

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

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## College Publications

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

**Latest Issue of Forum**  
**July 2024, Volume 41, no 6**

Bariatric Surgery abroad: Picking up the pieces

 **View all Forums:**

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

### GPWorks

In this episode, the Director of Women's Health, Dr Laura Cullen, describes the influence of Dr Austin O'Carroll in her decision to become a GP; how the city-born GP became a rural doctor, the challenges of rural general practice, and her ambitions for developing the



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work of GPs in Women's Health services.

GP Works is presented and produced by Aileen O'Meara, for the Irish College of GPs. You can contact us at [media@icgp.ie](mailto:media@icgp.ie)

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

### ICGP Staff Research Articles

Kendir C, van den Berg M, Bloemeke-Cammin J, Groene O, Guanais F, Rochfort A, Valderas JM, Klazinga N. **Engaging primary care professionals in OECD's international PaRIS survey: a documentary analysis.** *Health Res Policy Syst.* 2024 Jul 4;22(1):76. doi: 10.1186/s12961-024-01170-2. PMID: 38965544; PMCID: PMC11223287. <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-024-01170-2>

Broughan J, Sietiņš E, Emily Siu KY, Clendennen N, Collins C, Fawsitt R, Lambert JS, Savinelli S, Skeffington S, McCombe G, Cullen W. **Enhancing long COVID care in general practice: A qualitative study.** *PLoS One.* 2024 Jun 26;19(6):e0306077. doi: 10.1371/journal.pone.0306077. PMID: 38924005; PMCID: PMC11207167. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0306077>

 **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

### **UCC News - 'GP on the Quad Conference' takes place in UCC**

By UCC, 23 July 2024.

This inaugural conference hosted by the Department of General Practice UCC in partnership with the Cork postgraduate GP Training Scheme and HSE Primary Care Cork/Kerry focused on 'Leadership and Capacity-building in General Practice'. The event brought together more than 120 GPs from across the region to the beautiful surrounds of the Aula Maxima, where we heard from national and regional leaders in general practice and primary care.

### **Dept. of Health Press Release - Minister for Health publishes Bill to provide a legal basis for digital health records in Ireland**

By Department of Health, 19 July 2024.

The new Health Information Bill will provide patients with easier access to their own health information, allowing them to make more informed decisions about their health and care:

- the Health Information Bill will provide a clear legal basis for the establishment of a Digital Health Record for people in Ireland.
- the new law will allow for greater patient access to their own health information.

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- the Bill facilitates appropriate sharing of care records in support of integrated care.

## Reports



### **ESRI Research Series: Health impacts of climate change and mitigation policies in Ireland** (10<sup>th</sup> July)

New research published by the Economic and Social Research Institute (ESRI) and funded by the Irish Heart Foundation and Irish Cancer Society on behalf of the Climate and Health Alliance provides evidence on the link between climate change, temperature changes and healthcare utilisation in Ireland.

#### **Key findings:**

#### **Current period**

- Climate change has direct and indirect impacts on population health. Temperature increases are considered one of the principal threats to population health associated with climate change in Ireland.
- Using data from HIPE over the period 2015-2019, emergency hospital admissions for temperature-affected diseases were 8.5% higher on hot days (22-25oC compared to moderate temperature days (10-13oC) in Ireland.
- The largest increases in hospitalisations on hot days were seen for circulatory, respiratory and infectious diseases, and amongst younger people (0-14 years).
- On the hottest days where temperatures exceed 25oC, results showed potential evidence of adaptive behaviour, especially among older people, suggesting advance notice of very warm days can help people change their behaviour.

#### **Future periods**

- Mean annual temperatures are projected to increase by 1-1.6oC by 2041-2060 compared to the reference period 1981-2000, under the RCP4.5 climate scenario (the most likely scenario).
- Hospital admissions for health conditions linked with temperature are projected to increase by 12.2% during hotter weather under the most realistic scenario (RCP4.5 scenario) in the 2041-2060 period.
- Evidence from the literature estimates that under the most pessimistic climate scenario (RCP8.5), climate change could lead to 1,400 additional deaths per annum in Ireland by the end of the 21st century. Illustrating the benefits of climate mitigation actions, excess mortality is projected to be 483 under the most likely climate scenario, RCP4.5.

 **Read the Report:** [Health impacts of climate change and mitigation policies in Ireland | ESRI](#)

### **HIQA - National Standards for Information Management in Health and Social Care** (27<sup>th</sup> June 2024)

HIQA has developed National Standards for Information Management in Health and Social Care that aim to contribute to safer better care by improving the management of health



and social care information. These new standards will support Ireland's health and social care system meet requirements set out under forthcoming health information legislation at both national and European level including the Health Information Bill and the European Health Data Space. The standards will also support the implementation of the Department of Health's strategy, Digital for Care: A Digital Health Framework for Ireland 2024-2030.

 **Read the Report:** [National Standards for Information Management in Health and Social Care | HIQA](#)



### **WHO: Global status report on alcohol and health and treatment of substance use disorders** (25<sup>th</sup> June 2024)

The Global status report on alcohol and health and treatment of substance use disorders presents a comprehensive overview of alcohol consumption, alcohol-related harm and policy responses as well as treatment capacities for alcohol and drug use disorders worldwide. The report is based on data collected by WHO from Member States and organized in accordance with the Sustainable Development Goals health target 3.5 which calls on countries to strengthen “the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”. The chapter on alcohol and health continues the series of WHO global status reports on alcohol and health and presents the latest available data on the status of, and trends in, alcohol consumption, as well as estimates of the alcohol-attributable disease burden and descriptions of policy responses worldwide. On the basis of data collected from countries on the treatment of substance use disorders the report describes the status of key components of treatment responses to alcohol and drug use disorders and proposes a new service capacity index for these disorders as an additional contextual indicator for monitoring progress in this domain of SDG health target 3.5. The report concludes with broad directions for international action to accelerate progress towards achievement of SDG health target 3.5.

 **Read the Report:** [Global status report on alcohol and health and treatment of substance use disorders \(who.int\)](#)

## EBM Round-Up



### **NMIC Therapeutics Today (July 2024)**

In this month's Therapeutics Today:

- Recent NMIC Bulletins
- Guidance and advice
- Regular features:
  - Medication Safety Minutes
  - HSE Antibiotic Prescribing
  - Health Protection Surveillance Centre updates
  - Signposting
- 👁 **View [this issue](#).**

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## HSE - Quality Improvement Toolkit 2024 (June 2024)

The 2024 Quality Improvement Guide & Toolkit navigates you through 6 Steps for designing, implementing, spreading & sustaining an improvement project in health services. It offers many QI methods to assist you to achieve measurable change.

👁️ **View** [the toolkit](#).

## HSE Health Promotion (June 2024)

The HSE produce and distribute a wide range of health-related resources. They have redeveloped the site with significant updates. After extensive technical and user acceptance testing, the website now displays a product image for each resource along with improvements to user flow, account security, and content design. You can use the search function to browse through all resources available. You can also download or order publications.

👁️ **View** the [website](#).

## Irish Articles

1. Shea M, Kiely B, O'Donnell P, Smith SM. **An evaluation of the social deprivation practice grant in Irish general practice.** *BJGP Open*. 2024 Feb 23;BJGPO.2023.0195. doi: 10.3399/BJGPO.2023.0195. Epub ahead of print. PMID: 38395435.  
**Full-text:** <https://bjgpopen.org/content/8/2/BJGPO.2023.0195>  
**Abstract:** The Inverse Care Law states that availability of good medical care varies inversely with the need for it in the population served. In 2019 the main medical union and the Department of Health in Ireland, agreed on funding a Social Deprivation Practice grant for GP practices in urban deprived areas. The aim of this study was to examine the implementation and impact of the Social Deprivation Practice Grant in participating General Practices. Delivery of healthcare in areas of socioeconomic deprivation presents significant challenges. While there were some problems with implementation, the introduction of a small, targeted grant for GP practices in areas of social deprivation allowed those practices to enhance their services with tailored initiatives seeking to meet the needs of their patient populations.
2. Kiely B, Hobbins A, Boland F, Clyne B, Galvin E, et al. **An exploratory randomised trial investigating feasibility, potential impact and cost effectiveness of link workers for people living with multimorbidity attending general practices in deprived urban communities.** *BMC Prim Care*. 2024 Jun 28;25(1):233. doi: 10.1186/s12875-024-02482-6. PMID: 38943076; PMCID: PMC11212363.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11212363/>  
**Abstract:** Social prescribing link workers are non-health or social care professionals who connect people with psychosocial needs to non-clinical community supports. They are being implemented widely, but there is limited evidence for appropriate target populations or cost effectiveness. This study aimed to explore the feasibility, potential impact on health outcomes and cost effectiveness of practice-based link workers for people with multimorbidity living in deprived urban communities. While the trial under-recruited participants mainly due to COVID-19 restrictions, it

demonstrates that robust evaluations and cost utility analyses are possible. Further evaluations are required to establish cost effectiveness and should consider using the ICE-CAP-A wellbeing measure for cost utility analysis.

**Registration:** This trial is registered on ISRCTN.

**Title:** Use of link workers to provide social prescribing and health and social care coordination for people with complex multimorbidity in socially deprived areas.

**Trial id:** ISRCTN10287737. Date registered 10/12/2019. Link: <https://www.isrctn.com/ISRCTN10287737>.

3. Mazurenko O, O'Brien E, Beug A, Smith SM, McCarthy C. **Recommendations for managing adults with chronic non-cancer pain in primary care: A systematic clinical guideline review.** *J Eval Clin Pract.* 2024 Aug 5. doi: 10.1111/jep.14118. Epub ahead of print. PMID: 39104080.

**Full-text:** <https://onlinelibrary.wiley.com/doi/10.1111/jep.14118>

**Abstract:** Chronic non-cancer pain (CNCP) is a leading driver of disability. Primary care clinicians treat most patients with CNCP. Yet, they are often unable to identify appropriate pain treatments, mainly due to concerns about the safety and effectiveness of available medications. Clinical practice guidelines (CPGs) can be useful tools to guide primary care clinicians in selecting pain treatments based on the best available evidence. To undertake a systematic review of CPGs that address the management of adults with CNCP, regardless of underlying condition type, in primary care. Most CPGs focused on opioid management, with contradictory recommendations for non-opioid management based on low-quality evidence. Additional research is needed to strengthen the evidence for using non-opioid and non-pharmacological interventions to manage patients with CNCP.

4. Lee SC, Warrington D, Beaney T, Cockcroft JR, Pugh CJA, et al. **May Measurement Month 2021: an analysis of blood pressure screening results from the UK and Republic of Ireland.** *Eur Heart J Suppl.* 2024 Jul 24;26(Suppl 3):iii96-iii98. doi: 10.1093/eurheartjsupp/suae060. PMID: 39055583; PMCID: PMC11267707.

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11267707/>

**Abstract:** We participated in the UK and Republic of Ireland May Measurement Month 2021 (MMM21) campaign to raise awareness about blood pressure (BP) measurement and the dangers posed by elevated BP and hypertension. In addition, the campaign aimed to collect and report levels of BP awareness and control in the community setting. The MMM21 campaign set up opportunistic community screening sites at hospitals, general practice (GP) surgeries, community pharmacies, gyms, and various other public places. The campaign screened 1322 participants (mean age 46 years, 55% women) and found that 522 (39.5%) had hypertension (systolic BP  $\geq$  140 mmHg and/or diastolic BP  $\geq$  90 mmHg or on antihypertensive medication) at the time of testing. Of the 522 participants identified with hypertension, only 47.2% were aware of their condition. Of those on antihypertensive medication, only 45.7% had controlled BP (systolic BP < 140 mmHg and diastolic BP < 90 mmHg), and of all hypertensives, only 19.0% were controlled. Our UK and Ireland data continue to shed further light on low levels of awareness and control of hypertension in the UK and Ireland community setting. This evidence supports a critical need to further highlight the importance of

identifying and taking action against raised BP.

5. Burton E, Aladkhen J, O'Donnell C, Masterson S, Merwick Á, et al. **Effects of the COVID-19 Pandemic on Prehospital Emergency Care for Adults with Stroke and Transient Ischaemic Attack: A Systematic Review and Meta-Analysis.** *Prehosp Emerg Care.* 2024;28(6):803-822. doi: 10.1080/10903127.2023.2219729. Epub 2023 Jun 29. PMID: 37261801.  
**Full-text:** <https://www.tandfonline.com/doi/full/10.1080/10903127.2023.2219729>  
**Abstract:** COVID-19 has challenged global health care systems and resulted in prehospital delays for time-sensitive emergencies, like stroke and transient ischemic attacks (TIA). However, there are conflicting international reports on the level of effect of the pandemic on ambulance response intervals and emergency call volumes for these conditions. The purpose of this study was to synthesize the international evidence on the effect of COVID-19 on ambulance response intervals and emergency call volume for suspected stroke and TIA. Our review indicates that prehospital delays for suspected stroke/TIA increased during the COVID-19 pandemic. Furthermore, emergency call volume for suspected stroke/TIA decreased during this period. In order to minimize delays in future pandemics or other health care emergencies future research may involve understanding the potential reasons for these delays.
6. Fitzgerald I, Sahm LJ, Howe J, Maidment I, Wallace E, Crowley EK. **Shared decision-making interventions in the choice of antipsychotic prescription in people living with psychosis (SHAPE): Protocol for a realist review.** *PLoS One.* 2024 Jul 25;19(7):e0304626. doi: 10.1371/journal.pone.0304626. PMID: 39052681; PMCID: PMC11271866.  
**Full-text:** <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0304626>  
**Abstract:** Shared decision-making (SDM) has yet to be successfully adopted into routine use in psychiatric settings amongst people living with severe mental illnesses. Suboptimal rates of SDM are particularly prominent amongst patients with psychotic illnesses during antipsychotic treatment choices. Many interventions have been assessed for their efficacy in improving SDM within this context, although results have been variable and inconsistent. This is the first realist review aiming to identify generative mechanisms explaining how and why successful interventions aimed at improving SDM within the parameters outlined work and in which contexts desired outcomes are most likely to be achieved. Review findings will include suggestions for clinicians, policy and decision-makers about the most promising interventions to pursue and their ideal attributes.
7. Oakley S, Manning M, Macfarlane A, Murphy A, Loftus-Moran O, Markey K. **Factors influencing general practice nurse's implementation of culturally responsive care, using normalization process theory: A cross-sectional study.** *J Adv Nurs.* 2024 Jul 14. doi: 10.1111/jan.16321. Epub ahead of print. PMID: 39004903.  
**Full-text:** <https://onlinelibrary.wiley.com/doi/10.1111/jan.16321>  
**Abstract:** To explore levers and barriers to providing culturally responsive care for general practice nurses (GPNs) using normalization process theory. GPNs in this study indicated their familiarity with, acknowledged the importance of and were committed to, providing culturally responsive care. However, implementing culturally responsive care in daily practice was problematic due to insufficient education and training, scarcity of resources and supports and a lack of

organizational leadership. Subsequently, GPNs experience difficulties adapting everyday practices to respond appropriately to the care needs of culturally and linguistically diverse (CaLD) patients. Using normalization process theory, this study elucidates for the first time how GPNs in Ireland make sense of, legitimize, enact and sustain culturally responsive care as a routine way of working. It illuminates the multitude of micro-level (individual), meso-level (organizational) and macro-level (structural) factors that require attention for normalizing culturally responsive care in general practice services.

8. Waters ML, Dargan PI, Yates C, Dines AM, Eyer F, et al. **Clinical effects of cannabis compared to synthetic cannabinoid receptor agonists (SCRAs): a retrospective cohort study of presentations with acute toxicity to European hospitals between 2013 and 2020.** *Clin Toxicol (Phila)*. 2024 Jun;62(6):378-384. doi: 10.1080/15563650.2024.2346125. Epub 2024 Jun 27. PMID: 38934347.  
**Full-text:** <https://www.tandfonline.com/doi/full/10.1080/15563650.2024.2346125>  
**Abstract:** Cannabis is the most common recreational drug worldwide and synthetic cannabinoid receptor agonists are currently the largest group of new psychoactive substances. The aim of this study was to compare the clinical features and outcomes of lone acute cannabis toxicity with lone acute synthetic cannabinoid receptor agonist toxicity in a large series of presentations to European emergency departments between 2013-2020. This study directly compares presentations with acute drug toxicity related to the lone use of cannabis or synthetic cannabinoid receptor agonists. It supports previous findings of increased neuropsychiatric toxicity from synthetic cannabinoid receptor agonists compared to cannabis and provides further data on cardiovascular toxicity in lone cannabis use.
  
9. Medina-Aedo M, Beltran J, Valli C, Canelo-Aybar C, Song Y, Ballester M, et al. **Recommendations on self-management interventions for adults living with obesity: COMPAR-EU project.** *Clin Obes*. 2024 Aug;14(4):e12667. doi: 10.1111/cob.12667. Epub 2024 May 17. PMID: 38757917  
**Full-text:** <https://onlinelibrary.wiley.com/doi/10.1111/cob.12667>  
**Abstract:** Self-management interventions (SMIs) may improve disease management in adults living with obesity. We formulated evidence-based recommendations for SMIs within the context of the COMPAR-EU project. The multidisciplinary panel selected critical outcomes based on the COMPAR-EU core outcome set and established decision thresholds for each outcome. Recommendations were informed by systematic reviews of effects, cost-effectiveness, and a contextual assessment. To assess the certainty of the evidence and formulate the recommendations, we used the GRADE approach guidance. Overall, SMIs were deemed to have a small impact, but the absence of harmful effects and potential cumulative benefits indicated a favourable balance of effects, despite low certainty. SMIs showed variations in structure, intensity, and resource utilisation, but overall are likely to be cost-effective. Adapting SMIs to local contexts would enhance equity, acceptability, and feasibility, considering patients' values, and availability of resources and teamwork. Consequently, the panel made conditional recommendations favouring SMIs over usual care. The rigorous and explicit recommendations demonstrated the effectiveness of SMIs for adults living with obesity. However, the gaps in the literature influenced the panel to make only conditional recommendations in favour of SMIs. Further research is needed to strengthen the evidence base and improve recommendations' certainty and



applicability.

10. Hurley E, Byrne S, Walsh E, Foley T, Woods N, Dalton K. **Cost avoidance of pharmacist-led deprescribing using STOPPFrail for older adults in nursing homes.** *Int J Clin Pharm.* 2024 Jul 5. doi: 10.1007/s11096-024-01749-3. Epub ahead of print. PMID: 38967733.  
**Full-text:** <https://link.springer.com/article/10.1007/s11096-024-01749-3>  
**Abstract:** The Screening Tool of Older Persons Prescriptions in Frail adults with limited life expectancy (STOPPFrail) criteria aim to reduce inappropriate/unnecessary medications in frail older adults, which should minimise adverse drug events and additional healthcare expenditure. Little is known about the economic outcomes of applying these criteria as an intervention. To evaluate cost avoidance of pharmacist-led application of STOPPFrail to frail older nursing home residents with limited life expectancy. Pharmacist-led application of STOPPFrail to frail older nursing home residents is associated with significant cost avoidance. Wider implementation of pharmacist interventions in frail older nursing home residents should be considered to reduce potentially inappropriate medications and patient harm, alongside substantial cost savings for healthcare systems.
11. Hurley E, Dalton K, Byrne S, Foley T, Walsh E. **Pharmacist-Led Deprescribing Using STOPPFrail for Frail Older Adults in Nursing Homes.** *J Am Med Dir Assoc.* 2024 Jun 28;105122. doi: 10.1016/j.jamda.2024.105122. Epub ahead of print. PMID: 38950585.  
**Full-text:** [https://www.jamda.com/article/S1525-8610\(24\)00544-9/fulltext](https://www.jamda.com/article/S1525-8610(24)00544-9/fulltext)  
**Abstract:** To evaluate the impact of pharmacist-guided deprescribing using the STOPPFrail (Screening Tool of Older Persons' Prescriptions in Frail adults with a limited life expectancy) criteria in frail older nursing home residents. STOPPFrail-guided deprescribing led by a pharmacist in nursing homes appeared to significantly reduce PIMs, medication costs (initially), and anticholinergic and sedative burdens, without adversely affecting other patient outcomes. Greater consideration should therefore be given to the wider integration of pharmacists into nursing homes to optimize the medications and health outcomes of frail older adults.
12. Byrne D, Doyle F, Brannick S, Carney RM, Cuijpers P, et al. **Evaluating the psychometric structure of the Hamilton Rating Scale for Depression pre- and post-treatment in antidepressant randomised trials: Secondary analysis of 6843 individual participants from 20 trials.** *Psychiatry Res.* 2024 Jun 25;339:116057. doi: 10.1016/j.psychres.2024.116057. Epub ahead of print. PMID: 38943787.  
**Full-text:** <https://www.sciencedirect.com/science/article/pii/S0165178124003421?via%3Dihub>  
**Abstract:** The 17-item Hamilton Rating Scale for Depression (HRSD-17) is the most popular depression measure in antidepressant clinical trials. Prior evidence indicates poor replicability and inconsistent factorial structure. This has not been studied in pooled randomised trial data, nor has a psychometrically optimal model been developed. To examine the psychometric properties of the HRSD-17 for pre-treatment and post-treatment clinical trial data in a large pooled database of antidepressant randomised controlled trial participants, and to determine an

optimal abbreviated version. In antidepressant trial data, the HRSD-17 was psychometrically inadequate and scores were not sex invariant. Neither full nor abbreviated HRSD models are suitable for use in clinical trial settings and the HRSD's status as the gold standard should be reconsidered.

13. Piggott T, Raja M, Michels CTJ, Herrmann A, Scahill KA, et al. **Considering planetary health in health guidelines and health technology assessments: a scoping review protocol.** *Syst Rev.* 2024 Jun 22;13(1):163. doi: 10.1186/s13643-024-02577-2. PMID: 38909251; PMCID: PMC11193899.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11193899/>  
**Abstract:** This protocol outlines a scoping review with the objective of identifying and exploring planetary health considerations within existing health guidelines and health technology assessments (HTA). The insights gained from this review will serve as a basis for shaping future Grading of Recommendations, Assessment, Development, and Evaluations (GRADE) guidance on planetary health. The final review results will be submitted to open-access peer-reviewed journals for publication when they become available. The research findings will also be disseminated at relevant planetary health conferences and workshops.  
**Systematic review registration:** Open Science Framework ( <https://osf.io/3jmsa> ).
14. Reilly M, Ali A, Doyle PF, Cotter S, Heavey L, Brain PK, Rankin PN, Mccutchan G, Redmond PP. **Co-designing a recruitment strategy for lung cancer screening in high-risk individuals: protocol for a mixed-methods study.** *HRB Open Res.* 2023 Nov 13;6:64. doi: 10.12688/hrbopenres.13793.1. PMID: 38911612; PMCID: PMC11190654.  
**Full-text:** <https://hrbopenresearch.org/articles/6-64/v1>  
**Abstract:** Lung cancer is a significant cause of cancer-related mortality globally, with early detection through screening critical to improving patient outcomes. However, recruiting high-risk individuals, particularly in deprived populations, for screening remains a considerable challenge. This study aims to co-design a targeted recruitment strategy for lung cancer screening, tailored to the specific needs and experiences of high-risk individuals, in collaboration with a Patient and Public Involvement (PPI) panel and expert stakeholders in Ireland. This co-designed recruitment strategy will combine evidence-based research, local context understanding, and stakeholder input to develop a solution that is both scientifically robust and tailored to the target population's needs. This patient-centred approach aims to increase the potential for successful implementation of lung cancer screening programs, thereby improving early detection and patient outcomes.
15. Cromwell P, McCarthy T, Fearon N, Heneghan H. **Adolescent bariatric surgery-a survey of referring practitioners.** *Ir J Med Sci.* 2024 Aug;193(4):1957-1962. doi: 10.1007/s11845-024-03624-6. Epub 2024 Mar 8. PMID: 38459246; PMCID: PMC11294410.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11294410/>  
**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.

## Research Articles

1. Conrad N, Molenberghs G, Verbeke G, Zaccardi F, Lawson C, et al. **Trends in cardiovascular disease incidence among 22 million people in the UK over 20 years: population based study.** *BMJ.* 2024 Jun 26;385:e078523. doi: 10.1136/bmj-2023-078523. PMID: 38925788; PMCID: PMC11203392.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11203392/>  
**Abstract:** To investigate the incidence of cardiovascular disease (CVD) overall and by age, sex, and socioeconomic status, and its variation over time, in the UK during 2000-19. Despite substantial improvements in the prevention of atherosclerotic diseases in the UK, the overall burden of CVDs remained high during 2000-19. For CVDs to decrease further, future prevention strategies might need to consider a broader spectrum of conditions, including arrhythmias, valve diseases, and thromboembolism, and examine the specific needs of younger age groups and socioeconomically deprived populations.
2. Inchingolo F, Inchingolo AM, Fatone MC, Avantario P, Del Vecchio G, et al. **Management of Rheumatoid Arthritis in Primary Care: A Scoping Review.** *Int J Environ Res Public Health.* 2024 May 22;21(6):662. doi: 10.3390/ijerph21060662. PMID: 38928909; PMCID: PMC11203333.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11203333/>  
**Abstract:** Rheumatoid arthritis (RA) can lead to severe joint impairment and chronic disability. Primary care (PC), provided by general practitioners (GPs), is the first level of contact for the population with the healthcare system. The aim of this scoping review was to analyze the approach to RA in the PC setting. PubMed, Scopus, and Web of Science were searched using the MESH terms "rheumatoid arthritis" and "primary care" from 2013 to 2023. The search strategy followed the PRISMA-ScR guidelines. The 61 articles selected were analyzed qualitatively in a table and discussed in two sections, namely criticisms and strategies for the management of RA in PC. The main critical issues in the management of RA in PC are the following: difficulty and delay in diagnosis, in accessing rheumatological care, and in using DMARDs by GPs; ineffective communication between GPs and specialists; poor patient education; lack of cardiovascular prevention; and increase in healthcare costs. To overcome these criticisms, several management strategies have been identified, namely early diagnosis of RA, quick access to rheumatology care, effective communication between GPs and specialists, active patient involvement, screening for risk factors and comorbidities, clinical audit, interdisciplinary patient management, digital health, and cost analysis. PC appears to be the ideal healthcare setting to reduce the morbidity and mortality of chronic disease, including RA, if a widespread change in GPs' approach to the disease and patients is mandatory.
3. Laniece Delaunay C, Mazagatos C, Martínez-Baz I, Túri G, Goerlitz L, et al; VEBIS Primary Care Vaccine Effectiveness Group. **COVID-19 Vaccine Effectiveness in Autumn and Winter 2022 to 2023 Among Older Europeans.** *JAMA Netw Open.* 2024 Jul 1;7(7):e2419258. doi: 10.1001/jamanetworkopen.2024.19258.

PMID: 38949812; PMCID: PMC11217869.

**Full-text:**

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2820602>

**Abstract:** In the context of emerging SARS-CoV-2 variants or lineages and new vaccines, it is key to accurately monitor COVID-19 vaccine effectiveness (CVE) to inform vaccination campaigns. To estimate the effectiveness of COVID-19 vaccines administered in autumn and winter 2022 to 2023 against symptomatic SARS-CoV-2 infection (with all circulating viruses and XBB lineage in particular) among people aged 60 years or older in Europe, and to compare different CVE approaches across the exposed and reference groups used. In this case-control study among older Europeans, all CVE approaches suggested that COVID-19 vaccines administered in autumn and winter 2022 to 2023 offered at least 3 months of protection against symptomatic, medically attended, laboratory-confirmed SARS-CoV-2 infection. The effectiveness of new COVID-19 vaccines against emerging SARS-CoV-2 variants should be continually monitored using CVE seasonal approaches.

4. Dietz TK, Brondstater KN. **Long COVID management: a mini review of current recommendations and underutilized modalities.** *Front Med (Lausanne)*. 2024 Jun 14;11:1430444. doi: 10.3389/fmed.2024.1430444. PMID: 38947233; PMCID: PMC11211541.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11211541/>  
**Abstract:** Long COVID is a condition that develops in a subset of patients after COVID-19 infection comprising of symptoms of varying severity encompassing multiple organ systems. Currently, long COVID is without consensus on a formal definition, identifiable biomarkers, and validated treatment. Long COVID is expected to be a long-term chronic condition for a subset of patients and is associated with suffering and incapacity. There is an urgent need for clear management guidelines for the primary care provider, who is essential in bridging the gap with more specialized care to improve quality of life and functionality in their patients living with long COVID. The purpose of this mini review is to provide primary care providers with the latest highlights from existing literature regarding the most common long COVID symptoms and current management recommendations. This review also highlights the underutilized interventions of stellate ganglion blocks and low-dose naltrexone, both with well-established safety profiles demonstrated to improve quality of life and functionality for patients suffering with some symptoms of long COVID, and encourages prompt referral to interventional pain management.
5. Rockwell MS, Funk AJ, Huffstetler AN, Villalobos G, Britz JB, et al. **Screening for Unhealthy Alcohol Use Among Patients With Multiple Chronic Conditions in Primary Care.** *AJPM Focus*. 2024 May 7;3(4):100233. doi: 10.1016/j.focus.2024.100233. PMID: 38947491; PMCID: PMC11214170.  
**Full-text:** [https://linkinghub.elsevier.com/retrieve/pii/S2773-0654\(24\)00051-8](https://linkinghub.elsevier.com/retrieve/pii/S2773-0654(24)00051-8)  
**Abstract:** Unhealthy alcohol use increases the risk for and exacerbation of chronic health conditions. As such, screening, prevention, and management of unhealthy alcohol use is especially critical to improving health outcomes for patients with multiple chronic health conditions. It is unclear to what extent multiple chronic condition status is a barrier to screening for unhealthy alcohol use in the primary care setting. The authors hypothesized that patients with

multiple chronic conditions would be at lower odds of being screened for unhealthy alcohol use than patients without multiple chronic conditions. Although patients with chronic mental health conditions were more likely to screen positive for unhealthy alcohol use than patients without multiple chronic conditions, Virginia primary care patients with physical and mental health multiple chronic conditions were less likely to receive an alcohol-related assessment during the past 2 years. Given the overall modest rate of screening with a U.S. Preventive Services Task Force-recommended instrument, further efforts are needed to create the conditions for high-quality alcohol-related preventive service delivery in primary care, particularly for patients with high complexity and/or mental health conditions.

6. Moore A, Hylton H, Long A, Patel I. **Managing COPD exacerbations in primary care.** *Drug Ther Bull.* 2024 Jul 1;62(7):102-107. doi: 10.1136/dtb.2023.000026. PMID: 38950975.  
**Full-text:** [Managing COPD exacerbations in primary care | Drug and Therapeutics Bulletin \(oclc.org\)](#)  
**Abstract:** Chronic obstructive pulmonary disease (COPD) is a common but underdiagnosed lung condition that is frequently managed inappropriately. It impacts poorest communities most, where health inequalities are greatest. New acute symptoms of breathlessness, cough, sputum production and wheeze should prompt clinical suspicion of underlying COPD in someone who is a current or ex-smoker (or has exposure to other risk factors) and be followed by referral for quality-assured spirometry once recovered. Management of COPD exacerbations in primary care includes use of short-acting bronchodilators if mild, and antibiotics and a short course of oral prednisolone if moderate/severe. Hospital at home schemes are safe and effective and should be considered for some patients exacerbating in the community; these are increasingly supported by remote monitoring ('virtual wards'). New or worsening hypoxia is an indication for hospital admission and therefore oxygen saturation monitoring is an important part of exacerbation management; clinicians should be aware of patient safety alerts around use of pulse oximeters. Exacerbations drive poor health status and lung function decline and therefore asking about exacerbation frequency at planned reviews and taking action to reduce these is an important part of long-term COPD care. An exacerbation is an opportunity to ensure that fundamentals of good care are addressed. Patients should be supported to understand and act on exacerbations through a supported self-management plan; prompt treatment is beneficial but should be balanced by careful antibiotic and corticosteroid stewardship. COPD rescue packs on repeat prescription are not recommended.
7. Dibben GO, Gardiner L, Young HML, Wells V, Evans RA, et al; PERFORM research team. **Evidence for exercise-based interventions across 45 different long-term conditions: an overview of systematic reviews.** *EClinicalMedicine.* 2024 Apr 30;72:102599. doi: 10.1016/j.eclinm.2024.102599. PMID: 39010975; PMCID: PMC11247153.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11247153/>  
**Abstract:** Almost half of the global population face significant challenges from long-term conditions (LTCs) resulting in substantive health and socioeconomic burden. Exercise is a potentially key intervention in effective LTC management. In this overview of systematic reviews (SRs), we searched six electronic

databases from January 2000 to October 2023 for SRs assessing health outcomes (mortality, hospitalisation, exercise capacity, disability, frailty, health-related quality of life (HRQoL), and physical activity) related to exercise-based interventions in adults (aged >18 years) diagnosed with one of 45 LTCs. Methodological quality was assessed using AMSTAR-2. International Prospective Register of Systematic Reviews (PROSPERO) ID: CRD42022319214. Exercise-based interventions improve HRQoL and exercise capacity across numerous LTCs. Key evidence gaps included limited mortality and hospitalisation data and consideration of multimorbidity impact on exercise-based interventions.

8. Busetto L, Dicker D, Frühbeck G, Halford JCG, Sbraccia P, Yumuk V, Goossens GH. **A new framework for the diagnosis, staging and management of obesity in adults.** *Nat Med.* 2024 Jul 5. doi: 10.1038/s41591-024-03095-3. Epub ahead of print. PMID: 38969880.  
**Full-text:** <https://www.nature.com/articles/s41591-024-03095-3>
9. van der Waal MS, Teunissen SC, Uyttewaal AG, Verboeket-Crul C, Smits-Pelser H, et al. **Factors influencing deprescribing in primary care for those towards the end of life: A qualitative interview study with patients and healthcare practitioners.** *Palliat Med.* 2024 Jun 25:2692163241261202. doi: 10.1177/02692163241261202. Epub ahead of print. PMID: 38916262.  
**Full-text:** [https://journals.sagepub.com/doi/full/10.1177/02692163241261202?rfr\\_dat=cr\\_pub++0pubmed&url\\_ver=Z39.88-2003&rfr\\_id=ori%3Arid%3Acrossref.org](https://journals.sagepub.com/doi/full/10.1177/02692163241261202?rfr_dat=cr_pub++0pubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org)  
**Abstract:** For people with limited lifetime expectancy, the benefit of many medications may be outweighed by their potential harms. Despite the relevance of reducing unnecessary medication use, deprescribing is poorly enacted in primary care practice. This study aims to describe factors, as identified by primary care professionals and patients, that influence deprescribing in the last phase of life. Deprescribing is an incremental process, complicated by the unpredictability of life expectancy and attitudes of patients and health care professionals that associate continued medication use with clinical stability. Opportunities to facilitate the deprescribing process and its acceptance include the routinely systematic identification of patients with limited life expectancy and potentially inappropriate medications, and normalisation of deprescribing as component of regular primary care, occurring for all patients and continuing into end-of-life care.
10. Livingston G, Huntley J, Liu KY, Costafreda SG, Selbæk G, et al. **Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission.** *Lancet.* 2024 Jul 30:S0140-6736(24)01296-0. doi: 10.1016/S0140-6736(24)01296-0. Epub ahead of print. PMID: 39096926.  
**Full-text:** [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01296-0/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01296-0/abstract)  
**Abstract:** The 2024 update of the *Lancet* Commission on dementia provides new hopeful evidence about dementia prevention, intervention, and care. As people live longer, the number of people who live with dementia continues to rise, even as the age-specific incidence decreases in high-income countries, emphasising the need to identify and implement prevention approaches. We have summarised the new research since the 2020 report of

the *Lancet* Commission on dementia, prioritising systematic reviews and meta-analyses and triangulating findings from different studies showing how cognitive and physical reserve develop across the life course and how reducing vascular damage (eg, by reducing smoking and treating high blood pressure) is likely to have contributed to a reduction in age-related dementia incidence. Evidence is increasing and is now stronger than before that tackling the many risk factors for dementia that we modelled previously (ie, less education, hearing loss, hypertension, smoking, obesity, depression, physical inactivity, diabetes, excessive alcohol consumption [ie, >21 UK units, equivalent to >12 US units], traumatic brain injury [TBI], air pollution, and social isolation) reduces the risk of developing dementia. In this report, we add the new compelling evidence that untreated vision loss and high LDL cholesterol are risk factors for dementia.

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