

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

### INSIDE

College Publications

GP News

Reports

EBM Round-Up

Irish Articles

Research Articles



## College Publications

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

**Latest Issue of Forum**  
**December 2024, Volume 41, no 10**

Blood tests: Must we do so many?

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

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## GPWorks

This month there are two podcasts for your listening pleasure:

The Irish College of GPs' **CEO Fintan Foy** discusses the College's 2024 work and plans for 2025 in an episode of the GP Works podcast. He shares insights into the College's achievements and strategies for expansion. Tune in for an inside look.

The **College's President, Dr Pat Durcan**, has been a GP in Mayo, and CME trainer in Galway for 40 years, and brings a depth of knowledge and expertise to his role. In this interview, he described how becoming a GP was a very different experience back in 1980s Ireland, when the College had not yet been formed, and Dr Michael Boland had just begun his pioneering efforts to transform the training of GPs in Ireland.



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

## Research Articles involving College Staff

Rochoy M, Pontais I, Caserio-Schönemann C, Chan-Chee C, Gainet L, Gobert Y, Baran J, Dodin V, Defebvre L, Collins C, Chazard E, Berkhout C, Balayé P. **Pattern of encounters to emergency departments for suicidal attempts in France: Identification of high-risk days, months and holiday periods.** *Encephale*. 2024 Dec;50(6):630-640. doi: 10.1016/j.encep.2023.11.018. Epub 2024 Feb 4. PMID: 38316568.

[Pattern of encounters to emergency departments for suicidal attempts in France: Identification of high-risk days, months and holiday periods - ScienceDirect](#)



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

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

## GP News

### **Irish Times - [Ireland's midwest has lowest survival rate for common cancers, report finds](#)**

By Shauna Bowers, 10 December 2024

The midwest of Ireland has the lowest five-year survival rate for some of the most common cancers compared to the other health regions around the country, a new report has found. On Tuesday, the National Cancer Registry of Ireland (NCRI) published its annual report for 2020-2022, which also examined variation in cancer incidence and survival across new health regions over a 10-year period.

In all, an average of 44,073 cancers or related tumours were diagnosed each year in the period 2020-2022. Some 23 per cent of all registered cancers were non-melanoma skin cancers (NMSC), which are rarely fatal. The majority of cases (24,200) were potentially life-

changing invasive cancers requiring extensive treatment. On average 9,800 people died each year from cancer during 2020-2022, with one in five deaths due to lung cancer.

Excluding NMSC, prostate and female breast cancer were the most commonly diagnosed invasive cancers overall, and each comprised almost one-third of all invasive cancers in men and women respectively during the period 2020-2022.

**Dept. of Health Press Release - [Minister Roderic O’Gorman has today published the 2024 edition of the State of the Nation’s Children report](#)**

By Department of Health, 18 December 2024.

This online report provides a comprehensive picture of our children's lives by presenting key information on children’s health, behavioural and educational outcomes as well as their relationships with their parents and their friends.

Some of the key findings in the report include:

- In 2024, it is estimated that there were 1,232,714 children living in Ireland. This accounted for 22.9% of the total population. Of these 630,743 children were male and 601,971 were female.
- In 2022, 313 children died in Ireland, an increase from 291 in 2021. This equated to an overall mortality rate of 2.57 per 10,000 children aged under 18.
- In 2022, 54.9% of children aged 10-17 reported being physically active for at least 60 minutes per day on more than four days per week, an increase from 51.1% in 2018.
- The number of children on an inpatient/ day case waiting list increased by 32.5% between 2020 and 2023. The number of children on an outpatient waiting list has been more variable between 2020-2023 and was at its lowest in 2023.
- In 2023, there were 322 admissions of children to psychiatric hospitals/units and child and adolescent units.

**Dept. of Health Press Release - [Interim Chief Medical Officer launches National Mental Health Promotion Plan](#)**

By Department of Health, 13 December 2024.

The Chief Medical Officer, Professor Mary Horgan, has launched ‘Pathways to Wellbeing - National Mental Health Promotion Plan’. This is Ireland’s first National Mental Health Promotion Plan.

**Dept. of Health Press Release - [Department of Health launches Ireland’s first National Mental Health Research Strategy](#)**

By Department of Health, 10 December 2024.

The Department of Health, in collaboration with the Health Research Board, launched [Ireland’s first National Mental Health Research Strategy](#). This groundbreaking initiative marks a transformative step in Ireland’s commitment to enhancing mental health services and supports through research and evidence. It outlines a comprehensive

framework designed to foster integration, innovation, and impact, ensuring that mental health research drives evidence-based policy and practice.

Key recommendations include:

- increase and sustain funding across the mental health research system
- research priority areas to advance mental health research, aligned with the Sharing the Vision policy
- strengthen research infrastructure, research workforce capacity, co-production and lived experience engagement, and collaboration among researchers, policymakers, and practitioners
- maximise the impact of mental health research on the wellbeing of people with mental health difficulties and their families, supporters, and communities

**Dept. of Health Press Release - [Interim Chief Medical Officer announces results of the 2024 Healthy Ireland Survey](#)**

By Department of Health, 3 December 2024.

Interim Chief Medical Officer, Professor Mary Horgan, today announced the results of the Healthy Ireland Survey 2024. Supported by the Department of Health, the annual survey by Ipsos B&A gives an up-to-date picture of the health of the nation, reporting on many health-related lifestyle behaviours.

Almost 7,400 people over the age of 15 were surveyed on a range of themes including general health, smoking, vaping and alcohol consumption, mental health, suicide awareness, GP service utilisation, nutrition, physical activity and caring responsibilities. This year, for the first time, the report evaluated the impact of Long COVID on the population.

Highlights include:

- 81% report their general health as 'good' or 'very good'
- 86% rate their quality of life as good or very good, while the number reporting a probable mental health problem has reduced
- GP service utilisation rates have increased
- smoking and vaping rates remain broadly stable

## Reports



**Dept of Health - Healthy Ireland Survey 2024** (3<sup>rd</sup> December)

The main findings of the 2024 Healthy Ireland Survey are summarised below:

**General health**

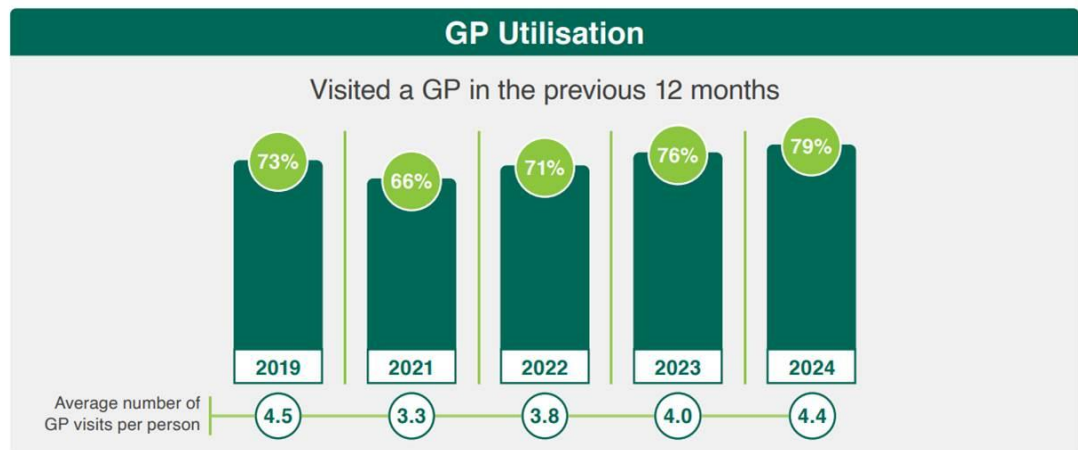
- In 2024, 81% of the population report being in overall good or very good health, remaining broadly unchanged since 2023 (80%).
- Two in every five people (41%) have a long-term health condition confirmed by a medical professional, broadly unchanged since 2023 (40%).

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- High blood pressure (8%), arthritis (6%), and asthma and diabetes (both 5%) are the most prevalent long-term health conditions confirmed by a medical diagnosis.

### **GP Utilisation**

- 79% of people report having visited a GP in the previous 12 months, with an average of 4.4 visits per person among all aged 15 and older. This average includes those who have not visited a GP. Visits are now at the highest level since first reported in 2015.
- 89% of those with a full medical card and 87% of those with a GP Visit card attended a GP in the previous 12 months, with an average of 6.7 and 4.3 visits respectively. This compares to 73% among private patients with an average of 3.2 visits.
- 92% of those attending a GP report that their most recent visit took place in a GP surgery or health clinic, with 6% reporting a phone consultation and 1% reporting an online video consultation.



### **Smoking**

- 17% of the population are current smokers, with 14% daily smokers and 4% occasional smokers

### **Alcohol Use**

- 73% of individuals aged 15 or over report consuming alcohol during the past 12 months. This is an increase on the 2023 measurement (70%) but remains lower than the 75% prevalence rate reported in 2018.

### **Physical Activity**

- Two in five people (41%) report meeting the National Physical Activity Guidelines by being moderately active for at least 150 minutes a week. Physical activity was last measured by the Healthy Ireland Survey in 2019, when 46% of the population met the guidelines.

## Weight Management, Diet, and Nutrition

- Just over three in five men (63%) reported overweight or obese weight measurements, while half (50%) of all women reported the same. These figures are the same as reported in 2022.

 **Read the Report:** [gov.ie - Healthy Ireland Survey 2024](https://www.gov.ie/publications-and-statistics/publications/healthy-ireland-survey-2024)



### Trinity College Dublin - Planning for End of Life on the Island of Ireland (19<sup>th</sup> December)

Little is known about the end-of-life experiences of individuals on the island of Ireland and how that differs between the north and the south. Now a new collaborative report from The Irish Longitudinal Study on Ageing (TILDA) at Trinity College Dublin and the Northern Irish Cohort for the Longitudinal Study of Ageing (NICOLA) at Queen's University Belfast hopes to fill this void. The new report emphasises the critical need for advance care planning in enhancing end-of-life experiences for older adults.

The need to improve care and supports is compounded by growing population health needs. The number of people dying annually on the island of Ireland will increase approximately 75% over the next 25 years. This growth is mainly accounted for by the Republic of Ireland, which has a younger population than that in Northern Ireland, but needs are growing in both jurisdictions. Not only will the number of deaths increase markedly but the types of supports required will change; those aged 85+ will account for a fast-rising proportion of deaths, and prevalence of dementia as a cause of death will increase significantly.

To inform planning for care and services in both jurisdictions, we addressed a series of inter-related research questions using NICOLA and TILDA data on intensity of end-of-life care, death-preparedness and advance care planning.

Key findings include:

- **Place of Death:** Approximately half of all deaths occurred in hospitals in both the North and the South.
- **Healthcare Use Including High-Intensity Treatments:** Cancer surgeries and chemotherapy, and unplanned hospital admissions, were common in both jurisdictions but more prevalent in the South compared to the North.
- **Potentially modifiable problems:** Approximately half of people both North and South were often troubled by pain in the last year of life.
- **Death Preparedness:** The study found that having a will was more common in the South, whereas life insurance was more prevalent in the North. However, formal engagement in advance care planning was notably low in the South, and NICOLA currently does not record equivalent data for the North. The findings underline the urgent need to integrate advance care planning into healthcare systems to ensure care respects individual preferences and values. Such measures may reduce inappropriate or low-value hospital treatment and increase focus on patient-centred experience such as pain and symptom burden.

As the population ages, understanding and improving end-of-life care becomes increasingly critical. This report provides valuable insights that can inform planning for care

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and services across both jurisdictions, ultimately leading to better health outcomes for older adults.

 **Read the Report:** [Reports - The Irish Longitudinal Study on Ageing \(TILDA\) - Trinity College Dublin](#)

**NCRI - Cancer in Ireland 1994-2022: Annual statistical report of the National Cancer Registry (2024)** (December 2024)



National Cancer Registry of Ireland (NCRI) annual report for 2020-2022 examines variation in cancer incidence and survival across new health regions. In anticipation of the full implementation of the six new health regions in early 2025, the NCRI annual report on national cancer statistics has, for the first time, examined cancer incidence and survival across these six geographies for the four most common cancers in Ireland: lung, bowel (colorectal), breast and prostate cancer. In Ireland as a whole, an average of 44,000 tumours were diagnosed each year during 2020-2022. The majority of these (24,200) were potentially life-changing invasive cancers requiring extensive treatment. On average 9,800 people died each year from cancer during 2020-2022. One in five deaths were due to lung cancer.

 **Read the Report:** [Cancer in Ireland 1994-2022: Annual statistical report of the National Cancer Registry \(2024\) | National Cancer Registry Ireland](#)

**HRB - National Mental Health Research Strategy** (10<sup>th</sup> December)



The National Mental Health Research Strategy is a comprehensive framework to guide and advance mental health research in Ireland. It was developed by the Health Research Board as a whole-of-government strategy.

The strategy's key recommendations include:

- Increase and sustain funding across the mental health research system.
- 15 research priority areas to advance mental health research in alignment with Sharing the Vision.
- Strengthen research infrastructure, research workforce capacity, co-production and lived experience engagement, and collaboration among researchers, policymakers, and practitioners.
- Maximise the impact of mental health research on the wellbeing of people with mental health difficulties and their families, supporters, and communities.

The implementation of this cross-sectoral strategy will be overseen by a dedicated Implementation and Oversight Group, which will be chaired by the Department of Health. The group will collaborate with key stakeholders to ensure the strategy's goals and actions are achieved.

 **Read the Report:** [gov.ie](http://gov.ie) - [National Mental Health Research Strategy](#)

**WHO - State of long-term care in Ireland** (12<sup>th</sup> November)



This report provides an overview of long-term care policies, services and interventions in Ireland, drawing on a system-level technical assessment carried out between December 2023 and April 2024. Evidence-gathering and stakeholder-engagement activities followed the approach outlined in the report State of long-term care: a step-by-step implementation

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guide and were carried out by a team of international and national LTC experts. The assessment revealed four core areas of policy action that can promote sustainable transformation in long-term care in Ireland:

- improving integration through redesigning and expanding mechanisms of coordination between sectors;
- increasing public financing and restructuring financing mechanisms to pool resources;
- investing in the care workforce– both formal and informal–through interventions to plan, train, recruit and retain health and care workers; and
- ensuring interoperability and harmonization of information systems and strengthening capacity to analyse data to inform policies.

 **Read the Report:** [State of long-term care in Ireland](#)

## EBM Round-Up



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

In this month's Therapeutics Today:

- **Guidance and advice**
- **Regular features:**
  - Health Products Regulatory Authority (HPRA)
  - Medication Safety Minutes
- **Signposting**

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

### **HSE Library: Resources for Doctors (Nov 2024)**

The HSE Library have developed a new library guide. This guide aims to provide information about the resources and services they provide which are particularly relevant for Doctors in all specialties. Note: The HSE Library is only available to those with a HSE employee number.

 **View** [this guide](#).

### **Oireachtas Library & Research Service: Constituency Dashboards (Nov 2024)**

Explore the Oireachtas Constituency Dashboards. The Library & Research Service now offers an interactive tool to analyse Ireland's Dáil constituencies.

Access detailed data on:

- ✓ Demographics
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- ✓ Economic activity
- ✓ Transport
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✓ Families

An invaluable resource for researchers, policymakers, and decision-makers.

 [View the dashboard.](#)

## Irish Articles

1. Buckley S, O' Flynn J, Foley T. **Exploring the experiences of GPs in establishing and operating the chronic disease management programme in clinical practice in Ireland. A qualitative study.** *Eur J Gen Pract.* 2024 Dec;30(1):2430521. doi: 10.1080/13814788.2024.2430521. Epub 2024 Nov 28. PMID: 39607886.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11610277/>  
**Abstract:** GPs felt the introduction of CDM improved their approach to the management of chronic disease in general practice. CDM led to an increasing clinical and administrative role for Practice nurses. Capacity deficits could limit a practice's ability to fully implement CDM.
2. McHugh E, Connolly S. **Remote Consultations in General Practice in Ireland: Who Is Missing Out?** *Telemed J E Health.* 2024 Dec 16. doi: 10.1089/tmj.2024.0503. Epub ahead of print. PMID: 39681346.  
**Full-text:** Contact the library - [library@icgp.ie](mailto:library@icgp.ie)  
**Abstract:** This research examines the characteristics associated with the use of remote consultations in general practice in Ireland during and after the COVID-19 pandemic. The high prevalence of remote consultations during the COVID-19 pandemic was not maintained in the postpandemic period. Policymakers should consider the reasons for this and consider the gendered, age-based, and insurance-based disparities in remote consultation utilization in the development and promotion of digital health care.
3. McCarthy LJ, O'Mahony A, Jennings A, McHugh SM. **General practitioners' and women's experiences of perimenopause consultations: A qualitative evidence synthesis protocol.** *HRB Open Res.* 2024 Jun 24;7:39. doi: 10.12688/hrbopenres.13908.1. PMID: 39619630; PMCID: PMC11605171.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11605171/>  
**Abstract:** Perimenopause precedes menopause and can cause a myriad of symptoms for women. General practitioners (GPs) are frequently the first contact for perimenopausal women with symptoms. However, women express feeling dissatisfied with the consultations they have with their GPs for perimenopausal symptoms. Moreover, diagnostic difficulties can make these consultations challenging for GPs. Despite these challenges, research to date has focused on menopause, not the transition to menopause. To date, no evidence synthesis has examined how women experience perimenopause consultations, nor how GPs experience providing care to these women. To systematically search, collate, and appraise the qualitative literature to understand general practitioners' and women's experiences of perimenopause consultations and examine how treatment decisions are made during consultations. Findings will provide new and useful insight into how GPs and women experience consultations for perimenopause and how decisions are made during these consultations.

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4. Wanat M, Hoste ME, Anastasaki M, Böhmer F, Colliers A, et al. **"The doctors were more knowledgeable about what I had": patient views on the value of point-of-care tests for managing respiratory infections in European primary care.** *BJGP Open*. 2024 Dec 2:BJGPO.2024.0139. doi: 10.3399/BJGPO.2024.0139. Epub ahead of print. PMID: 39622585.  
**Full-text:** <https://bjgpopen.org/content/early/2024/11/28/BJGPO.2024.0139.long>  
**Abstract:** Point-of-care tests (POCT) can support diagnosis of patients with community acquired acute respiratory tract infections (CA-RTI) in primary care and thereby reduce uncertainty whether antibiotics may benefit patients. However, successful roll out of POCTs need to be built on a deep understanding of patients' perspectives on the place of POCTs in patient centred care. To explore patients' perceptions of the value of POCTs during consultations for CA-RTI. A qualitative study using semi- structured interviews in Belgium, Ireland, Georgia, Germany, Greece, and UK with patients who consulted for CA-RTI in primary care. The wide variation in patient perceptions about POCT for CA RTI underscores the importance of recognising patient preferences regarding the diagnostic process. This understanding is important to ensure that POCT results optimally influence treatment decision-making, patient satisfaction, and acceptance of their care plan.
  
5. Marron L, McKenna A, O'Donnell J, Joyce M, Bennett C, Connell J, Domegan L. **Influenza Vaccine Effectiveness Against Symptomatic Influenza in Primary Care: A Test Negative Case Control Study Over Two Influenza Seasons 2022/2023 and 2023/2024 in Ireland.** *Influenza Other Respir Viruses*. 2024 Dec;18(12):e70023. doi: 10.1111/irv.70023. PMID: 39623514; PMCID: PMC11611713.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11611713/>  
**Abstract:** Live attenuated influenza vaccine (LAIV) is recommended in Ireland for all children aged 2-17 years. Quadrivalent influenza vaccine (QIV) is recommended for all others eligible for vaccination, including those  $\geq 18$  years with underlying medical conditions and all aged  $\geq 65$  years. We aimed to estimate influenza vaccine effectiveness (IVE) against acute respiratory infection (ARI) presentations to primary care due to influenza over two influenza seasons in Ireland, to inform vaccination recommendations and communication campaigns. Influenza vaccination reduced the risk of influenza among ARI patients presenting to general practice, demonstrating the benefits of vaccination, particularly among children. Promotion of the seasonal influenza vaccine to recommended groups, should remain a public health priority. Targeted vaccination campaigns for children promoting LAIV should emphasise the effectiveness of LAIV in children.
  
6. Deasy E, Seoighe A, Ryan C, Byrne S, Dalton K. **Pharmacy stakeholders' views and experiences of the credentialing of advanced or specialist pharmacist practice: A mixed methods systematic review.** *Explor Res Clin Soc Pharm*. 2024 Oct 11;16:100522. doi: 10.1016/j.rcsop.2024.100522. PMID: 39624069; PMCID: PMC11609238.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11609238/>  
**Abstract:** Credentialing of advanced and specialist pharmacist practice (ASPP) provides essential quality assurance for ASPP, which is significantly different to entry-level practice and is developing worldwide. Several credentialing models are in place or under development internationally. Synthesis of the views and experiences of pharmacists and other relevant stakeholders on credentialing is an important research gap. To determine pharmacy stakeholders' views and

experiences of ASPP credentialing and to explore facilitators and barriers to credentialing implementation and uptake. This systematic review is the first to synthesise pharmacy stakeholders' views and experiences of ASPP credentialing. A conceptual framework highlights contextual factors, facilitators, barriers, and inter-relationships which should be considered by pharmacists, policymakers, and other key stakeholders when implementing ASPP credentialing.

7. Hennessey M, Fahey T, Larkin J. **Commercial influences on patient and public involvement: a renewed call for research and action.** *Health Promot Int.* 2024 Dec 1;39(6):daae188. doi: 10.1093/heapro/daae188. PMID: 39657731.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11631069/>  
**Abstract:** Patient and public involvement is increasingly advocated in health policy, research and practice. Patients and people with lived experience, carers and the general public should have a say in how policy is generated, how services are delivered and how research is conducted. Through this perspective article, we hope to stimulate discussion and debate around industry influence in patient and public involvement, specifically pertaining to patient organizations, which often play a key role in patient and public involvement activities. As momentum gathers around patient and public involvement in many countries, it is timely to discuss the nature and extent of commercial influences in such activities, the (un)anticipated consequences of industry-patient interactions, including conflicts of interest and motivated bias, and how we might better manage, or negate, such interactions. Patient and public involvement must be integral to research, policy and practice. While further research is needed to examine the interactions, and consequences of pharmaceutical industry interactions with patients, several practical steps can be taken in the interim. Structures, processes and supports, which are fit for purpose, are needed to ensure independence, power and legitimacy within patient and public involvement activities, and that patient advocates have their voices heard, and ultimately acted upon.
8. McCarthy C, Moynagh P, Fahey T, Boland F, Moriarty F. **Core medication use in general practice prescriptions: A pilot study evaluating the Drug Utilization 90% Index in Irish general practice.** *Br J Clin Pharmacol.* 2024 Dec 8. doi: 10.1111/bcp.16356. Epub ahead of print. PMID: 39648621.  
**Full-text:** <https://bpspubs.onlinelibrary.wiley.com/doi/10.1111/bcp.16356>  
**Abstract:** The Drug Utilization 90% Index (DU90%), the number of medicines making up 90% of a doctor's prescribing, is a simple tool that can be used to describe core prescribing patterns. This research aimed to pilot the application of the DU90% in the Irish context, to investigate the relationship between the DU90% and prescriber and practice characteristics and prescribing quality. Applying the DU90% to Irish general practice prescriptions is feasible, revealing that GPs typically use 140 medicines in the bulk of their prescribing.
9. Dunne P, O'Mahony L, Culliney L, Byrne M, Murphy AW, O'Reilly S. **Exploring the lived experience of women with gestational diabetes: A cross-sectional Irish national survey.** *Diabet Med.* 2024 Nov 28:e15489. doi: 10.1111/dme.15489. Epub ahead of print. PMID: 39607953.  
**Full-text:** <https://onlinelibrary.wiley.com/doi/10.1111/dme.15489>  
**Abstract:** Gestational diabetes (GDM) poses risks of short- and long-term complications for mother and infant, emphasising the importance of antenatal and postpartum education and support. We aimed to understand the experiences and

views of women with GDM in the Republic of Ireland. Amongst 231 respondents, most were aged 35-39 (42%); 70% experienced a single GDM pregnancy. Only 6% correctly identified their increased level of risk for developing type 2 diabetes. Under half (44.5%) of respondents reported sufficient time with health professionals to address GDM-related questions. Just over half (54.3%) reported attending for diabetes screening at 6-12 weeks postpartum. The majority (66%) expressed a desire for postpartum information, particularly on healthy eating and physical activity. Having a more recent GDM experience was associated with a stronger preference for weaning ( $p \leq 0.001$ ) and weight management information ( $p = 0.025$ ). Qualitative analysis identified inconsistencies in healthcare messaging, significant concerns about a GDM diagnosis' impact on the pregnancy experience, and financial costs of diagnosis. The findings underscore women's desire for appropriate information and support during and after pregnancy with GDM. Future interventions should address these needs to effectively promote chronic disease prevention after GDM.

10. Coleman HM, Clifford E, Rajiah K, Ali N, Courtenay A, Lowry D, Jack IG, Abuelhana A. **Antimicrobial Prescribing Patterns in GP Practices in Northern Ireland.** *Antibiotics (Basel)*. 2024 Nov 5;13(11):1050. doi: 10.3390/antibiotics13111050. PMID: 39596743.

**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11591126/>

**Abstract:** Antimicrobial resistance (AMR) is a global health threat requiring immediate attention as it is set to cause ten million deaths worldwide by 2050, overtaking that of cancer. Continuation of overuse and/or misuse of these crucial medicines will prevent future generations from reaping the benefits, as the pandemic of AMR spirals out of control. The primary aim of this study was to investigate antimicrobial prescribing patterns in General Practices throughout Northern Ireland. A secondary aim was to analyse the impact of the COVID-19 pandemic on antimicrobial prescribing and consumption patterns in GP practices in Northern Ireland. Despite meeting World Health Organisation (WHO) targets, GP practices within Northern Ireland must achieve more to further reduce antimicrobial consumption. Although antibiotic prescribing rates here are on the decline, there was no significant difference in prescribing amongst GP federations pre- and mid-COVID-19 pandemic, thus sufficient strategies such as increased communication between colleagues and supportive measures must be implemented within GP practices to enhance antimicrobial stewardship (AMS) across Northern Ireland.

## Research Articles

1. Chima S, Martinez Gutierrez J, Hunter B, Laughlin A, Chondros P, et al. **Future Health Today: A pragmatic cluster randomised trial of quality improvement activities in general practice for patients at risk of undiagnosed cancer.** *Br J Gen Pract*. 2024 Nov 20;BJGP.2024.0491. doi: 10.3399/BJGP.2024.0491. Epub ahead of print. PMID: 39567181.

**Full-text:** <https://bjgp.org/content/early/2024/11/19/BJGP.2024.0491.long>

**Abstract:** Diagnosing cancer in general practice is complex, given the non-specific nature of many presenting symptoms and the overlap of potential diagnoses. This trial evaluated the effectiveness of a technology, Future Health Today (FHT), which provides clinical decision support, auditing, and quality improvement monitoring, on the appropriate follow-up of patients at risk of undiagnosed cancer. The FHT cancer

module intervention did not increase the proportion of patients receiving guideline-concordant care. The proportion of patients receiving recommended followed-up was high, suggesting a possible ceiling effect for the intervention.

2. Walters GI, Foley H, Huntley CC, Naveed A, Nettleton K, et al. **Could a behaviour change intervention be used to address under-recognition of work-related asthma in primary care? A systematic review.** *BJGP Open*. 2024 Nov 21;BJGPO.2024.0094. doi: 10.3399/BJGPO.2024.0094. Epub ahead of print. PMID: 39567230.  
**Full-text:** <https://bjgpopen.org/content/early/2024/11/20/BJGPO.2024.0094.long>  
**Abstract:** Work-related asthma (WRA) is prevalent yet under-recognized in UK primary care. We aimed to identify behaviour change interventions (BCI) intended for use in primary care to identify WRA, or any other chronic disease (that could be adapted for use in WRA). No single or multi-component BCIs has been developed specifically to aid identification of asthma or WRA, though other chronic diseases have been targeted. Development has used BC methodologies that involved gathering data from a range of sources, and developing content specific to defined at-risk populations, so are not immediately transferable. Such methodologies could be used similarly to develop a primary care-based BCI for WRA.
3. Jäger L, Markun S, Grischott T, Senn O, Rosemann T, Burgstaller JM. **The effectiveness of a multi-domain electronic feedback report on the performance of quality indicators for chronic conditions: Protocol for a randomized controlled trial in general practice.** *PLoS One*. 2024 Nov 21;19(11):e0314360. doi: 10.1371/journal.pone.0314360. PMID: 39570965; PMCID: PMC11581287.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11581287/>  
**Abstract:** Chronic conditions are a significant public health concern due to their rising prevalence, association with high mortality, and substantial healthcare costs. General practitioners play a crucial role in managing these conditions, and quality indicators are essential tools for assessing the quality of care. Electronic feedback reports incorporating quality indicator performance have shown promise in improving care quality. However, most studies have focused on single conditions or link feedback to financial incentives, which may not sustain long-term practice changes. This study aims to evaluate the effectiveness of a multi-condition electronic feedback reports on quality indicator performance in Swiss general practice without financial incentives. The study addresses a critical gap by evaluating a multi-condition feedback report without financial incentives. Its findings can inform future health policies and strategies, in line with national and international initiatives that promote or even require the implementation of quality measurement activities in general practice.
4. Gouia I, Joulain F, Zhang Y, Morgan CL, Khan AH. **Epidemiology of Childhood Asthma in the UK.** *J Asthma Allergy*. 2024 Nov 20;17:1197-1205. doi: 10.2147/JAA.S452741. PMID: 39588158; PMCID: PMC11586485.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11586485/>  
**Abstract:** Global prevalence of pediatric asthma and associated morbidity and mortality has continuously increased. Asthma is the most common chronic illness in children in the UK; however, recent epidemiology data are lacking. This analysis describes the overall prevalence and burden of illness of asthma in children. This analysis confirmed that asthma remains a common morbidity among children in the UK. Increasing asthma severity was associated with worsening symptoms, and asthma patients had significantly more comorbidities compared with non-asthmatic controls.

5. Nordling P, Nwaru C, Nordeman L, Skoglund I, Larsson MEH, Björkelund C, Hensing G. **Early structured communication between general practitioner, sick-listed patient, and employer: Results and lessons learned from a pragmatic trial in the Capacity Note project.** *Prim Health Care Res Dev.* 2024 Nov 28;25:e64. doi: 10.1017/S1463423624000574. PMID: 39606847.  
**Full-text:** <https://www.cambridge.org/core/journals/primary-health-care-research-and-development/article/early-structured-communication-between-general-practitioner-sicklisted-patient-and-employer-results-and-lessons-learned-from-a-pragmatic-trial-in-the-capacity-note-project/AD363706F115E7383882F37DD73022A3>  
**Abstract:** Early and collaborative interventions are desirable to prevent long-term sick leave and promote sustainable return-to-work (RTW). The aim of this study was to evaluate if the use of the Capacity Note - a brief intervention promoting early and structured communication between general practitioners (GPs), patients, and employers - had an impact on length of sick leave in patients with common mental disorders (CMDs) in primary healthcare. Despite efforts to increase the number of participants, the study ended up with a small sample. This prohibited us from drawing any final conclusions about the effect of the intervention. Obstacles to recruitment of patients and use of the intervention are discussed.
  
6. Snilsberg Ø, Iversen T, Jennum AK, Zhang Y. **Effects of a national checklist on recommended procedures among patients with type 2 diabetes.** *BMC Health Serv Res.* 2024 Nov 26;24(1):1472. doi: 10.1186/s12913-024-11940-x. PMID: 39593062; PMCID: PMC11590329.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11590329/>  
**Abstract:** Type 2 diabetes (T2D) is a common, potentially disabling, and costly chronic condition that requires consistent management. In 2008, Norway introduced a national checklist outlining services to include in an annual T2D exam, along with a reimbursement code for general practitioners (GPs) to bill upon completing it. This study investigates whether GP adoption of the checklist improves adherence to recommended services for T2D patients. Our study suggests that using the electronic form can have a positive effect on recommended services. However, the modest impact indicates that installing the form does not necessarily translate into its active regular use.
  
7. Guppy M, Thomas ET, Glasziou P, Clark J, Jones M, O'Hara DV, Doust J. **Rate of decline in kidney function with age: a systematic review.** *BMJ Open.* 2024 Nov 27;14(11):e089783. doi: 10.1136/bmjopen-2024-089783. PMID: 39609029; PMCID: PMC11603750.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11603750/>  
**Abstract:** To determine the distribution of kidney function values as measured by glomerular filtration rate (GFR), and the rate of decline with age in male and female healthy subjects without pre-existing medical conditions. This study is the first systematic review to investigate the longitudinal decline in kidney function with age in healthy individuals. The normal decline rate could be considered between -0.37 and -1.07 mL/min/1.73 m<sup>2</sup>/year in healthy adults without hypertension. Kidney function decline rates in healthy adults may be helpful to clinicians anticipating patients' kidney trajectory and determining whether chronic kidney disease-specific care is required.
  
8. Paing A, Elliff-O'Shea L, Boardman L, Turner D, Glennie L; Guideline Committee. **Meningitis (bacterial) and meningococcal disease: recognition, diagnosis and management-summary of updated NICE guidance.** *BMJ.* 2024 Nov 27;387:q2452.

doi: 10.1136/bmj.q2452. PMID: 39603707.

**Full-text:** <https://www-bmj-com.icgplibrary.idm.oclc.org/content/387/bmj.q2452>

### **What you need to know**

- Identification of red flag combinations of symptoms and signs should raise the index of suspicion of bacterial meningitis or meningococcal disease
  - A senior clinical decision maker should perform an initial assessment and ensure that antibiotics start within 1 hour of the person arriving at hospital
  - Review people who have had bacterial meningitis or meningococcal disease within 4-6 weeks after discharge from hospital
9. Zeraatkar D, Ling M, Kirsh S, Jassal T, Shahab M, et al. **Interventions for the management of long covid (post-covid condition): living systematic review.** *BMJ*. 2024 Nov 27;387:e081318. doi: 10.1136/bmj-2024-081318. PMID: 39603702; PMCID: PMC11600537.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11600537/>  
**Abstract:** To compare the effectiveness of interventions for the management of long covid (post-covid condition). Moderate certainty evidence suggests that CBT and physical and mental health rehabilitation probably improve symptoms of long covid.
10. Tan YY, Suan E, Koh GCH, Suhairi SB, Tyagi S. **Effectiveness of continuous glucose monitoring in patient management of Type 2 Diabetes Mellitus: an umbrella review of systematic reviews from 2011 to 2024.** *Arch Public Health*. 2024 Dec 2;82(1):231. doi: 10.1186/s13690-024-01459-2. PMID: 39623499; PMCID: PMC11610123.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11610123/>  
**Abstract:** Continuous glucose monitoring (CGM) is increasingly popular for managing Type 2 Diabetes Mellitus (T2DM). Many systematic reviews have reported on CGM's effectiveness, but with heterogeneous methodologies and objectives. We aim to conduct an umbrella review (UR) to consolidate a most contemporaneous and comprehensive evidence base comparing CGM with self-monitoring of blood glucose or usual care (SMBG/UC). CGM could lead to better clinical outcomes than SMBG/UC and was of moderate evidence certainty (GRADE), while its effect on PROMs remains inconclusive. We recommend the introduction of CGM into standard care alongside SMBG for T2DM and further research exploring patient experience and acceptability of CGM use.
11. Piccinini-Vallis H, Evdaev V, Asaminew J, McCurdy T, Rogers M, Vallis M. **Obesity management in primary care: Are we adequately preparing the next generation of Canadian family physicians?** *Obes Pillars*. 2024 Nov 16;12:100151. doi: 10.1016/j.obpill.2024.100151. PMID: 39634487; PMCID: PMC11615935.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11615935/>  
**Abstract:** Obesity is a chronic disease that affects a large proportion of the population. We examined the preparation of Canadian medical learners for obesity management through three cross-sectional studies exploring the: 1) knowledge of evidence-based obesity management among medical students; 2) perspectives of family medicine residents on the adequacy of obesity management training in their residency programs; and 3) intentions of family medicine residents regarding obesity management when they enter practice. Current medical education does not reflect the requisite knowledge for contemporary obesity management. Further, family medicine residents identified gaps in mentorship of contemporary principles of obesity

management. These findings support the revision of the medical curriculum in Canada to better reflect the science of obesity and its management.

12. Wyatt S, Mohammed MA, de Dumast L, Marshall T. **Long-term trends in English general practice consultation rates from 1995 to 2021: a retrospective analysis of two electronic health records databases.** *BMJ Open*. 2024 Dec 5;14(12):e088845. doi: 10.1136/bmjopen-2024-088845. PMID: 39638593; PMCID: PMC11624707.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11624707/>  
**Abstract:** Although primary care is central to healthcare provision, inconsistent methods and data sources mean that relatively little is known about long-term trends in general practice consultation rates. We aimed to explore long-term trends in English general practice consultation rates using two electronic health records databases, Clinical Practice Research Datalink Gold and Aurum, from 1995 to 2021. Trends in general practice consultation showed three distinct epochs: rising from 1995 to 2012, falling from 2012 to 2019 and rising in Aurum but falling in Gold from 2019 to 2021. Consultation rates in Gold were higher than Aurum until the inclusion of a new consultation code in Aurum in 2019, which underscores the need for operational definitions of a consultation.
  
13. Fogelberg R, Young-Wolff KC, Nadella J, Khan M, Chen YI, Rana JS. **300,000 quitters and counting; A systematic approach to tobacco cessation.** *Am J Prev Cardiol*. 2024 Nov 14;20:100894. doi: 10.1016/j.ajpc.2024.100894. PMID: 39634779; PMCID: PMC11616090.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11616090/>  
**Abstract:** To describe Kaiser Permanente Northern California's (KPNC) systematic implementation of universal tobacco screening, evidence-based interventions, and performance measures to achieve long-term smoking cessation success. Key factors driving the success of the tobacco cessation program included risk-based screening algorithms, alert prompts for at-risk patients, system-wide medical champions, performance tracking, virtual coaching, widespread messaging, and comprehensive medication management. Implementing this multifaceted approach across all facilities was associated with a significant reduction in smoking prevalence, from 8.6% in 2014 to 5.8% in 2023 ( $p < 0.0001$ ). Our comprehensive, system-wide approach resulted in substantial public health gains and highlights the potential of similar preventive strategies as healthcare systems transition toward value-based care.
  
14. De Crescenzo F, De Giorgi R, Garriga C, Liu Q, Fazel S, Efthimiou O, Hippisley-Cox J, Cipriani A. **Real-world effects of antidepressants for depressive disorder in primary care: population-based cohort study.** *Br J Psychiatry*. 2024 Dec 5:1-10. doi: 10.1192/bjp.2024.194. Epub ahead of print. PMID: 39632598.  
**Full-text:** <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/realworld-effects-of-antidepressants-for-depressive-disorder-in-primary-care-populationbased-cohort-study/2364972207BAD22AE4A5B30A8BFBB224>  
**Abstract:** Antidepressants' effects are established in randomised controlled trials (RCTs), but not in the real world. To investigate real-world comparative effects of antidepressants for depression and compare them with RCTs. Antidepressants showed low acceptability, moderate-to-high tolerability and safety, and small-to-moderate effectiveness in the real world. Real-world and RCT estimates showed similar findings only when the analyses were carried out using large datasets; otherwise, the results diverged.



15. Bradley SH, Harper AM, Smith L, Taylor N, Delap H, Pyke H, Girkin J, Sinnott C, Watson J. **Great expectations? GPs' estimations of time required to deliver BMJ's '10 minute consultations'.** *BMJ Open*. 2024 Feb 26;14(2):e079578. doi: 10.1136/bmjopen-2023-079578. PMID: 38413154; PMCID: PMC10900324.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC10900324/>  
**Abstract:** To estimate the time required to undertake consultations according to BMJ's 10-minute consultation articles. To quantify the tasks recommended in 10-minute consultation articles. To determine if, and to what extent, the time required and the number of tasks recommended have increased over the past 22 years. The approximate times estimated by GPs to deliver care according to *10-minute consultations* exceed the time available in routine appointments. '10 minute consultations' is a misleading title that sets inappropriate expectations for what GPs can realistically deliver in their routine consultations. While maintaining aspirations for high-quality care is appropriate, practice recommendations need to take greater account of the limited time doctors have to deliver routine care.
16. Blythe N, Hughes C, Hart ND. **'What script am I meant to use?': a qualitative study in chronic primary pain.** *BJGP Open*. 2024 Dec 10:BJGPO.2024.0101. doi: 10.3399/BJGPO.2024.0101. Epub ahead of print. PMID: 39054301.  
**Full-text:** <https://bjgpopen.org/content/early/2024/12/09/BJGPO.2024.0101>  
**Abstract:** Chronic primary pain (CPP) as a diagnosis has been introduced in the recent International Classification of Diseases, 11<sup>th</sup> Revision (ICD-11). CPP captures the *experience* of pain as the primary problem, without an underlying attributable cause. Dissemination of UK guidance regarding CPP represents the first time it has been recognised as a condition in its own right. Little is known about GP views concerning caring for patients with CPP, and how related guidance is viewed and applied in practice. To explore GP perspectives in relation to caring for people with CPP, including challenges encountered and use of related guidelines in practice. CPP is complex to both diagnose and manage. Although guidelines provide a useful framework, they pose challenges when translating into day-to-day practice.
17. Beaney T, Woodcock T, Aylin P, Majeed A, Clarke J. **Continuity of care in general practice and secondary care: retrospective cohort study.** *Br J Gen Pract*. 2024 Dec 12:BJGP.2024.0579. doi: 10.3399/BJGP.2024.0579. Epub ahead of print. PMID: 39667776.  
**Full-text:** <https://bjgp.org/content/early/2024/12/12/BJGP.2024.0579.long>  
**Abstract:** Better continuity in primary and secondary care is linked to improved health outcomes, but it is unclear whether the sociodemographic determinants of continuity are the same in both settings and whether continuity measures in each setting are associated. To examine the determinants of relational continuity in general practice (GP) and fragmented outpatient specialty care in people with clusters of Multiple Long-Term Conditions (LTCs) and the association between continuity in each setting. We found a lack of strong association between continuity of care in GP and outpatient settings. This suggests that fragmented hospital care is not mitigated by increased continuity in GP.
18. Mikkonen U, Tusa N, Sinikallio S, Kautiainen H, Mäntyselkä P. **A short tool to screen self-care preparedness: cross-sectional study in general practice.** *Fam Pract*. 2024 Dec 2;41(6):970-976. doi: 10.1093/fampra/cmadv107. PMID: 37975623; PMCID: PMC11636555.  
**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11636555/>

**Abstract:** Self-care is essential in the prevention and treatment of many diseases. Self-care means taking care of the treatment of chronic condition with the support of health care professionals. Patients have different capabilities and resources to perform self-care and a varying need for support and counselling. Identifying self-care preparedness might help health care providers to support patients more appropriately. This study introduced a short tool for screening self-care preparedness in primary health care. We used the data of 293 adults with hypertension, diabetes, or coronary artery disease in primary health care in Finland between 2017 and 2018. The patients' mean age was 68 (54.3% women). Low self-care preparedness was reported by 79 (27.0%), moderate by 115 (39.2%), and high by 99 (33.8%) patients. Patients with lower self-care preparedness were more obese, had lower physical activity, more depressive symptoms, lower self-rated health, lower quality of life, lower patient activation, and lower satisfaction with life. This study provided preliminary information that such a tool could be used to identify preparedness for self-care.

19. De Morgan S, Walker P, Blyth FM, Daly A, Burke ALJ, Nicholas MK. **A technology-enabled collaborative learning model (Project ECHO) to upskill primary care providers in best practice pain care.** *Aust J Prim Health.* 2024 Dec;30:PY24035. doi: 10.1071/PY24035. PMID: 39699998.  
**Full-text:** <https://www.publish.csiro.au/PY/PY24035>  
**Abstract:** The South Australian (SA) Chronic Pain Extension for Community Healthcare Outcomes (ECHO) Network was established to upskill primary care providers in best practice pain care aligned to a patient-centred, biopsychosocial approach using didactic and case-based virtual mentoring sessions. The aims of this study were to assess: (a) participation, satisfaction (relevance, satisfaction with format and content, perceptions of the mentorship environment), learning (perceived knowledge gain, change in attitudes), competence (self-confidence) and performance (intention to change practice, perceived practice change) of the ECHO Network clinician participants; and (b) self-perceived barriers at the clinical, service and system level to applying the learnings. The ECHO Network model was found to be an acceptable and effective interdisciplinary education model for upskilling primary care providers in best practice pain care aligned to a patient-centred, biopsychosocial approach to pain management. However, participants perceived barriers to translating this knowledge into practice at the clinical, service and system levels.
20. Oni L, Platt C, Marlais M, McCann L, Barakat F, et al. **National recommendations for the management of children and young people with IgA vasculitis: a best available evidence, group agreement-based approach.** *Arch Dis Child.* 2024 Dec 13;110(1):67-76. doi: 10.1136/archdischild-2024-327364. PMID: 39379139.  
**Full-text:** <https://adc.bmj.com/content/110/1/67.long>  
**Abstract:** IgA vasculitis (IgAV) is the most frequently experienced subtype of vasculitis seen in children. Most children fully recover, however, complications including chronic kidney disease are recognised. The aim of this project was to use a best available evidence, group agreement, based approach to develop national recommendations for the initial management of IgAV and its associated complications. Despite IgAV being a rare disease with limited evidence, a national standardised approach to the clinical management for children and young people has been achieved. This should unite approaches to care and act as a foundation for improvement.
21. Xu AXT, Brown K, Schwartz KL, Aghlmandi S, Alderson S, et al. **Audit and Feedback Interventions for Antibiotic Prescribing in Primary Care: A Systematic Review and**

**Meta-analysis.** *Clin Infect Dis.* 2024 Dec 5:ciae604. doi: 10.1093/cid/ciae604. Epub ahead of print. PMID: 39657007.

**Full-text:** <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciae604/7917502?login=false>

**Abstract:** This systematic review evaluates the effect of audit and feedback (A&F) interventions targeting antibiotic prescribing in primary care and examines factors that may explain the variation in effectiveness. A&F interventions reduce antibiotic prescribing in primary care. However, heterogeneity was substantial, outcome definitions were not standardized across the trials, and intervention fidelity was not consistently assessed.

22. Schoenaker D, Lovegrove E, Santer M, Matvienko-Sikar K, Carr H, Alwan NA, Kubelabo L, Davies N, Godfrey KM. **Developing consensus on priorities for preconception care in the general practice setting in the UK: Study protocol.** *PLoS One.* 2024 Nov 21;19(11):e0311578. doi: 10.1371/journal.pone.0311578. PMID: 39570956; PMCID: PMC11581211.

**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11581211/>

**Abstract:** Preconception medical, behavioural and socioeconomic risk factors are common among people of reproductive age and can impact pregnancy and offspring outcomes. In line with clinical guidance, primary care practitioners are encouraged to support patients to manage and optimise their health prior to pregnancy. Due to barriers, including lack of time and resources, this support is not currently part of routine practice. As a first step towards the co-development of practical and realistic best practice guidance, this study aims to achieve consensus on a list of priority risk factors that can be used in general practice to guide opportunistic preconception care for patients of reproductive age.

23. Kharouf F, Gladman DD. **Advances in the management of psoriatic arthritis in adults.** *BMJ.* 2024 Nov 21;387:e081860. doi: 10.1136/bmj-2024-081860. PMID: 39572047.

**Full-text:** <https://www-bmj-com.icgplibrary.idm.oclc.org/content/387/bmj-2024-081860>

**Abstract:** Psoriatic arthritis is an inflammatory arthritis that affects around 30% of patients with psoriasis. The disease spectrum includes peripheral arthritis, enthesitis, tenosynovitis, dactylitis, axial involvement, and skin and nail psoriasis in most patients. In addition to the cutaneous and musculoskeletal manifestations, several comorbidities can complicate the disease course, including cardiovascular disease, diabetes mellitus, metabolic syndrome, gout, anxiety, and depression. The management of patients with psoriatic arthritis begins with a careful assessment of the skin and joints and screening for comorbidities. This review describes the assessment tools and outcome measures used in the evaluation of patients with psoriatic arthritis. It summarizes the approach to therapy, including non-medicinal interventions such as education, lifestyle changes, physiotherapy, and occupational therapy. It discusses the evidence on pharmacologic treatments, including drugs used for symptomatic relief such as non-steroidal anti-inflammatory drugs, and those used to control the disease process; this last group comprises conventional synthetic disease modifying anti-rheumatic drugs (DMARDs), including methotrexate, leflunomide, and sulfasalazine, and biologic and targeted DMARDs, including anti-tumor necrosis factor (TNF $\alpha$ ), anti-interleukin-17 (IL-17), anti-IL-12/23, and anti-IL-23 agents, as well as Janus kinase (JAK) inhibitors and phosphodiesterase 4 (PDE4) antagonists. Although these drugs are usually tailored to the clinical profile of the patient, biomarkers predictive of response to therapy are

needed so that a more personalized approach can be followed.

24. Cox C, Hatfield T, Fritz Z. **Role of communicating diagnostic uncertainty in the safety-netting process: insights from a vignette study.** *BMJ Qual Saf.* 2024 Nov 20;33(12):769-779. doi: 10.1136/bmjqs-2023-017037. PMID: 39237262.  
**Full-text:** <https://qualitysafety-bmj-com.icgplibrary.idm.oclc.org/content/33/12/769>  
**Abstract:** Safety-netting is intended to protect against harm from uncertainty in diagnosis/disease trajectory. Despite recommendations to communicate diagnostic uncertainty when safety-netting, this is not always done. To explore how and why doctors safety-netted in response to several clinical scenarios, within the broader context of exploring how doctors communicate diagnostic uncertainty. Participants safety-netted variously, even when presented with identical clinical information. Although safety-netting was seen as important in avoiding diagnostic error, concerns about worrying patients may have limited discussion about diagnostic uncertainty. Research is needed to determine whether communicating diagnostic uncertainty makes safety-netting more effective at preventing harm associated with diagnostic error, and whether it causes significant patient anxiety.
25. Byrne P, Daly A, Mac Loughlin D, Madden C, Mc Donnell T, O'Connell C, Pope J, Saif-Ur-Rahman KM, Taneri PE, Tierney M, Toomey E, Devane D. **iHealthFacts: a health fact-checking website for the public.** *BMJ Evid Based Med.* 2024 Nov 22;29(6):415-418. doi: 10.1136/bmjebm-2023-112611. PMID: 38876771.  
**Full-text:** <https://ebm-bmj-com.icgplibrary.idm.oclc.org/content/29/6/415>  
**Abstract:** Unreliable health information has been identified as a public health challenge. It may lead individuals to explore unproven and potentially harmful medical treatments or cause delays in seeking appropriate healthcare services. The platform provides evidence-based responses to enquiries about health-related claims to support informed decision-making. It also endeavours to nurture critical thinking skills by introducing some of the scientific principles that underpin iHealthFacts' assessments of each claim. The purpose of this paper is to outline the genesis, processes and function of iHealthFacts and to describe what it adds to health fact-checking while also acknowledging its limitations.
26. Juneja P, Bradley M, Minshull J. **What place for daridorexant?** *Drug Ther Bull.* 2024 Nov 28;62(12):183-188. doi: 10.1136/dtb.2023.000037. PMID: 39608986.  
**Full-text:** <https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/62/12/183>  
**What you need to know**
- Daridorexant is a dual orexin receptor antagonist.
  - It is licensed for the treatment of adults with insomnia that has lasted for at least 3 months and which has a considerable impact on daytime functioning.
  - In two large randomised placebo-controlled trials, daridorexant was shown to produce a modest improvement in polysomnograph-assessed sleep outcomes in highly selected participants with insomnia.
  - Common adverse effects include headache, somnolence, dizziness, nausea and fatigue.
  - Contraindications include narcolepsy and concomitant use with strong CYP3A4 inhibitors.
27. Butler D, O'Donovan D, Johnston J, Hart N. **'Challenging but ultimately rewarding' - lived experiences of Deep End Northern Ireland GPs: a qualitative study.** *Br J Gen Pract.* 2024 Nov 28;74(749):e797-e804. doi: 10.3399/BJGP.2024.0167. PMID:

39164029; PMID: PMC11539923.

**Full-text:** <https://pmc.ncbi.nlm.nih.gov/articles/PMC11539923/>

**Abstract:** Living in socioeconomically deprived areas is associated with shorter lives and worse health. GPs working in these areas face additional challenges compared with those in more affluent locations. To establish GPs' motivation for working in these areas, to discover the challenges that GPs face, and to gain insights from GPs on potential improvements and changes. Improving the environmental conditions, empowering individuals, and investing in communities are essential factors to achieving health. The current model of providing reactionary acute care is leading to GPs experiencing powerlessness and feelings of helplessness at the Deep End.

28. Naeem F, McCleery J, Hietamies TM, Abakar Ismail F, Clinton S, O'Mahony A, Ponce OJ, Quinn TJ. **Diagnostic test accuracy of self-administered cognitive assessment tools for dementia.** *Cochrane Database Syst Rev.* 2024 Dec 19;12(12):CD013725. doi: 10.1002/14651858.CD013725.pub2. PMID: 39698927; PMID: PMC11656514.

Full-text:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013725.pub2/full>

**Key messages**

- The evidence suggests that cognitive assessment tools that are completed by people themselves could be used in the detection and diagnosis of dementia.
  - There is not enough evidence to recommend one type of assessment tool over another.
  - Further research on the use of these assessment tools in different settings, such as clinics or people's homes, and the scores that indicate dementia is needed.
29. Paridaens R, Vaes B, Van den Bulck S, Soetaert J. **Benchmarks for low back pain in general practice in Flanders: electronic audit of INTEGRO.** *BMC Prim Care.* 2024 Dec 20;25(1):431. doi: 10.1186/s12875-024-02644-6. PMID: 39707248.

**Full-text:** <https://bmcpimcare.biomedcentral.com/articles/10.1186/s12875-024-02644-6>

**Abstract:** Low back pain (LBP) is one of the most frequent reasons for encounter in general practice. Yet results from literature show adherence to clinical practice guidelines is low. Audit & feedback is a well-known strategy to improve adherence to guidelines. Benchmarking is an important step in the audit & feedback process. The objective of this study was to develop data-derived benchmarks for low back pain quality indicators. The following benchmarks were derived: 4.2% prescription for medical imaging, 12.7% prescription for opioids, 27.2% for prescription for non-steroidal anti-inflammatory drugs or acetaminophen, 37.7% prescription for physical therapy and 11.9% prescription for work absenteeism. Benchmarks for four electronic health record-extractable quality indicators have been established. They can be used for an electronic audit & feedback tool in primary practice in Flanders or other quality improvement initiatives.

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