisions and was seen as a high-risk activity by stakeholders.

6. Abuelhana A, Clark PG, Courtenay A, Coleman H, Ali N, Rajiah K. **Chronic Care in Primary Care: Exploring the Role and Impact of General Practice Pharmacists in Managing Long-Term Conditions in Northern Ireland.** *Int J Environ Res Public Health.* 2025 Feb 16;22(2):292. doi: 10.3390/ijerph22020292. PMID: 40003517; PMCID: PMC11855525.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11855525/>

Abstract: The role of General Practice Pharmacists (GPPs) has expanded in response to increasing demands on primary care services, particularly in managing chronic conditions. While GPPs are recognised for their contributions to medication optimisation and patient care, challenges such as role clarity, workload pressures, and confidence in clinical decision-making remain underexplored. This study aims to investigate the tasks, professional identity, confidence levels, and challenges faced by GPPs in Northern Ireland. A mixed-methods design was employed, incorporating a questionnaire distributed to GPPs across Northern Ireland. The questionnaire comprised 20 multiple-choice questions

and 5 open-ended questions, focusing on demographics, tasks, confidence levels, role clarity, and professional challenges. Quantitative data were analysed using descriptive and inferential statistics, while qualitative responses underwent thematic analysis using NVIVO software. A total of 44 GPPs participated, with a majority being female and aged 34-39 years. Most participants had 4-6 years of experience as GPPs. Quantitative findings revealed significant correlations between clinical confidence and factors such as years of experience, age, and employment type. Qualitative analysis revealed key themes: clinical confidence was enhanced by training and experience, but workload pressures often limited time for patient care. Variability in role integration and the lack of public awareness were highlighted as barriers to maximising the GPP role. This study highlights the key challenges of workload distribution and role ambiguity in the GPP role. Delegating administrative tasks and developing clear frameworks for role integration could address these barriers. Additionally, targeted training programs and public education campaigns are essential to enhance the impact of GPPs in primary care.

7. Larkin J, Prendergast C, Murry LT, Flood M, Clyne B, et al. **Out-of-pocket prescription medicine expenditure amongst community-dwelling adults: Findings from the Irish longitudinal study on ageing (TILDA) in 2016.** *Explor Res Clin Soc Pharm.* 2025 Jan 20;17:100565. doi: 10.1016/j.rcsop.2025.100565. PMID: 39968511; PMCID: PMC11833648.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11833648/>

Abstract: The number of prescription medicines prescribed to older adults is increasing in Ireland and other countries. This is leading to higher out-of-pocket prescription medicine expenditure for older adults, which has several negative consequences including cost-related non-adherence. This study aimed to characterise out-of-pocket prescription medicine payments, and examine their relationship with entitlements, multimorbidity and adherence. Those with entitlements to subsidised prescription medicines had much lower out-of-pocket prescription medicine expenditure. This highlights the benefits of expanding healthcare entitlements and ensuring uptake of entitlements by those with eligibility.

8. García Bengoechea E, Doyle C, Forte C, O'Regan A, Clifford AM, et al. **Psychosocial effects of a behavioural augmentation of existing public physical activity programs for middle-aged and older adults in Ireland.** *PLoS One.* 2025 Mar 4;20(3):e0318911. doi: 10.1371/journal.pone.0318911. PMID: 40036201.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11878938/>

Abstract: The combination of an ageing population, increasing prevalence of preventable noncommunicable diseases and a decline in physical activity with age emphasizes the need for investment in physical activity programs and services for older people. This study aimed to add to the initial evidence on the effectiveness of the Move for Life (MFL) intervention by examining its effects on psychosocial health outcomes and determinants of physical activity. MFL is an intervention that aims to augment existing community-based public physical activity programs for middle-aged and older adults in Ireland with strategies derived from behavioural theory and support from peer leaders. A 3-arm cluster randomised feasibility trial compared MFL intervention, usual provision (UP) and waiting list control (CON) groups at baseline (T0), post-intervention (T1, at 8-, 10- or 12-weeks) and 6-month follow up after baseline (T2). Psychosocial health and determinants of physical activity were assessed at each occasion by validated self-report measures. Linear or generalized linear mixed models were fitted to estimate group differences over time. Of 733 recruited individuals, 601 (mean age: 63.06 ± 8.1 years, 80.4% female) met study inclusion criteria. Significant advantages were found in the MFL group relative to UP in ratings of self-efficacy to overcome barriers to physical activity participation, subjective

norms for and attitudes towards participation in physical activity ($ps < .05$). Subsequent analyses accounting for implementation fidelity revealed additional advantages for the 'high fidelity' MFL group relative to other groups, notably regarding loneliness and relatedness to others, perceived behavioural control, attitudes toward and intentions to participate in physical activity ($ps < .05$). The pattern of results shows the potential of MFL to impact positively the psychosocial health of inactive adults aged 50 + years and change psychosocial determinants of physical activity, particularly when implemented as intended. The results suggest as well that existing physical activity programs may have unexpected psychosocial consequences.

9. Petriček G, Klemenc-Ketiš Z, Ožvačić Adžić Z, Cerovečki V, Willems S, et al. **European general practitioners' attitudes towards person-centred care and factors that influence its implementation in everyday practice: The protocol of the cross-sectional PACE GP/FP study in 24 European countries.** *Eur J Gen Pract.* 2025 Dec;31(1):2463630. doi: 10.1080/13814788.2025.2463630. Epub 2025 Feb 26. PMID: 40008619; PMCID: PMC11866646.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11866646/>

Abstract: Person-centred care (PCC) is a fundamental principle in general practice, emphasising practices tailored to individual patient preferences, needs, and values. Despite the importance of PCC, general practitioners (GPs) face obstacles in effectively implementing it, with associated factors remaining unclear. The PACE GP/FP study aims to explore GPs' attitudes towards PCC and the factors facilitating or hindering its implementation in daily practice across European countries. This paper outlines the PACE GP/FP study protocol. The PACE GP/FP study will provide a comprehensive exploration of GPs' attitudes towards PCC and the factors shaping its practice in Europe. The findings from the PACE GP/FP study will provide evidence for designing future implementation strategies and guide targeted interventions to promote PCC in primary care across Europe.

10. Smyth R, McSherry D. **ACE Enquiry in Primary care: A Qualitative Exploration of the Perspective of General Practitioners in Northern Ireland.** *J Child Adolesc Trauma.* 2024 Sep 28;18(1):57-70. doi: 10.1007/s40653-024-00660-3. PMID: 40098779; PMCID: PMC11910462.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11910462/>

Abstract: This study sought to identify gaps in the current literature base by exploring the perspectives of General Practitioners (GPs) in Northern Ireland in relation to the significance, relevance, and feasibility of conducting a comprehensive inquiry into Adverse Childhood Experiences (ACEs) with patients. Semi-structured, in-depth interviews were conducted with 10 qualified GPs using Zoom Videoconferencing technology. Interviews were audio recorded and transcribed verbatim. Qualitative data was analysed using Theoretical Thematic Analysis (Braun & Clarke Qualitative Research in Psychology 3(2):77-101, 2006). Analysis revealed nine key superordinate themes. These themes encompassed various aspects such as the role of a GP, trauma-informed training, the advantages and barriers associated with conducting an ACE assessment, and the impact of childhood adversity on subsequent physical and mental health. This study provides valuable primary care professional insights that contribute to the existing evidence base. It highlights the importance of recognising, discussing, and screening for ACEs in primary care settings. Furthermore, this study explores a range of practical adjustments that could support the implementation of routine ACE enquiry within the primary healthcare system in Northern Ireland.

11. Ngoc Nguyen O, Amin D, Bennett J, Hetlevik Ø, Malik S, Tout A, Vornhagen H, Vellinga A. **GP or ChatGPT? Ability of large language models (LLMs) to support general practitioners when prescribing antibiotics.** *J Antimicrob Chemother.* 2025 Mar 13;dkaf077. doi: 10.1093/jac/dkaf077. Epub ahead of print. PMID: 40079276.

Full-text: <https://academic.oup.com/jac/advance-article/doi/10.1093/jac/dkaf077/8074792?login=false>

Abstract: Large language models (LLMs) are becoming ubiquitous and widely implemented. LLMs could also be used for diagnosis and treatment. National antibiotic prescribing guidelines are customized and informed by local laboratory data on antimicrobial resistance. Based on 24 vignettes with information on type of infection, gender, age group and comorbidities, GPs and LLMs were prompted to provide a treatment. Four countries (Ireland, UK, USA and Norway) were included and a GP from each country and six LLMs (ChatGPT, Gemini, Copilot, Mistral AI, Claude and Llama 3.1) were provided with the vignettes, including their location (country). Responses were compared with the country's national prescribing guidelines. In addition, limitations of LLMs such as hallucination, toxicity and data leakage were assessed. LLMs may be safe to guide antibiotic prescribing in general practice. However, to interpret vignettes, apply national guidelines and prescribe the right dose and duration, GPs remain best placed.

12. Larkin J, Foley L, Timmons S, Hickey T, Clyne B, Harrington P, Smith SM. **How do people with multimorbidity prioritise healthcare when faced with tighter financial constraints? A national survey with a choice experiment component.** *BMC Prim Care.* 2025 Feb 27;26(1):57. doi: 10.1186/s12875-025-02738-9. PMID: 40016676; PMCID: PMC11866811.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11866811/>

Abstract: People with multimorbidity (i.e., two or more chronic conditions) experience increased out-of-pocket healthcare costs and are vulnerable to cost-related non-adherence to recommended treatment. The aim of this study was to understand how people with multimorbidity prioritise different healthcare services when faced with tighter budget constraints and how they experience cost-related non-adherence. When faced with tighter financial constraints, people with multimorbidity tended to have a condition they prioritised over others. Participants were also more likely to prioritise medicines over other aspects of healthcare. Researchers, policymakers and clinicians should take greater consideration of the different ways people respond to tighter financial constraints. This could involve reducing the payment barriers to accessing care or clinicians discussing healthcare costs and coverage with patients as part of cost-of-care conversations.

13. Cronin M, Jennings A, Perry M, Hartigan I, O'Dowd S, Cornally N, Timmons S, Walsh K, Foley T. **Guideline recommendations on the role of the general practitioner in the diagnosis of dementia: a protocol for a scoping review of clinical practice guidelines.** *HRB Open Res.* 2024 Jul 8;7:46. doi: 10.12688/hrbopenres.13919.1. PMID: 39974722; PMCID: PMC11836558.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11836558/>

Abstract: A timely diagnosis of dementia offers the opportunity of earlier intervention and activation of coordinated care plans. General Practitioners (GPs) play a key role in dementia diagnosis, from symptom recognition to clinical assessment, investigation, diagnosis and onward referral for confirmation of the diagnosis and subtyping. Dementia clinical practice guidelines (CPGs) offer clinicians guidance on dementia care but often do not specifically address the role of the GP in the diagnostic process. This protocol outlines a scoping review to identify evidence-based dementia clinical practice guidelines and map the recommended role of GPs in the diagnosis of dementia. This scoping review will

examine up-to-date dementia CPGs to determine recommendations for the role of GPs in the assessment, investigation, diagnosis and onward referral of patients with suspected dementia to secondary care.

14. Larkin J, Alanza U, Raj Nagarajan V, Collins M, Sami T, Farrington E, Clyne B, Fahey T, Moriarty F. **Shortcomings in reporting country-level participation in multi-centre randomised controlled trials involving Ireland as a collaborating partner: A meta-research study.** *J Clin Epidemiol.* 2025 Feb 21;111728. doi: 10.1016/j.jclinepi.2025.111728. Epub ahead of print. PMID: 39988311.

Full-text: [https://linkinghub.elsevier.com/retrieve/pii/S0895-4356\(25\)00061-7](https://linkinghub.elsevier.com/retrieve/pii/S0895-4356(25)00061-7)

Abstract: Multi-centre randomised controlled trials (RCTs) provide vital information about healthcare interventions. Reporting on country-level participation is important for understanding the context of multi-centre RCTs. This study aimed to examine multi-centre RCT reporting of country-level participation, using Ireland as a case study. Our findings show deficits in reporting for multi-centre RCTs, particularly in reporting number of participants in Ireland and reporting use of relevant reporting guidelines. The development of a multi-centre trial extension to existing reporting guidelines may partly address country-level reporting issues.

Research Articles

1. Xu AXT, Brown K, Schwartz KL, Aghlmandi S, Alderson S, et al. **Audit and Feedback Interventions for Antibiotic Prescribing in Primary Care: A Systematic Review and Meta-analysis.** *Clin Infect Dis.* 2025 Feb 24;80(2):253-262. doi: 10.1093/cid/ciae604. PMID: 39657007; PMCID: PMC11848270.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11848270/>
Abstract: This systematic review evaluates the effect of audit and feedback (A&F) interventions targeting antibiotic prescribing in primary care and examines factors that may explain the variation in effectiveness. A&F interventions reduce antibiotic prescribing in primary care. However, heterogeneity was substantial, outcome definitions were not standardized across the trials, and intervention fidelity was not consistently assessed.
2. Merriel SW, Akter N, Zakkak N, Swann R, McPhail S, Rubin G, Lyratzopoulos G, Abel G. **Factors affecting prostate cancer detection through asymptomatic prostate-specific antigen testing in primary care in England: evidence from the 2018 National Cancer Diagnosis Audit.** *Br J Gen Pract.* 2025 Feb 24;BJGP.2024.0376. doi: 10.3399/BJGP.2024.0376. Epub ahead of print. PMID: 39401928.
Full-text: <https://bjgp.org/content/early/2025/02/24/BJGP.2024.0376>
Abstract: Prostate-specific antigen (PSA) is used in primary care for prostate cancer detection, either for symptomatic assessment or asymptomatic testing following an informed decision. To estimate the proportion of patients with prostate cancer who were diagnosed following asymptomatic PSA testing, and the patient and practice factors influencing this route. One in five patients with prostate cancer in England are diagnosed after asymptomatic PSA testing in primary care, with large variation in asymptomatic PSA detection between practices.
3. Young C, Courtenay A, Rajiah K, Abuelhana A. **Unmasking Cardiovascular Risk in Patients with COPD at Primary Care Settings: The Critical Role of Age, Sex, and Smoking.** *J Clin Med.* 2025 Feb 21;14(5):1444. doi: 10.3390/jcm14051444.

PMID: 40094882; PMCID: PMC11900415.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11900415/>

Abstract: Chronic obstructive pulmonary disease (COPD) is a progressive respiratory condition frequently associated with cardiovascular comorbidities, including ischemic heart disease (IHD), heart failure (HF), and atrial fibrillation (AF). These conditions significantly impact patient outcomes, yet their prevalence and risk factors remain underexplored in primary care settings. This study investigates the role of age, sex, and smoking status in the prevalence of IHD, HF, and AF among patients with COPD managed in general practice settings. The findings highlight the high burden of cardiovascular comorbidities among patients with COPD in primary care and emphasise the need for routine cardiovascular screening. Given the strong influence of age and sex, targeted risk assessment and management strategies should be prioritised for older and male patients with COPD. The lack of association between smoking and cardiovascular comorbidities suggests that additional risk factors should be considered in cardiovascular risk assessment. A more integrated approach to managing COPD and cardiovascular conditions within general practice settings is essential to improve patient outcomes. Future research should focus on evaluating interventions that enhance early detection and multidisciplinary management of cardiovascular comorbidities in patients with COPD.

4. Fraser SD, Alwan NA. **If we want to take prevention of multiple long term conditions seriously, then we need to know what we mean by that.** *BMJ*. 2025 Feb 20;388:q2821. doi: 10.1136/bmj.q2821. PMID: 39978832.

Full-text: <https://www.bmj.com/content/388/bmj.q2821.long>

Abstract: The prevention of multiple long term conditions needs to be higher up the healthcare agenda and for this to happen we need to be more precise about what we mean when talking about it.

Our call for action is to:

- achieve consensus among experts and those with lived experience towards a widely adopted and easily understood multiple long term conditions prevention framework
- incorporate the whole lifecourse when considering prevention of multiple long term conditions
- integrate all types of prevention (primordial, primary, secondary and tertiary) within such lifecourse framework.

5. Kshatri JS, Janssen DJA, Shenkin SD, Mansingh A, Pati S, Palo SK, Pati S.

Comprehensive geriatric assessment in nonhospitalized settings: An overview of systematic reviews. *Geriatr Gerontol Int*. 2025 Feb 20. doi: 10.1111/ggi.70004. Epub ahead of print. PMID: 39979072.c

Full-text: <https://onlinelibrary.wiley.com/doi/10.1111/ggi.70004>

Abstract: Comprehensive geriatric assessment (CGA) is a commonly used intervention for addressing the health needs of older people. Traditionally used for hospital inpatients, there is inconclusive evidence on its effectiveness in other settings. This overview of reviews aims to synthesize the current evidence regarding CGA models, their effectiveness, feasibility and acceptability in nonhospital settings. CGA models are highly heterogenous across domains, delivery, dosage

and frequency. Most systematic reviews show little to no evidence of benefit of CGA on rates of hospitalization/long-term care admissions, functional ability and quality of life. However, CGA may have a positive effect on frailty and mortality, particularly in relatively vulnerable older people. Strategies to first identify high-risk individuals, followed by CGA, could lead to better outcomes. The lack of evidence on the effectiveness of CGA in low- and middle-income countries, despite the rapid increase in the number and proportion of older adults, means that trials in this area are urgently needed.

6. Mursa R, McErlean G, Patterson C, Halcomb E. **Investigating men's perspectives on preventive health care within general practice: a qualitative study.** *Aust J Prim Health.* 2025 Feb;31:PY24151. doi: 10.1071/PY24151. PMID: 39977262.
Full-text: <https://www.publish.csiro.au/PY/PY24151>
Abstract: Chronic conditions are a major health concern. Most Australian men are overweight or obese and half live with at least one chronic health condition. Many chronic conditions are preventable and treatable by reducing lifestyle risk factors. General practice delivers a range of services, including preventive health care; however, men have been noted to have low engagement with general practice. This study aimed to investigate men's perspectives on preventive health care within general practice. General practice clinicians need to prioritise preventive health care. Proactively addressing preventive health care with men and supporting them to make informed decisions about their lifestyle choices has the potential to enhance their health and reduce chronic health conditions.
7. Jetty A, Ezran M, Huffstetler AN, Jabbarpour Y. **An Evaluation of the Decline in Primary Care Physician Visits, 2010 to 2021.** *J Prim Care Community Health.* 2025 Jan-Dec;16:21501319251321618. doi: 10.1177/21501319251321618. PMID: 39976567.
Full-text: https://journals.sagepub.com/doi/full/10.1177/21501319251321618?rfr_dat=cr_pub++0pubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org
Abstract: Primary care is the backbone of the United States healthcare system, yet it continues to be underfunded and inaccessible to many. Previous studies explored primary care visit patterns until 2016, leaving gaps in our understanding of how recent factors like state Medicaid expansions, the Coronavirus Disease 2019 (COVID-19) pandemic, and population growth have influenced these patterns. Hence, the objective of the current study was to analyze the trends in primary care visits provided by outpatient clinicians over time and by visit type and contextualize study findings within the changing healthcare landscape. Despite a growing need for primary care services, the decrease in visits to PCPs is concerning and requires further examination. The declining trends in acute and chronic care visits raise questions as to whether primary care, in its current form, can continue to provide its essential attributes and services.
8. Thomas RE, Jefferson T, Lasserson TJ, Earnshaw S. **Influenza vaccination for healthcare workers who care for people aged 60 or older living in long-term care institutions.** *Cochrane Database Syst Rev.* 2025 Feb 27;2:CD005187. doi:

10.1002/14651858.CD005187.pub6. PMID: 40013540.

Full-text:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD005187.pub6/full>

Key messages

- Offering flu vaccination to people working in care institutions may make little or no difference to the number of residents who get flu or go to hospital with a chest infection, compared to those living in care institutions where no vaccination is offered.
- Although we found that healthcare worker vaccination programmes led to fewer deaths due to any cause in residents of care institutions, we could not explain these results in terms of the reduction in flu or complications from chest infections.

9. Shetty S, Scuffell J, Aitken D, Ashworth M. **Chronic pain - prevalence, demographic inequalities and healthcare utilisation: a primary care database analysis.** *BJGP Open*. 2025 Feb 27:BJGPO.2024.0147. doi: 10.3399/BJGPO.2024.0147. Epub ahead of print. PMID: 40015745.

Full-text: <https://bjgpopen.org/content/early/2025/02/27/BJGPO.2024.0147.long>

Abstract: Chronic pain (CP) is an ill-defined condition, often under-recorded in primary care records. To determine prevalence, evidence of health inequalities, primary care consultation rates and healthcare utilisation costs of CP. CP represents the most demanding LTC, in terms of consultation rates and costs, managed in primary care. Yet there is considerable uncertainty about optimal management and alternatives to long term, high volume primary care consultation rates.

10. Ravi S, Meyerowitz-Katz G, Yung C, Ayre J, McCaffery K, Maberly G, Bonner C. **Effect of virtual care in type 2 diabetes management - a systematic umbrella review of systematic reviews and meta-analysis.** *BMC Health Serv Res*. 2025 Mar 6;25(1):348. doi: 10.1186/s12913-025-12496-0. PMID: 40050767.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11884068/>

Abstract: Diabetes is an increasingly prevalent and costly chronic disease worldwide, and a large cause of unnecessary disease burden. To address the growing burden of diabetes, care models should support management of diabetes in primary care to reduce reliance on overstretched hospital-based specialists services. Virtual care presents an opportunity to provide diabetes care remotely, potentially enhancing the accessibility and efficiency of healthcare services. This review aimed to identify existing evidence on the effectiveness of virtual care on diabetes management, and the extent to which video components are included in the evidence base. This umbrella review strengthens the evidence that virtual care significantly improves clinical outcomes in people with type 2 diabetes, primarily affecting HbA1c. Fewer studies addressed other health outcomes such as BMI and taking medications. Effectiveness of virtual care varies by demographic and clinical characteristics, emphasising the need to tailor virtual care interventions to maximise impact. Future research could directly compare and identify the most effective virtual care strategies for different populations, including those with lower digital literacy.

11. GBD 2021 Adult BMI Collaborators. **Global, regional, and national prevalence of adult overweight and obesity, 1990-2021, with forecasts to 2050: a forecasting study for the Global Burden of Disease Study 2021.** *Lancet*. 2025 Mar 8;405(10481):813-838. doi: 10.1016/S0140-6736(25)00355-1. Epub 2025 Mar 3. PMID: 40049186.
Full-text: [https://linkinghub.elsevier.com/retrieve/pii/S0140-6736\(25\)00355-1](https://linkinghub.elsevier.com/retrieve/pii/S0140-6736(25)00355-1)
Abstract: Overweight and obesity is a global epidemic. Forecasting future trajectories of the epidemic is crucial for providing an evidence base for policy change. In this study, we examine the historical trends of the global, regional, and national prevalence of adult overweight and obesity from 1990 to 2021 and forecast the future trajectories to 2050. No country to date has successfully curbed the rising rates of adult overweight and obesity. Without immediate and effective intervention, overweight and obesity will continue to increase globally. Particularly in Asia and Africa, driven by growing populations, the number of individuals with overweight and obesity is forecast to rise substantially. These regions will face a considerable increase in obesity-related disease burden. Merely acknowledging obesity as a global health issue would be negligent on the part of global health and public health practitioners; more aggressive and targeted measures are required to address this crisis, as obesity is one of the foremost avertible risks to health now and in the future and poses an unparalleled threat of premature disease and death at local, national, and global levels.
12. Sorrentino M, Fiorilla C, Mercogliano M, Stilo I, Esposito F, Moccia M, Lavorgna L, Salvatore E, Sormani MP, Majeed A, Triassi M, Palladino R. **Barriers for access and utilization of dementia care services in Europe: a systematic review.** *BMC Geriatr*. 2025 Mar 10;25(1):162. doi: 10.1186/s12877-025-05805-z. PMID: 40065204.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11892202/>
Abstract: Dementia is a group of chronic diseases characterised by cognitive impairment that progressively disrupts daily functioning and requires increasing levels of healthcare, social support, and long-term care. Support for people with dementia can be provided by formal support systems although most of the care process relies upon informal care givers. Despite the availability of formal support systems and healthcare workers, the utilization of dementia care services remains suboptimal. Factors such as non-compliance, lack of awareness, and poor care coordination contribute to this issue. Understanding these barriers is crucial for improving service utilization and alleviating the economic burden on families and national health systems. To enhance the quality of life for individuals living with dementia, it is crucial to address these identified barriers through tailored interventions and management programs. Improving care coordination, communication, and training for healthcare professionals, alongside reducing systemic delays, are essential steps toward more effective dementia care. Easing the burden of care with tailored interventions and management programmes is mandatory to improve the quality of life of persons living with dementia and their families.

13. Cashin AG, Furlong BM, Kamper SJ, De Carvalho D, Machado LA, Davidson SR, Bursey KK, Abdel Shaheed C, Hall AM. **Analgesic effects of non-surgical and non-interventional treatments for low back pain: a systematic review and meta-analysis of placebo-controlled randomised trials.** *BMJ Evid Based Med.* 2025 Mar 18;bmjebm-2024-112974. doi: 10.1136/bmjebm-2024-112974. Epub ahead of print. PMID: 40101974.

Full-text: [https://ebm-bmj-](https://ebm-bmj-com.icgplibrary.idm.oclc.org/content/early/2025/03/02/bmjebm-2024-112974)

[com.icgplibrary.idm.oclc.org/content/early/2025/03/02/bmjebm-2024-112974](https://ebm-bmj-com.icgplibrary.idm.oclc.org/content/early/2025/03/02/bmjebm-2024-112974)

Abstract: To investigate the efficacy of non-surgical and non-interventional treatments for adults with low back pain compared with placebo. The current evidence shows that one in 10 non-surgical and non-interventional treatments for low back pain are efficacious, providing only small analgesic effects beyond placebo. The efficacy for the majority of treatments is uncertain due to the limited number of randomised participants and poor study quality. Further high-quality, placebo-controlled trials are warranted to address the remaining uncertainty in treatment efficacy along with greater consideration for placebo-control design of non-surgical and non-interventional treatments.

14. Ghoul I, Abdullah A, Awwad F, Dardas LA. **Safety huddle in healthcare settings: a concept analysis.** *BMC Health Serv Res.* 2025 Mar 18;25(1):393. doi: 10.1186/s12913-025-12526-x. PMID: 40098121; PMCID: PMC11917008.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11917008/>

Abstract: Safety huddles, brief interdisciplinary meetings aimed at proactive risk mitigation, are increasingly adopted in healthcare to enhance communication and patient safety. Despite their recognized benefits, inconsistent definitions, variable implementation, and conceptual ambiguity persist, hindering standardization and scalability. This study clarifies the concept of "safety huddle" through a rigorous concept analysis. Safety huddles are a dynamic, multifaceted intervention with significant potential to reduce medical errors and foster collaborative safety practices. However, conceptual inconsistencies and methodological gaps limit generalizability. Future efforts should prioritize standardized yet flexible frameworks, leadership training, and policy reforms to optimize huddle efficacy. This analysis provides a foundational model for advancing research, education, and practice in patient safety.

15. Bird C, Dutton F. **How to recognise and manage measles.** *BMJ.* 2025 Feb 11;388:e079895. doi: 10.1136/bmj-2024-079895. PMID: 39933786.

Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/388/bmj-2024-079895>

What you need to know

- Measles is a highly contagious virus primarily spread through airborne droplets from coughing, sneezing, and touching contaminated surfaces
- Careful attention to symptoms and the timing of their appearance can help distinguish measles from other common acute respiratory infections
- Healthcare workers play a vital role in educating families around the proven safety of the MMR vaccine. Alongside an effective public health response, vaccination is

key to halting a measles outbreak

16. Su D, Cui Y, He C, Yin P, Bai R, Zhu J, Lam JST, Zhang J, Yan R, Zheng X, Wu J, Zhao D, Wang A, Zhou M, Feng T. **Projections for prevalence of Parkinson's disease and its driving factors in 195 countries and territories to 2050: modelling study of Global Burden of Disease Study 2021.** *BMJ*. 2025 Mar 5;388:e080952. doi: 10.1136/bmj-2024-080952. PMID: 40044233; PMCID: PMC11881235.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11881235/>

Abstract: To predict the global, regional, and national prevalence of Parkinson's disease by age, sex, year, and Socio-demographic Index to 2050 and quantify the factors driving changes in Parkinson's disease cases. By 2050 Parkinson's disease will have become a greater public health challenge for patients, their families, care givers, communities, and society. The upward trend is expected to be more pronounced among countries with middle Socio-demographic Index, in the Global Burden of Disease East Asia region, and among men. This projection could serve as an aid in promoting health research, informing policy decisions, and allocating resources.

17. Adhikari S, Bhusal S, Hossain MS, Basnyat B. **Assessment and management of dengue.** *BMJ*. 2025 Mar 18;388:e082639. doi: 10.1136/bmj-2024-082639. PMID: 40101929.

Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/388/bmj-2024-082639>

What you need to know

- Consider dengue in patients with fever who reside in endemic regions or who have visited such regions in the past 14 days
- Some 20-40% of patients with dengue virus infection are thought to experience symptoms, including a high grade fever: these usually occur five to seven days after infection and last for between two and seven days
- Around 95% of those who experience symptoms of dengue will recover after a self limiting febrile illness. Around 5% will deteriorate into a critical phase, when they may develop warning signs and progress to severe dengue. Be alert to the warning signs in all patients with dengue, irrespective of disease phase
- Treatment for dengue is supportive, including paracetamol as an antipyretic and analgesia and advice regarding identification of warning signs and progression to severe dengue. Patients admitted to hospital will be monitored with careful management of fluid balance. Those with severe dengue may require organ support in an intensive care setting

18. Faugno E, Galbraith AA, Walsh K, Maglione PJ, Farmer JR, Ong MS. **Experiences with diagnostic delay among underserved racial and ethnic patients: a systematic review of the qualitative literature.** *BMJ Qual Saf*. 2025 Feb 19;34(3):190-200. doi: 10.1136/bmjqs-2024-017506. PMID: 39496473; PMCID: PMC11839380.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11839380/>

Abstract: Diagnostic delay is a pervasive patient safety problem that disproportionately affects historically underserved populations. We aim to

systematically examine and synthesise published qualitative studies on patient experiences with diagnostic delay among historically underserved racial and ethnic populations. Historically underserved racial and ethnic patients encountered many challenges throughout their diagnostic journey. Systemic strategies are needed to address and prevent diagnostic disparities.

19. O'Flaherty M, Sudharsanan N, Kypridemos C. **Can the HEARTS initiative reduce the burden of cardiovascular disease?** *BMJ Evid Based Med*. 2025 Mar 21;30(2):77-79. doi: 10.1136/bmjebm-2023-112590. PMID: 38519119.
Full-text: <https://ebm-bmj-com.icgplibrary.idm.oclc.org/content/30/2/77>
Abstract: Cardiovascular disease (CVD) continues to exert a heavy burden in most countries in the world, with high blood pressure continuing to be one of the most important drivers of this burden. The urgency to tackle CVD has never been clearer. WHO launched a global effort (the Global Hearts Initiative) with five technical packages aimed at targeting major drivers of the CVD burden, including actions on tobacco (MPOWER), physical activity (ACTIVE), some aspects of diet such as reducing salt (SHAKE) and trans fats intake (REPLACE) and HEARTS. HEARTS is a set of activities to improve cardiovascular risk management in primary care, with a focus on high blood pressure. The HEARTS technical package is an institutionalised model of care and a set of guidelines for cardiovascular risk management, focusing on hypertension control and secondary prevention in primary healthcare.
20. Zhang B. **Overview of systemic anticancer treatments: conventional cytotoxics.** *Drug Ther Bull*. 2025 Mar 3;63(3):37-43. doi: 10.1136/dtb.2023.000059. PMID: 39904574.
Full-text: <https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/63/3/37>
Abstract: Cancer treatment is rapidly evolving and this review provides healthcare professionals who are not specialists in cancer therapeutics with a broad overview of the role of cancer systemic therapy, with a particular focus on chemotherapy. Historically, the majority of cytotoxic chemotherapy was used in patients with incurable or metastatic disease with the goal of disease control and symptom palliation. Now, with the advent of more effective, targeted systemic therapies (incorporating both cytotoxic and non-cytotoxic agents), systemic therapies are being used in more diverse treatment settings, both to increase the likelihood of cure and to induce prolonged disease remission. Chemotherapy (henceforth referring specifically to cytotoxic chemotherapy) remains important for the treatment of many cancer types. This article will review the principles of chemotherapy and the first-line systemic treatment paradigm of different cancer types. The potential toxicities of chemotherapy will also be described.
21. Anderson M, Francetic I. **Adoption of clinical pharmacist roles in primary care: longitudinal evidence from English general practice.** *Br J Gen Pract*. 2025 Feb 27;75(752):e173-e180. doi: 10.3399/BJGP.2024.0320. PMID: 39317390; PMCID: PMC11800411.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11800411/>
Abstract: Over the past decade, the number of clinical pharmacists working within multidisciplinary teams in English general practices has expanded. To examine

changes in quality of prescribing after the adoption of clinical pharmacist roles in English general practices. This analysis is limited by practice-level data but supports the hypothesis that clinical pharmacist implementation results in improvements in prescribing quality.

22. Ban K, Greenfield S, Burrows M, Gale N, Litchfield I. **Impact of the clinically oriented roles of a general practice receptionist: a systematic review with narrative synthesis.** *Br J Gen Pract.* 2025 Feb 27;75(752):e159-e165. doi: 10.3399/BJGP.2024.0228. PMID: 39438046; PMCID: PMC11849695.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11849695/>
Abstract: Modern general practice is characterised by increased demand and growing multidisciplinary, including ring-fenced funding for additional non-clinical roles. For practice receptionists, however, training has remained unchanged for decades despite primary care being under greater pressure than ever, with receptionists becoming a growing focal point for abuse and unprecedented numbers leaving the role. To present the evidence of the range of tasks that receptionists continue to perform, describing their impact on primary care delivery and how the role might be better supported. Although confident performing administrative tasks, receptionists described uncertainty and anxiety when providing clinically oriented support or managing patients when their requests for appointments could not be met. More appropriate training or professionalisation might improve staff retainment.
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. PMID: 40130784; PMCID: PMC11934852.
Full-text: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000259.pub4/full>
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. Minozzi S, La Rosa GRM, Salis F, Camposeragna A, Saulle R, Leggio L, Agabio R. **Combined pharmacological and psychosocial interventions for alcohol use disorder.** *Cochrane Database Syst Rev.* 2025 Mar 20;3(3):CD015673. doi: 10.1002/14651858.CD015673.pub2. PMID: 40110869; PMCID: PMC11924338.

Full-text:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD015673.pub2/full>

Key messages

- Compared to psychosocial interventions alone, adding medications is probably safe and helpful for people with alcohol use disorder (AUD) in reducing alcohol use.
- Due to the limited number of available studies, we do not know if combined psychosocial interventions and medications, when compared to medications alone or no treatment or usual care, is helpful for people with AUD.
- More studies are needed looking at the effects of combined interventions compared to medications alone or no treatment or usual care.

25. Correia, R.H., Dash, D., Pasat, Z. et al. **Attributes of family physician encounters valued by older adults: a systematic review.** *BMC Prim. Care* **26**, 87 (2025). <https://doi.org/10.1186/s12875-025-02794-1>

Full-text: <https://bmcpimcare.biomedcentral.com/articles/10.1186/s12875-025-02794-1>

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. We identified six key attributes of family physician encounters that older adults value before, during, and after visits: trust in providers, feeling heard, effective information exchange, affective behaviours, continuity of care (longitudinal relationships), and foresight/future planning. 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.

26. Tichler A, Hertroijs DFL, Ruwaard D, Brouwers MCGJ, Elissen AMJ. **Development of a patient decision aid for type 2 diabetes mellitus: a patient-centered approach.** *BMC Prim Care*. 2025 Mar 22;26(1):81. doi: 10.1186/s12875-025-02772-7. PMID: 40121397; PMCID: PMC11929313.

Full-text: <https://bmcpimcare.biomedcentral.com/articles/10.1186/s12875-025-02772-7>

Abstract: Patient decision aids (PDAs) can effectively facilitate shared decision-making (SDM) between patients and healthcare professionals. The International Patient Decision Aid Standards (IPDAS) Collaboration created a model for the systematic development of PDAs. However, the absence of a solid evidence base limits practical recommendations for best practices. For example, uncertainties exist about the most appropriate method for identifying the needs and preferences of patients and healthcare professionals. This study aims to detail the development process for the development of a PDA for type 2 diabetes mellitus (T2DM), using the IPDAS model. A web-based PDA was developed consisting of five sections: 1)

information about T2DM and the available treatment options; 2) comparison of treatment options; 3) questions to assess patients' knowledge; 4) value-clarification exercise; and 5) summary of the patient's journey through the PDA. Before patients use the PDA, healthcare professionals can preselect the most relevant treatment options. Early and iterative involvement of relevant stakeholders in the development process of the PDA helped the alignment of the PDA with the needs and preferences of the diverse end-users. In a future study, we will investigate the effectiveness of the PDA in facilitating SDM in T2DM care.

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