# ICGP Library Recommended Reading

April 2024
Issue 4

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

INSIDE



## ICGP Publications

**We look at what has been published recently in the ICGP.**


**Latest Issue of Forum**
**April 2024, Volume 41, no 2**
GP careers: What the new generation wants

**View all Forums from 2024:**
https://www.icgp.ie/go/library/forum

**GPWorks**
Listen to the fascinating interview from the islands off the coast of Mayo, with Dr Noreen Lineen-Curtis, discussing the advancements of telemedicine.

Dr Noreen Lineen-Curtis is a GP on 3 western islands off the coast of Mayo - Clare Island,

Achill Beg and Inishbiggle. She's been a GP for over 20 years, and is the daughter of a GP as well.

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

**ICGP Staff Research Articles**

Willems S, Vanden Bussche P, Van Poel E, Collins C, Klemenc-Ketis Z. **Moving forward after the COVID-19 pandemic: Lessons learned in primary care from the multi-country PRICOV-19 study**. *Eur J Gen Pract.* 2024 Dec;30(1):2328716. doi: 10.1080/13814788.2024.2328716. Epub 2024 Mar 21. https://www.tandfonline.com/doi/full/10.1080/13814788.2024.2328716

**View all ICGP Staff Research Articles here:**
https://www.icgp.ie/go/research/reports_statements/2AA00D46-19B9-E185-83BC012BB405BAA6.html

# GP News

**Dept. of Health Press Release –** Minister for Health highlights increase in health workforce
By Department of Health, 18 Mar 2024.
The Minister for Health Stephen Donnelly highlighted increases in the healthcare workforce and in healthcare activity as he published the latest data tables on non-monetary healthcare statistics.

The data shows:

- the number of practising nurses in Ireland for 2023 was 72,543, an increase of 7% from 2022.
- the number of practicing dentists in Ireland for 2023 stood at 2,466, an increase of 5.8% from 2022.
- the number of practising caring personnel in 2023 was 27,995, an increase of 2.9% on 2022.
- cataract surgery was the most common surgical procedure in Ireland in 2022, with a total of 39,347 procedures, compared with 33,348 procedures in 2021.
- there were 12,830 hip replacement procedures in 2022, compared with 11,159 procedures in 2021.

The recently published data has also revealed that Ireland continues to attract healthcare workers from around the world, with India, the United Kingdom, and the Philippines the top 3 countries providing foreign trained nurses in 2023. More than half of all practicing nurses here obtained their first nursing qualification outside of Ireland.

**Dept. of Health Press Release –** Minister Hildegarde Naughton announces new chairperson of North Inner City Drugs and Alcohol Task Force
By Department of Health, 8 March 2024.
The Minister for Public Health, Wellbeing and the National Drugs Strategy, Hildegarde Naughton, announced the appointment of Dr Austin O'Carroll as the independent chairperson of the North Inner City Drugs and Alcohol Task Force. This follows the decision of the Minister to re-constitute the task force in September 2023, representing a new momentum in addressing the problem of drug use in this disadvantaged area. The task force will oversee approximately €2.25 million in public funding for 17 local drug services, ensuring the effective delivery of existing services and addressing any gaps in service provision.

**Irish Examiner –** Doctors surprised by low uptake of GP visit cards
By Niamh Griffin, 5 April 2024.
Some people are reluctant to apply for new means-tested GP visit card because they do not want to be considered poor in society, a leading GP familiar with the scheme has said. Thousands of people have not applied for cards which could save them hundreds of euro annually in GP fees, leaving doctors amazed at the low uptake. The latest HSE figures show out of 430,000 people who are eligible, just 38,993 cards have been issued using new income thresholds in place since September.

# Reports

**Joint Committee on Assisted Dying: Final Report** (19th March)
The Committee recommends that the Government introduces legislation allowing for assisted dying, in certain restricted circumstances as set out in the recommendations in this report. The remit of the Joint Committee on Assisted Dying was to consider and make recommendations for legislative and policy change relating to a legal right to assist a person to end their life and a legal right to receive such assistance. The Committee also agreed that it could recommend that no legislative or policy changes be made. It has looked at the topic of assisted dying in general, rather than at draft legislation. The Committee was established in early 2023 to consider and make recommendations for legislative and policy change related to a statutory right to assist a person to end their life and a statutory right to receive such assistance. The Committee Members did not agree on any one form of wording on the topic, so the terms of assisted suicide and euthanasia are also used. The Committee recognises that the use of certain terms is contested.

The Committee recommends that the Government introduces legislation allowing for assisted dying, in certain restricted circumstances as set out in the recommendations in this report. The report makes 38 recommendations, some of which are outlined below:

The Committee recommends that the right to conscientious objection of all doctors and health workers directly involved in the provision of assisted dying should be protected in law.

The Committee recommends that a person inquiring about assisted dying, following a terminal diagnosis, should be informed of, and assisted in, accessing all end-of-life care options, including palliative care.

The Committee recommends that doctors and healthcare workers involved in the provision of assisted dying be trained to the highest level possible to identify coercion when assessing or treating a patient.

The Committee recommends that if a medical professional has been proven to have acted outside of the permitted regulations or has attempted to coerce an individual, they will have committed an offence under the potential legislation and may be held liable.

The Committee recommends the inclusion in any legislation on assisted dying of mandatory reporting to An Garda Síochána of any information or evidence concerning the issue of possible coercion in relation to assisted dying.

The Committee recommends that where capacity is in doubt, a functional test for decision-making capacity should be part of the assessment for eligibility for assisted dying.

The Committee recommends that any doctor involved in determining eligibility for assisted dying must have professional training in assessing capacity and voluntariness.

The Committee recommends that following an initial successful assessment for assisted dying that finds a patient eligible, if the patient temporarily loses decision-making capacity, then that eligibility is suspended for the duration of their incapacity.

The Committee does not recommend that advanced healthcare directives allow for individuals to make requests for assisted dying. However, consideration of the issue may be included in any review of assisted dying legislation.

The Committee recommends that if assisted dying is introduced, an assessment by a qualified psychiatrist should be required in circumstances where the patient is deemed eligible but there are concerns about whether the person is competent to make an informed decision.

The Committee recommends that eligibility for assisted dying should be limited to Irish citizens or those ordinarily resident in the State for a period of not less than twelve months.

The Committee recommends that assisted dying should be limited to people aged 18 or over.

The Committee recommends that only a person diagnosed with a disease, illness or medical condition that is: a) both incurable and irreversible; b) advanced, progressive and will cause death; c) expected to cause death within six months (or, in the case of a person with a neurodegenerative disease, illness or condition, within 12 months); and d) causing suffering to the person that cannot be relieved in a manner that the person finds tolerable, is eligible to be assessed for assisted dying.

The Committee recommends that two formal requests for assisted dying must be made, with a set specified interval between. At least one of these requests must be recorded in writing, and before two independent witnesses.

The Committee recommends that all assisted dying applications and related processes should be overseen and governed by the independent national body.

The Committee recommends that family members, carers, guardians or holders of an enduring power of attorney cannot request assisted dying in the interest of another person.

The Committee recommends that if assisted dying is legislated for, a doctor or nurse practitioner must be present for the duration of the assisted dying process and must remain until after the patient's death and must account to the responsible authority for any remaining substances.

The Committee recommends that any assisted dying legislation include a provision for a formal review after three years of the operation of the legislation.

📊 **Read the Report:** Final Report of the Joint Committee on Assisted Dying (oireachtas.ie)

**National End of Life Survey** (9th April 2024)
The results of the first National End of Life Survey have been published. The survey is part of the National Care Experience Programme – a partnership between the Health Information and Quality Authority (HIQA), the HSE and the Department of Health. The National End of Life Survey is the first national survey asking bereaved people about the care provided to their relatives and friends in the last months and days of their life. The purpose of the survey is to learn from people's experiences of end-of-life care in order to improve the services provided both to people who are dying, and to their loved ones.

The 4,570 bereaved people surveyed highlighted positive experiences across several areas of care, as well as identifying areas for improvement. The findings showed that almost 74% of participants rated the care that their relative or friend received at the end of their life as 'very good; 15% rated it as 'good', while 11% said that their relative received 'fair' to 'poor' care.

📊 **Read the Results:** Home - National Care Experience Programme (yourexperience.ie)

# EBM Round-Up

National Medicines Information Centre

**NMIC Therapeutics Today (April 2024)**
In this month's Therapeutics Today:

- Practical prescribing: proton pump inhibitors
- Prevalence of potentially inappropriate medications among newly treated patient with type 2 diabetes mellitus
- Learning to swallow pills?
- Results of 2024 NMIC survey
- NMIC bulletins on type 2 diabetes
- Guidance/advice documents
- Sexually transmitted infection (STI) course
- Regular features
    - Medication Safety Minutes

- Updates to the HSE antibiotic prescribing website
- Health Products Regulatory Authority (HPRA) updates
- Health Protection Surveillance Centre updates

**View** this issue.

**NMIC Bulletin (Vol.30, no. 1, 2024)**
**BREAST CANCER AND ADJUVANT ENDOCRINE THERAPY**
This bulletin was developed in collaboration with the ICGP/HSE Fellow in cancer survivorship (Department of General Practice, UCC).

- Breast cancer is common and associated with high survival rates; many patients treated with curative intent will go on to receive adjuvant endocrine therapy for at least 5 years.
- Adverse effects associated with endocrine therapy (e.g. aromatase inhibitors and tamoxifen) potentially affect the patient's quality of life and adherence to treatment; strategies to tackle these adverse effects may improve patient outcomes.
- Considerations for the overall health of patients include optimising bone health, protecting cardiometabolic health, counselling on family planning and promoting the reduction of harmful lifestyle factors.
- Prescribing practices for this group of patients include developing an awareness of common drug interactions, lifelong avoidance of the use of systemic oestrogen or progesterone hormonal therapies (under specialist advice only) and caution around medications which can cause dependency and addiction issues, and medications associated with renal impairment.

**View** the Bulletin.

# Irish Articles

1. Chan A, Hickey L, Finucane K, Brennan J. **Assessing care quality in general practice: a qualitative study of GPs in Ireland.** *BJGP Open*. 2024 Feb 20:BJGPO.2023.0104. doi: 10.3399/BJGPO.2023.0104. Epub ahead of print. PMID: 37813473. [Open Access]
   **Full-text:** https://bjgpopen.org/content/early/2024/02/15/BJGPO.2023.0104.long
   **Abstract:** It is estimated that each year in Ireland, approximately 29 million consultations occur in general practice with a patient satisfaction level of 90%. To date, research has been lacking on how GPs assess the quality of care. To examine how GPs assess care quality during routine practice with respect to the following pillars of quality improvement: effectiveness, safety, timeliness, equity, efficiency, sustainability, and person-centredness. This is the first study to examine how GPs in Ireland assess care quality as a holistic construct during daily care. The qualitative approach applied yielded rich and diverse insights into the many assessment points that GPs use to inform their approach and actions as clinicians, managers, collaborators, and leaders to maximise patient care. The theory produced is likely useful and applicable for practising GPs, healthcare administration, policymakers, and funders in planning and executing changes for quality improvement.

2. Burke CM, Reidy K, Ryan P, Jennings AA. **General practitioners' attitudes towards and experiences of using the DermaBuddy health app for the management of patients with dermatological conditions - a descriptive cross-sectional study.** *BJGP Open*. 2024 Apr 5:BJGPO.2024.0038. doi: 10.3399/BJGPO.2024.0038. Epub ahead of print. PMID: 38580390. [Open Access]
**Full-Text:** https://bjgpopen.org/content/early/2024/04/05/BJGPO.2024.0038.long
**Abstract:** Dermatological presentations are common in primary care. The digital health space is growing in investment, revenue and in usership numbers. Doctors utilise mobile Health apps for referencing, communicating and for clinical decision-makin. Dermabuddy is a secure mobile health app by which information and expertise around skin problems can be shared among a group of medical professionals with the aim of finding the best treatment and management plan. The primary aim of this study is to assess the utility of the DermaBuddy health app for General Practitioners and associated trainees in Ireland. The Dermabuddy app is well received by participants in this study. Across all sections of the questionnaire looking at the aspects of the app including ease of use, interface and satisfaction and usefulness there was a positive response. Mobile health apps such as Dermabuddy may provide alternative solutions to meet the rising challenge of managing patients with Dermatological conditions in primary care.

3. Ares-Blanco S, Guisado-Clavero M, Del Rio LR, Larrondo IG, Fitzgerald L, et al. **Primary care indicators for disease burden, monitoring and surveillance of COVID-19 in 31 European countries: Eurodata Study.** *Eur J Public Health*. 2024 Apr 3;34(2):402-410. doi: 10.1093/eurpub/ckad224. PMID: 38326993; PMCID: PMC10990533. [Open Access]
**Full-Text:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10990533/
**Abstract:** During the COVID-19 pandemic, the majority of patients received ambulatory treatment, highlighting the importance of primary health care (PHC). However, there is limited knowledge regarding PHC workload in Europe during this period. The utilization of COVID-19 PHC indicators could facilitate the efficient monitoring and coordination of the pandemic response. The objective of this study is to describe PHC indicators for disease surveillance and monitoring of COVID-19's impact in Europe. The COVID-19 pandemic exposes a crucial deficiency in preparedness for infectious diseases in European health systems highlighting the inconsistent recording of indicators within PHC organizations. PHC standardized indicators and public data accessibility are urgently needed, conforming the foundation for an effective European-level health services response framework against future pandemics.

4. Gil-Hernández E, Carrillo I, Tumelty ME, Srulovici E, Vanhaecht K, et al. **How different countries respond to adverse events whilst patients' rights are protected.** *Med Sci Law*. 2024 Apr;64(2):96-112. doi: 10.1177/00258024231182369. Epub 2023 Jun 27. PMID: 37365924. [Available via Inter-Library Loan – Contact the ICGP Library]
**Abstract:** Patient safety is high on the policy agenda internationally. Learning from safety incidents is a core component in achieving the important goal of increasing patient safety. This study explores the legal frameworks in the countries to promote reporting, disclosure, and supporting healthcare professionals (HCPs) involved in safety incidents. A cross-sectional online survey was conducted to ascertain an overview of the legal frameworks at national level, as well as relevant policies. ERNST (The European Researchers' Network Working on Second Victims) group peer-reviewed data collected from countries was performed to validate information.

Information from 27 countries was collected and analyzed, giving a response rate of 60%. A reporting system for patient safety incidents was in place in 85.2% (N = 23) of countries surveyed, though few (37%, N = 10) were focused on systems-learning. In about half of the countries (48.1%, N = 13) open disclosure depends on the initiative of HCPs. The tort liability system was common in most countries. No-fault compensation schemes and alternative forms of redress were less common. Support for HCPs involved in patient safety incidents was extremely limited, with just 11.1% (N = 3) of participating countries reporting that supports were available in all healthcare institutions. Despite progress in the patient safety movement worldwide, the findings suggest that there are considerable differences in the approach to the reporting and disclosure of patient safety incidents. Additionally, models of compensation vary limiting patients' access to redress. Finally, the results highlight the need for comprehensive support for HCPs involved in safety incidents.

5. Redel AL, Feleszko W, Arcolaci A, Cefaloni F, Atanaskovic-Markovic M, et al.; EAACI Task Force on Conscious and Rational use of Antibiotics in Allergic Diseases**. A survey study on antibiotic prescription practices for acute asthma exacerbations: An European academy of allergy and clinical immunology task force report.** *Clin Transl Allergy*. 2024 Mar;14(3):e12345. doi: 10.1002/clt2.12345. PMID: 38497844; PMCID: PMC10946284. [Open Access]
**Full-text:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10946284/
**Abstract:** Guidelines recommend treating asthma exacerbations (AAEs) with bronchodilators combined with inhaled and/or systemic corticosteroids. Indications for antibiotic prescriptions for AAEs are usually not incorporated although the literature shows antibiotics are frequently prescribed. To investigate the antibiotic prescription rates in AAEs and explore the possible determining factors of those practices. In 19% of patients with AAEs, antibiotics were prescribed in various classes with a broad range among different subspecialities. This study stresses the urgency to compose evidence-based guidelines to aim for more rational antibiotic prescriptions for AAE.

# Research Articles

1. Courcoulas AP, Daigle CR, Arterburn DE. **Long term outcomes of metabolic/bariatric surgery in adults.** *BMJ*. 2023 Dec 18;383:e071027. doi: 10.1136/bmj-2022-071027. PMID: 38110235.
   **Full-text:** https://www-bmj-com.icgplibrary.idm.oclc.org/content/383/bmj-2022-071027
   **Abstract:** The prevalence of obesity continues to rise around the world, driving up the need for effective and durable treatments. The field of metabolic/bariatric surgery has grown rapidly in the past 25 years, with observational studies and randomized controlled trials investigating a broad range of long term outcomes. Metabolic/bariatric surgery results in durable and significant weight loss and improvements in comorbid conditions, including type 2 diabetes. Observational studies show that metabolic/bariatric surgery is associated with a lower incidence of cardiovascular events, cancer, and death. Weight regain is a risk in a fraction of patients, and an association exists between metabolic/bariatric surgery and an increased risk of developing substance and alcohol use disorders, suicidal ideation/attempts, and accidental death. Patients need lifelong follow-up to help to reduce the risk of these complications and other nutritional deficiencies. Different surgical procedures have important differences in risks and benefits, and a clear need exists for more long term research about less invasive and emerging procedures. Recent guidelines for the treatment of obesity and metabolic conditions have been updated to reflect this growth in knowledge, with an expansion of eligibility criteria, particularly people with type 2 diabetes and a body mass index between 30.0 and 34.9.

2. Carmona C, Bewick T, Macduff N, Thomas A; Guideline Committee. **Suspected acute respiratory infection in over 16s: assessment at first presentation and initial management-summary of NICE guidance.** *BMJ.* 2024 Mar 11;384:q339. doi: 10.1136/bmj.q339. PMID: 38467421.
   **Full-text:** https://www-bmj-com.icgplibrary.idm.oclc.org/content/384/bmj.q339

   **What you need to know**

   - For patients with acute respiratory infection who can be cared for at home, ensure they understand signs of deterioration and when to seek further help.
   - Assess patients with a clinical diagnosis of pneumonia using CRB65 to inform a shared decision about the right care pathway for them.
   - Point-of-care biomarker and microbiological tests alone should not determine care at first presentation.

3. Safir M, Twig G, Mimouni M. **Dry eye disease management**. *BMJ*. 2024 Mar 25;384:e077344. doi: 10.1136/bmj-2023-077344. PMID: 38527751.
   **Full-text:** https://www-bmj-com.icgplibrary.idm.oclc.org/content/384/bmj-2023-077344

**What you need to know**

- Dry eye disease is a highly prevalent chronic ocular condition.
- The mainstays of dry eye disease management include lifestyle modification, eyelid hygiene, and lubrication.
- Novel therapeutic methods using intense pulse light or thermal pulsation may offer future benefit to patients with this condition.

4. Finnikin S, Finney B, Khatib R, McCormack J. **Statins, risk, and personalised care**. *BMJ*. 2024 Mar 18;384:e076774. doi: 10.1136/bmj-2023-076774. PMID: 38499292.
   **Full-text:** https://www-bmj-com.icgplibrary.idm.oclc.org/content/384/bmj-2023-076774
   **Abstract:** Sam Finnikin and colleagues argue that guidelines should focus less on population level risk thresholds and more on shared decision making conversations based on individualised risk and patient preferences.

5. Brown P, Pratt AG, Hyrich KL. **Therapeutic advances in rheumatoid arthritis**. *BMJ*. 2024 Jan 17;384:e070856. doi: 10.1136/bmj-2022-070856. PMID: 38233032.
   **Full-text:** https://www-bmj-com.icgplibrary.idm.oclc.org/content/384/bmj-2022-070856
   **Abstract:** Rheumatoid arthritis (RA) is one of the most common immune mediated inflammatory diseases. People with rheumatoid arthritis present with pain, swelling, and stiffness that typically affects symmetrically distributed small and large joints. Without effective treatment, significant joint damage, disability, and work loss develop, owing to chronic inflammation of the joint lining (synovium). Over the past 25 years, the management of this condition has been revolutionized, resulting in substantially higher levels of disease remission and better long term outcomes. This improvement reflects a paradigm shift towards early and aggressive pharmacological intervention coupled with a proliferation in treatment choice, in turn related to enhanced pathobiological understanding and the advent of new drugs for rheumatoid arthritis. Following an overview of these developments from a historical perspective, and with a general audience in mind, this review focuses on newer, targeted treatments in an ever evolving landscape. The review highlights ongoing areas of debate and unmet need, including the proportion of patients with persistent, difficult-to-treat disease, despite recent advances. Also discussed are personalized, strategic approaches to individual patients, the role for imaging in clinical decision making, and the goal of sustained, drug free remission and disease prevention in the future.

6. Tang E, Moran N, Cadman M, Hill S, Sloan C, Warburton E; guideline committee. **Stroke rehabilitation in adults: summary of updated NICE guidance**. *BMJ*. 2024 Mar 22;384:q498. doi: 10.1136/bmj.q498. PMID: 38519084.
   **Full-text:** https://www-bmj-com.icgplibrary.idm.oclc.org/content/384/bmj.q498

**What you need to know**

- Stroke rehabilitation total therapy time should be based on the person's needs, with the amount increasing to at least three hours a day on at least five days a week.
- Fatigue is common; use a validated scale for early assessment.
- Offer vision and hearing assessment.

- Consider referral to community participation programmes suited to the person's rehabilitation goals.

7. Henderson K, Lewis, Sloan CE, Bessesen DH, Arterburn D. **Effectiveness and safety of drugs for obesity.** *BMJ.* 2024 Mar 25;384:e072686. doi: 10.1136/bmj-2022-072686. PMID: 38527759.
   **Full-text:** https://www-bmj-com.icgplibrary.idm.oclc.org/content/384/bmj-2022-072686
   **Abstract:** Recent publicity around the use of new antiobesity medications (AOMs) has focused the attention of patients and healthcare providers on the role of pharmacotherapy in the treatment of obesity. Newer drug treatments have shown greater efficacy and safety compared with older drug treatments, yet access to these drug treatments is limited by providers' discomfort in prescribing, bias, and stigma around obesity, as well as by the lack of insurance coverage. Now more than ever, healthcare providers must be able to discuss the risks and benefits of the full range of antiobesity medications available to patients, and to incorporate both guideline based advice and emerging real world clinical evidence into daily clinical practice. The tremendous variability in response to antiobesity medications means that clinicians need to use a flexible approach that takes advantage of specific features of the antiobesity medication selected to provide the best option for individual patients. Future research is needed on how best to use available drug treatments in real world practice settings, the potential role of combination therapies, and the cost effectiveness of antiobesity medications. Several new drug treatments are being evaluated in ongoing clinical trials, suggesting that the future for pharmacotherapy of obesity is bright.

8. Woodward M, Dixon-Woods M, Randall W, Walker C, Hughes C, Blackwell S, Dewick L, Bahl R, Draycott T, Winter C, Ansari A, Powell A, Willars J, Brown IAF, Olsson A, Richards N, Leeding J, Hinton L, Burt J, Maistrello G, Davies C; Thiscovery Authorship Group; ABC Contributor Group; van der Scheer JW. **How to co-design a prototype of a clinical practice tool: a framework with practical guidance and a case study**. *BMJ Qual Saf.* 2024 Mar 25;33(4):258-270. doi: 10.1136/bmjqs-2023-016196. PMID: 38124136; PMCID: PMC10982632.
   **Full-text:** https://qualitysafety-bmj-com.icgplibrary.idm.oclc.org/content/33/4/258

   **Key messages**

- Much research and debate focuses on the validity and reliability of clinical tools for practice, but far less attention has been given to how to optimise their design and usability.
- We propose a framework (FRamework for co-dESign of Clinical practice tOols or 'FRESCO') offering practical guidance for developing prototype clinical tools, drawing on user-centred design methods and co-design principles.
- FRESCO successfully supported co-design of a prototype chart for detecting and responding to possible fetal deterioration during labour.
- By codifying existing methods and principles into a single framework, FRESCO has potential to facilitate pragmatic, flexible and inclusive co-design of clinical practice tools, but will require further evaluation.

9. Clayman ML, Scheibler F, Rüffer JU, Wehkamp K, Geiger F. **The Six Steps of SDM: linking theory to practice, measurement and implementation**. *BMJ Evid Based Med*. 2024 Mar 21;29(2):75-78. doi: 10.1136/bmjebm-2023-112289. PMID: 37673467; PMCID: PMC10982624.
**Full-text:** https://ebm-bmj-com.icgplibrary.idm.oclc.org/content/29/2/75
**Abstract:** Shared decision-making (SDM) has gained acceptance as a preferred and ideal method for medical decision-making. As SDM concepts and assessments initially focused on the clinical encounter, efforts to improve decision-making for patients initially did so, as well. This resulted in a plethora of patient-focused interventions (eg, patient decision aids) while lacking concurrent development of a systems-oriented approach to change the structural and procedural requirements of medicine for optimal implementation of SDM practice. We developed The Six Steps of SDM to fill gaps in coordination among theory, measurement, interventions and implementation of SDM. That is, ideally, theory should drive both measurement and development of interventions (including skills training and tools such as decision aids), and therefore, influence implementation.

10. Durand MA, Selby K, Okan Y. **Visualisation of evidence for shared decision making.** *BMJ Evid Based Med*. 2024 Mar 21;29(2):117-120. doi: 10.1136/bmjebm-2023-112565. PMID: 37968088.
**Full-text:** https://ebm-bmj-com.icgplibrary.idm.oclc.org/content/29/2/117
**Abstract:** Consistent with the principles of evidence-based medicine, effectively communicating evidence (including risks) in medicine is an essential part of shared decision making (SDM). SDM has been defined as 'an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences'. This process relies on access and understanding of evidence-based information by both patients and healthcare professionals. This includes outcome probabilities, typically presented numerically. Yet, a considerable fraction of the population is confronted with limited numeracy. Numeracy is defined as the ability to understand, use and interpret numbers and calculations in everyday situations.[2] This difficulty processing numbers is a significant barrier to effective communication in healthcare and SDM. Many studies demonstrate the potential of visuals to facilitate the presentation and understanding of both qualitative and quantitative information, including numbers.

11. **Use of oral penicillin challenge in low-risk penicillin allergy.** *Drug Ther Bull*. 2024 Mar 25;62(4):51. doi: 10.1136/dtb.2024.000015. PMID: 38527765.
**Full-text:** https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/62/4/51

**Key learning points**

- Only a small proportion of patients labelled as penicillin-allergic will have a true allergy to penicillin.
- Removing inaccurate penicillin allergy labels from patient records is an important component of antimicrobial stewardship.
- A study compared single-dose oral penicillin challenge with skin testing followed by the oral penicillin challenge, in people at low risk of penicillin allergy.

12. **Does oseltamivir prevent hospitalisation in people with influenza?** *Drug Ther Bull.* 2024 Mar 25;62(4):52. doi: 10.1136/dtb.2024.000016. PMID: 38527768.
**Full-text:** https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/62/4/52

**Key learning points**

- Oseltamivir was granted market authorisation approval in 2002 and is licensed for treatment and prevention of influenza.
- Previous evidence reviews have produced conflicting results on the effect of oseltamivir on the risk of hospitalisation.
- A recent systematic review found that oseltamivir was not associated with a reduced risk of hospitalisation.

13. **Safety update: valproate safety and educational materials**. *Drug Ther Bull*. 2024 Mar 25;62(4):53. doi: 10.1136/dtb.2024.000013. PMID: 38417949.
**Full-text:** https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/62/4/53

**Key learning points**

- For over 40 years, there have been concerns over the safety of valproate in pregnancy.
- Fetal valproate spectrum disorder describes the physical and neurodevelopmental effects that have occurred in children whose mothers took valproate during pregnancy.
- New safety and educational materials have been introduced to support discussions with patients over the risks of valproate.

14. Palapar L, Blom JW, Wilkinson-Meyers L, Lumley T, Kerse N. **Preventive interventions to improve older people's health outcomes: systematic review and meta-analysis.** *Br J Gen Pract*. 2024 Mar 27;74(741):e208-e218. doi: 10.3399/BJGP.2023.0180. PMID: 38499364; PMCID: PMC10962503.
**Full-text:** https://bjgp-org.icgplibrary.idm.oclc.org/content/74/741/e208
**Abstract:** Systematic reviews of preventive, non-disease-specific primary care trials for older people often report effects according to what is thought to be the intervention's active ingredient. To examine the effectiveness of preventive primary care interventions for older people and to identify common components that contribute to intervention success. A systematic review and meta-analysis of 18 randomised controlled trials (RCTs) published in 22 publications from 2009 to 2019. Preventive primary care interventions are beneficial to older people's functional ability and SRH but not other outcomes. To improve primary care for older people, future programmes should consider delivering care in alternative settings, for example, home visits and phone contacts, and providing education to patients and health professionals as these may contribute to positive outcomes.

15. Jones D, Drewery R, Windle K, Humphrey S, de Paiva AF. **Dementia prevention and the GP's role: a qualitative interview study.** *Br J Gen Pract.* 2024 Mar 27;74(741):e242-e249. doi: 10.3399/BJGP.2023.0103. PMID: 37549993; PMCID: PMC10428004.
**Full-text:** https://bjgp-org.icgplibrary.idm.oclc.org/content/74/741/e242
**Abstract:** GPs play an increasingly important role in proactively preventing dementia.

Dementia in 40% of patients could be prevented or delayed by targeting 12 modifiable risk factors throughout life. However, little is known about how GPs perceive their role in dementia prevention and the associated barriers. Semi-structured online interviews were conducted with 11 UK GPs exploring their views regarding their role in dementia prevention. Data were analysed using thematic analysis. There needs to be a whole-systems shift towards prioritising brain health and supporting primary care professionals in their preventive role. Education is key to underpinning this role in dementia prevention.

16. Greenwood H, Davidson AR, Thomas R, Albarqouni L. **Common barriers and enablers to the use of non-drug interventions for managing common chronic conditions in primary care: an overview of reviews**. *BMC Prim Care*. 2024 Apr 6;25(1):108. doi: 10.1186/s12875-024-02321-8. PMID: 38582829; PMCID: PMC10998330. [Open Access]
**Full-text:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10998330/
**Abstract:** Non-drug interventions are recommended for chronic condition prevention and management yet are underused in clinical practice. Understanding barriers and enablers to using non-drug interventions may help implement non-drug interventions in primary care. We aimed to conduct an overview of reviews to identify and summarise common barriers and enablers for using non-drug interventions for common chronic conditions in primary care. We synthesised reviews to provide new insight into common barriers and enablers for using non-drug interventions to prevent and manage chronic conditions in primary care. The factors identified can inform the development of generalisable implementation interventions to enhance uptake of multiple non-drug interventions simultaneously.

17. Carville KS, Meagher N, Abo YN, Manski-Nankervis JA, Fielding J, Steer A, McVernon J, Price DJ. **Burden of antimicrobial prescribing in primary care attributable to sore throat: a retrospective cohort study of patient record data**. *BMC Prim Care*. 2024 Apr 17;25(1):117. doi: 10.1186/s12875-024-02371-y. PMID: 38632513.
**Full-text:** https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-024-02371-y
**Abstract:** Reducing antibiotic use in Australia, and the subsequent impact on antimicrobial resistance, requires multiple, sustained approaches with appropriate resources and support. Additional strategies to reduce antibiotic prescribing include effective vaccines, against pathogens such as Streptococcus pyogenes, the most common bacterial cause of sore throat. As part of efforts towards assessing the benefits of introducing new strategies to reduce antimicrobial prescribing, we aimed to determine the burden of antimicrobial prescribing for sore throat in general practice. Frequency of antibiotic prescribing for sore throat is high and broad, despite Australian Therapeutic guideline recommendations. Multiple, sustained interventions to reduce prescribing, including availability of effective S. pyogenes vaccines that could reduce the incidence of streptococcal pharyngitis, could obviate the need to prescribe antibiotics and support ongoing efforts to promote antimicrobial stewardship.

18. Bogerd MJ, Slottje P, Bont J, Van Hout HP. **Development of a person-centred care approach for persons with chronic multimorbidity in general practice by means of participatory action research**. *BMC Prim Care*. 2024 Apr 16;25(1):114. doi: 10.1186/s12875-024-02364-x. PMID: 38627610.
**Full-text:** https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-024-02364-x

**Abstract:** The management of persons with multimorbidity challenges healthcare systems tailored to individual diseases. A person-centred care approach is advocated, in particular for persons with multimorbidity. The aim of this study was to describe the co-creation and piloting of a proactive, person-centred chronic care approach for persons with multimorbidity in general practice, including facilitators and challenges for successful implementation. A person-centred chronic care approach targeting patients with multimorbidity in general practice was developed and piloted in co-creation with stakeholders. More consultation time facilitated better understanding of persons' situations, their functioning, priorities and dilemma's, and positively impacted work satisfaction of care providers. Challenges need to be tackled before widespread implementation. Future evaluation on the quadruple aims is recommended.

19. Angibaud M, Jourdain M, Girard S, Rouxel L, Mouhib A, Nogueira A, Rat C, Huon JF. **Involving community pharmacists in interprofessional collaboration in primary care: a systematic review**. *BMC Prim Care*. 2024 Apr 1;25(1):103. doi: 10.1186/s12875-024-02326-3. PMID: 38561676; PMCID: PMC10983710.
**Full-text:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10983710/
**Abstract:** The World Health Organization supports interprofessional collaboration in primary care. On over the past 20 years, community pharmacists had been taking a growing number of new responsibilities and they are recognized as a core member of collaborative care teams as patient-centered care providers. This systematic review aimed to describe interprofessional collaboration in primary care involving a pharmacist, and its effect on patient related outcomes. Collaboration involving pharmacists is mainly described in relation to cardiovascular diseases, for which patient-centered indicators are most often positive. It underscores the need for further controlled studies on pharmacist-involved interprofessional collaboration across various medical conditions to improve consensus on core outcomes measures.

20. Nebsbjerg MA, Vestergaard CH, Bomholt KB, Christensen MB, Huibers L. **Use of Video in Telephone Triage in Out-of-Hours Primary Care: Register-Based Study**. *JMIR Med Inform*. 2024 Apr 4;12:e47039. doi: 10.2196/47039. PMID: 38596835; PMCID: PMC11007381. [Open Access]
**Full-text:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11007381/
**Abstract:** Out-of-hours primary care (OOH-PC) is challenging due to high workloads, workforce shortages, and long waiting and transportation times for patients. Use of video enables triage professionals to visually assess patients, potentially ending more contacts in a telephone triage contact instead of referring patients to more resource-demanding clinic consultations or home visits. Thus, video use may help reduce use of health care resources in OOH-PC. This study aimed to investigate video use in telephone triage contacts to OOH-PC in Denmark by studying rate of use and potential associations between video use and patient- and contact-related characteristics and between video use and triage outcomes and follow-up contacts. We hypothesized that video use could serve to reduce use of health care resources in OOH-PC. This study supports our hypothesis that video contacts could reduce use of health care resources in OOH-PC. Video use lowered the frequency of referrals to a clinic consultation or a home visit and also lowered the frequency of follow-up contacts. However, the results could be biased due to confounding by indication, reflecting that triage GPs use video for a specific set of reasons for encounters.

21. Cromwell P, McCarthy T, Fearon N, Heneghan H. **Adolescent bariatric surgery-a survey of referring practitioners**. *Ir J Med Sci*. 2024 Mar 8. doi: 10.1007/s11845-024-03624-6. Epub ahead of print. PMID: 38459246. [Open Access]
**Full-text:** https://link-springer-com.icgplibrary.idm.oclc.org/article/10.1007/s11845-024-03624-6
**Abstract:** Recent guidelines, supported by large, well-designed studies, suggest that bariatric surgery is a safe and effective treatment for adolescents living with severe obesity to improve health and psychosocial functioning. The aim of this study was to assess the opinions and referral practices of general practitioners (GPs) and paediatricians in Ireland. There is a reluctance among GPs to refer adolescents with severe obesity for consideration of bariatric surgery. Concerns regarding the different obesity treatments held by medical professionals should be addressed through education and engagement and should be fundamental to the development of child and adolescent obesity services.

22. McCarthy SE, Hogan C, Jenkins L, Schwanberg L, Williams DJ, Mellon L, Walsh A, Keane T, Rafter N. **Videos of simulated after action reviews: a training resource to support social and inclusive learning from patient safety events**. *BMJ Open Qual*. 2023 Jul;12(3):e002270. doi: 10.1136/bmjoq-2023-002270. PMID: 37553274; PMCID: PMC10414102. [Open Access]
**Full-text:** https://bmjopenquality.bmj.com/content/12/3/e002270.long
**Abstract:** Innovation in the education and training of healthcare staff is required to support complementary approaches to learning from patient safety and everyday events in healthcare. Debriefing is a commonly used learning tool in healthcare education but not in clinical practice. Little is known about how to implement debriefing as an approach to safety learning across a health system. After action review (AAR) is a debriefing approach designed to help groups come to a shared mental model about what happened, why it happened and to identify learning and improvement. This paper describes a digital-based implementation strategy adapted to the Irish healthcare system to promote AAR uptake. The digital strategy aims to assist implementation of national level incident management policies and was collaboratively developed by the RCSI University of Medicine and Health Sciences and the National Quality and Patient Safety Directorate of the Health Service Executive. During the COVID-19 pandemic, a well-established in-person AAR training programme was disrupted and this led to the development of a series of open access videos on AAR facilitation skills (which accompany the online version of this paper). These provide: (1) an introduction to the AAR facilitation process; (2) a simulation of a facilitated formal AAR; (3) techniques for handling challenging situations that may arise in an AAR and a (4) reflection on the benefits of the AAR process. These have the potential to be used widely to support learning from patient safety and everyday events including excellent care.

23. Gkiouleka A, Wong G, Sowden S, Kuhn I, Moseley A, Manji S, Harmston RR, Siersbaek R, Bambra C, Ford JA. **Reducing health inequalities through general practice: a realist review and action framework.** *Health Soc Care Deliv Res*. 2024 Mar;12(7):1-104. doi: 10.3310/YTWW7032. PMID: 38551093. [Open Access]
**Full-text:** https://www.journalslibrary.nihr.ac.uk/hsdr/YTWW7032#/abstract
**Abstract:** Health inequalities are unfair differences in health across different groups of the population. In the United Kingdom, the health inequality gap in life expectancy between the richest and poorest is increasing and is caused mostly by differences in long-term conditions like cancer and cardiovascular disease and respiratory

conditions, such as chronic obstructive pulmonary disease. Partly National Health Service inequalities arise in delays in seeing a doctor and care provided through doctors' surgery, such as delays in getting tests. This study explored how general practice services can increase or decrease inequalities in cancer, cardiovascular disease, diabetes and chronic obstructive pulmonary disease, under what circumstances and for whom. It also produced guidance for general practice, both local general practices and the wider general practice system, to reduce inequalities. We reviewed existing studies using a realist methodology. This methodology helps us understand the different contexts in which interventions work or not. We found that inequalities in general practice result from complex processes across different areas. These include funding and workforce, perceptions about health and disease among patients and healthcare staff, everyday procedures involved in care delivery, and relationships among individuals and communities. To reduce inequalities in general practice, action should be taken in all these areas and services need to be connected (i.e. linked and coordinated across the sector), intersectional (i.e. accounting for the fact that people's experience is affected by many of their characteristics like their gender and socio-economic position), flexible (i.e. meeting patients' different needs and preferences), inclusive (i.e. not excluding people because of who they are) and community-centred (i.e. working with the people who will receive care when designing and providing it). There is no one single intervention that will make general practice more equitable, rather it requires long-term organisational change based on these principles.

24. Maharty DC, Hines SC, Brown RB. **Chronic Low Back Pain in Adults: Evaluation and Management.** *Am Fam Physician*. 2024 Mar;109(3):233-244. PMID: 38574213. [Contact ICGP Library]
**Abstract:** Chronic low back pain, defined as lumbar pain persisting for 12 weeks or more, occurs in about 13% of U.S. adults. Patients with chronic low back pain should have a history and physical examination to identify red flags that may indicate serious conditions that warrant immediate intervention or yellow flags (i.e., psychological, environmental, and social factors) that indicate risk of disability. The examination should include an evaluation for radicular symptoms. Routine imaging is not recommended but is indicated when red flags are present, there is a neuromuscular deficit, or if pain does not resolve with conservative therapy. Patients should avoid bed rest. Nonpharmacologic treatment is first-line management and may include therapies with varying evidence of support, such as counseling, exercise therapy, spinal manipulation, massage, heat, dry needling, acupuncture, transcutaneous electrical nerve stimulation, and physical therapy. Pharmacologic interventions are second-line treatment. Nonsteroidal anti-inflammatory drugs are the initial medication of choice; duloxetine may also be beneficial. Evidence is inconclusive to recommend the use of benzodiazepines, muscle relaxants, antidepressants, corticosteroids, insomnia agents, anticonvulsants, cannabis, acetaminophen, or long-term opioids. Epidural corticosteroid injections are not recommended except for short-term symptom relief in patients with radicular pain. Most patients with chronic low back pain will not require surgery; evaluation for surgery may be considered in those with persistent functional disabilities and pain from progressive spinal stenosis, worsening spondylolisthesis, or herniated disk. Physicians should consider prevention of chronic low back pain when patients present with acute back pain. Screening tools are available to predict the progression from acute to chronic low back pain, and targeted treatment strategies are beneficial for preventing progression.

25. Tsaousi F, Bouloukaki I, Christodoulakis A, Ierodiakonou D, Tzanakis N, Tsiligianni I. **A Chronic Obstructive Pulmonary Disease Self-Management Intervention for Improving Patient-Reported Outcomes in Primary Care in Greece**. *Medicina* (Kaunas). 2024 Feb 23;60(3):377. doi: 10.3390/medicina60030377. PMID: 38541103; PMCID: PMC10972103. [Open Access]
**Full-text:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10972103/
**Abstract:** Self-management programs are essential for increasing COPD patient participation and autonomy in making appropriate decisions about their chronic condition. The present study aimed to assess the impact of COPD self-management interventions on quality of life, functional status, patient education, depression, and anxiety in primary care. At the end of the 6-month intervention, most PROMs improved significantly in the intervention group ($p < 0.05$) but did not show significant changes in the control group. The greatest improvements at follow-up compared to baseline measurements were observed for dyspnea (mMRC-38.6%), anxiety (BAI-35%), depression (BDI-20.2%), COPD health status (CCQ-34.1%), and the actively managing my health subscale of HLQ (23.5%). Our results suggest that a self-management intervention could be an effective strategy for improving PROMs in primary care. Although more research is needed to identify the long-term effects of such interventional programs, policymakers could implement similar programs to improve the overall health of these patients.

26. Stokes J, Bower P, Smith SM, Guthrie B, Blakeman T, Valderas JM, Salisbury C. **A primary care research agenda for multiple long-term conditions: a Delphi study.** *Br J Gen Pract.* 2024 Mar 27;74(741):e258-e263. doi: 10.3399/BJGP.2023.0163. PMID: 38164536; PMCID: PMC10947355 [Open Access]
**Full-text:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10947355/
**Abstract:** Multiple long-term conditions (MLTC), also known as multimorbidity, has been identified as a priority research topic globally. Research priorities from the perspectives of patients and research funders have been described. Although most care for MLTC is delivered in primary care, the priorities of academic primary care have not been identified. To identify and prioritise the academic primary care research agenda for MLTC. These high-priority research questions offer funders and researchers a basis on which to build future grant calls and research plans. Addressing complexity in this research is needed to inform improvements in systems of care and for disease prevention.

27. James ND, Tannock I, N'Dow J, Feng F, Gillessen S, et al. **The Lancet Commission on prostate cancer: planning for the surge in cases**. *Lancet.* 2024 Apr 4:S0140-6736(24)00651-2. doi: 10.1016/S0140-6736(24)00651-2. Epub ahead of print. PMID: 38583453. [Open Access]
**Full-text:** https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(24)00651-2.pdf

**Key messages**

• We project that the number of new cases of prostate cancer annually will rise from 1·4 million in 2020 to 2·9 million by 2040. Changing age structures and improving life expectancy are predicted to drive big increases in the disease.

• The projected rise in prostate cancer cases cannot be prevented by lifestyle changes or public health interventions.

• Late diagnosis of prostate cancer is widespread worldwide but especially in LMICs, where late diagnosis is the norm. The only way to mitigate the harm caused by rising case numbers is to urgently set up systems for earlier diagnosis in LMICs. Trials of screening are urgently needed in LMICs to better inform ways to improve early diagnosis.

• Early diagnosis systems will need to incorporate novel mixes of personnel and integrate the growing power of artificial intelligence to aid interpretation of scans and biopsy samples.

• As the rise in prostate cancer is likely to be mirrored by rises in other conditions such as diabetes and heart disease, early diagnosis programmes should focus not just on prostate cancer but on men's health more broadly.

• Outreach programmes are needed that harness the broad global availability of smartphones as tools for education about prostate cancer (using both social media and traditional media), as are programmes that assist people with navigation of health-care systems.

• Most prostate cancer research has disproportionally focused on men of European origin, despite rates of prostate cancer being twice as high in men of African heritage. Better understanding of drivers of ethnic differences in prevalence of the disease is a key research priority.

• Treatment of advanced prostate cancer remains a problem, and affordable therapies are available but are unevenly distributed. Consistent use of these therapies is a costeffective way to reduce harm from prostate cancer.

• There remains a shortage of specialist surgeons and radiotherapy equipment in LMICs, and addressing this shortage is key to improving prostate cancer care globally.

28. Campbell P, Rutten FH, Lee MM, Hawkins NM, Petrie MC. **Heart failure with preserved ejection fraction: everything the clinician needs to know**. *Lancet.* 2024 Mar 16;403(10431):1083-1092. doi: 10.1016/S0140-6736(23)02756-3. Epub 2024 Feb 14. Erratum in: Lancet. 2024 Mar 16;403(10431):1026. PMID: 38367642. [Available via inter-library loan – Contact ICGP Library]
**Abstract:** Heart failure with preserved ejection fraction (HFpEF) is increasingly recognised and diagnosed in clinical practice, a trend driven by an ageing population and a rise in contributing comorbidities, such as obesity and diabetes. Representing at least half of all heart failure cases, HFpEF is recognised as a complex clinical syndrome. Its diagnosis and management are challenging due to its diverse pathophysiology, varied epidemiological patterns, and evolving diagnostic and treatment approaches. This Seminar synthesises the latest insights on HFpEF, integrating findings from recent clinical trials, epidemiological research, and the latest guideline recommendations. We delve into the definition, pathogenesis, epidemiology, diagnostic criteria, and management strategies (non-pharmacological and pharmacological) for HFpEF. We highlight ongoing clinical trials and future

developments in the field. Specifically, this Seminar offers practical guidance tailored for primary care practitioners, generalists, and cardiologists who do not specialise in heart failure, simplifying the complexities in the diagnosis and management of HFpEF. We provide practical, evidence-based recommendations, emphasising the importance of addressing comorbidities and integrating the latest pharmacological treatments, such as SGLT2 inhibitors.