

*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

**September 2024, Volume 41, no 7**

Medical Complaints: Finding a better way

 **View all Forums:**

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

### Adult Sepsis: General Practice Update (August 2024)

[Infection Control \(irishcollegeofgps.ie\)](https://www.irishcollegeofgps.ie/Infection-Control/)

This GPU aims to promote sepsis awareness in primary care and to promote vaccination as an essential part of sepsis prevention. This document aims to assist GPs in the detection,

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assessment, and early management of suspected sepsis and is limited to people 16 years or over who are not or have not recently been pregnant i.e. not in the 42 days after giving birth.

### ICGP Staff Research Articles

Delvento G, Schindler C, Rotaru C, Curteanu A, Curochicin G, Prytherch H, Tkachenko V, Seifert B, Torzsa P, Asenova R, Busneag C, Windak A, Willems S, Van Poel E, Collins C. **Follow-up of patients with chronic conditions within primary care practices during COVID-19: Results from 7 Central and Eastern-European countries from the cross-sectional PRICOV-19 study.** *Eur J Gen Pract.* 2024 Dec;30(1):2391468. doi: 10.1080/13814788.2024.2391468. Epub 2024 Aug 29. PMID: 39207040; PMCID: PMC11363735.  
<https://www.tandfonline.com/doi/full/10.1080/13814788.2024.2391468>

Keenan I, Cullen L, Hogan G, O'Herlihy N, McCarthy C, Collins C. **Profile of Irish female GPs and factors affecting long-term commitment: a descriptive study.** *BJGP Open.* 2024 Aug 20:BJGPO.2023.0229. doi: 10.3399/BJGPO.2023.0229. Epub ahead of print. PMID: 38631723.  
<https://bjgpopen.org/content/early/2024/08/16/BJGPO.2023.0229.long>

Kerr G, Greenfield G, Li E, Beaney T, Hayhoe BW, Car J, Clavería A, Collins C, Gusso G, Hoffman RD, Jimenez G, Koskela TH, Laranjo L, Lingner H, Memarian E, Nessler K, Petek D, Tsopra R, Majeed A, Neves AL. **Factors associated with the availability of virtual consultations in primary care across 20 countries: A cross-sectional study.** *JMIR Preprints.* 06/08/2024:65147. DOI: [10.2196/preprints.65147](https://doi.org/10.2196/preprints.65147)  
<https://preprints.jmir.org/preprint/65147>

Garzón-Orjuela N, Garcia Pereira A, Vornhagen H, Stasiewicz K, Parveen S, Amin D, Porwol L, d'Aquin M, Collins C, Stanley F, O'Callaghan M, Vellinga A. **Design and architecture of the CARA infrastructure for visualising and benchmarking patient data from general practice.** *BMJ Health Care Inform.* 2024 Aug 9;31(1):e101059. doi: 10.1136/bmjhci-2024-101059. PMID: 39122448.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11331940/>



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

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

## GP News

### Irish College of GPs - [PRESS RELEASE Irish College of GPs before Oireachtas Committee on Drugs Use - ICGP News](#)

By Irish College of GPs, 19 September 2024.

Irish College of GPs attended the Oireachtas Committee on Drugs Use on Thursday September 19th. Adequately resourced general practice is well placed to offer timely equitable access to high quality addiction management, helping reduce harm and support recovery. Irish College of GPs supports legislative changes that reduce the stigma attached

to illicit drug use by comprehensively supporting people suffering from and impacted by addiction.

**Irish College of GPs - Press Release GP workforce - Irish College of General Practitioners Website ([irishcollegeofgps.ie](http://irishcollegeofgps.ie))**

By Irish College of GPs, 23 August 2024.

New analysis of GP workforce data matched to population increases shows that GP numbers are not keeping pace with rapidly growing population, and that rural areas have significant GP deficits. Innovative incentives are required to address GP workforce shortages.

**Irish Times - Which counties have the highest and lowest numbers of GPs? - The Irish Times**

By Emmet Malone, 23 August 2024.

Just two counties have enough GPs to provide satisfactory level of care, research shows. The WHO recommended ratio is 100 general practitioners per 100,000 of population, however new figures suggest large parts of the country that were already experiencing shortages are now suffering declining levels of coverage. Co Meath had the lowest level of all with a total of 118 GPs, equating to 54 per 100,000 people followed by Monaghan with 57 per 100,000. The 100 level was achieved by just Galway and Waterford in 2023 when both had 102, the ICGP says.

**Irish Times - Call for more support for rural GPs to meet needs of ageing clients amid doctor shortage - The Irish Times**

By Emmet Malone, 23 August 2024.

New GPs tend to work in larger towns and cities, Irish College for GPs says. General practitioners working in rural areas with an ageing demographic need greater support to address the worsening levels of GP coverage, according to the Irish College for GPs. A number of measures, backed by the Department of Health and the Health Service Executive, including increased recruitment of doctors from abroad to work in rural areas and a generally expanded training programme, have been instigated in recent years. These are designed to address growing shortages related to the increasing and ageing population as well as other factors related to demand including the expansion of free GP care.

**Morning Ireland - Just two counties have enough GPs to provide satisfactory level of care, research shows | Morning Ireland - RTÉ Radio 1 ([rte.ie](http://rte.ie))**

By RTE Radio 1, 23 August 2024.

Dr Mike O'Callaghan, of the Irish College of GPs, discusses research showing huge regional disparities in GP numbers across Ireland.

**Dept. of Health Press Release - Minister Burke announces initiatives to improve Traveller and Roma health as part of national strategy ([www.gov.ie](http://www.gov.ie))**

By Department of Health, 1 August 2024.

The Minister for Public Health, Wellbeing and the National Drugs Strategy Colm Burke TD has announced the development of a Roma Health Action Plan. The initiative is among seven health actions contained in the new National Traveller and Roma Inclusion Strategy 2024-2028, launched this week by Minister for Children, Equality, Disability, Integration

and Youth Roderic O’Gorman. The initiatives aim to address the social determinants of Traveller and Roma health through tailored and affirmative measures to promote health and reduce inequalities. They also complement work already underway on the implementation of the Traveller Health Action Plan.

**Dept. of Health Press Release - [Minister for Health publishes final report of the Expert Taskforce to Support the Expansion of the Role of Pharmacy \(www.gov.ie\)](http://www.gov.ie)**

By Department of Health, 13 August 2024.

The Minister for Health Stephen Donnelly published the report of the Expert Taskforce to Support the Expansion of the Role of Pharmacy. The Expert Group has recommended that pharmacists should be able to prescribe for a range of common conditions. They have recommended an initial list of eight conditions which can be extended over time as the service evolves. The Group has also recommended the development, over the coming years, of more widespread models of pharmacist prescribing across the health service. The move is with a view to reducing pressure on GPs and moving to more care in the community, as outlined under the Sláintecare health reform strategy. The report recommends that pharmacists should be able to prescribe for a range of eight common conditions – allergic rhinitis (inflammation of the inside of the nose), cold sores, conjunctivitis, impetigo (a contagious skin condition), oral thrush, shingles, uncomplicated urinary tract infections and vulvovaginal thrush, which is a genital fungal infection.

**Dept. of Health Press Release - [Minister for Health publishes important Paper on reducing unnecessary antibiotic prescribing \(www.gov.ie\)](http://www.gov.ie)**

By Department of Health, 30 August 2024.

Minister for Health, Stephen Donnelly has published a research paper entitled ‘*Changing Behaviour: Reducing Unnecessary Antibiotic Prescribing*’. The systematic review and meta-analysis, conducted by the Strategic Research and Evaluation Unit in the Department of Health, in conjunction with the University of Limerick, shows how behaviour change interventions reduced antibiotic prescribing by 21%. It evaluated international evidence across 22 international controlled trials and 23,000 patient consultations, to provide estimates of the overall effect of behaviour change interventions seeking to reduce unnecessary prescribing.

**[HSE - World Patient Safety Day 2024 - Corporate \(hse.ie\)](http://hse.ie)**

By HSE, 19 August 2024.

World Patient Safety Day (#WPSD2024) takes place on Tuesday 17 September 2024. The HSE's theme this year is: ‘Listen, diagnose, understand: working together for patient safety’. As healthcare professionals, our continuous work to improve quality and patient safety is underpinned by the Patient Safety Strategy. On World Patient Safety Day, we celebrate things we are doing well and through reflection and learning from others, identify things we can do better. A group of HSE Staff, members of the Patients for Patient Safety Ireland and the Patients Forum and the Department of Health along with key stakeholders from across a wide ranges of services and organisations have prepared an information pack to complement your plans and your own resources.

## Reports



### **Medical Council Ireland: Medical Workforce Intelligence Report 2023** (15<sup>th</sup> August)

This report provides an analysis of data on doctors who have retained their place on the Medical Council's medical register in 2023. It focuses on the clinically active medical workforce in Ireland, presenting quantitative analysis of demographics and divisional status, and details on employment and practise such as self-reported role, medical discipline and specialty, and working hours. The report draws attention to key observations and insights including Ireland's high reliance on international medical graduates and includes new data gathered by the Medical Council for the first time on GP work patterns. This data is crucial to informing strategic and integrated medical workforce planning. Section 4.5 focuses exclusively on GPs, that is, doctors who report working in the area of General Practice and whose self-reported employment role is a General Practitioner.

#### **Key findings:**

- Medical Council 2023 workforce data reveals that **19,328** doctors reported being clinically active in Ireland, all or some of the time.
- Just over one quarter (**25.7%**) of clinically active doctors in Ireland hold a basic medical qualification from outside of Ireland, the EU and the UK.
- A substantial proportion of GPs in Ireland (**32.0%**) are now close to retirement age; and a majority of the GP workforce is female, at **52.8%**.

 **Read the Report: [Medical Workforce Intelligence Report - 2023 \(medicalcouncil.ie\)](https://www.medicalcouncil.ie)**



### **HSE - Opportunistic Case Finding Programme in General Practice** (August 2024)

The Opportunistic Case Finding Programme (OCF) is one of a suite of 3 programmes of the Chronic Disease Management (CDM) GP Programme. The objective of the OCF Programme is to allow GPs to opportunistically identify patients at high risk of cardiovascular disease or diabetes when a patient comes to see them for some other reason.

Research evidence shows that approximately one third of patients with chronic disease are undiagnosed and hence untreated. Therefore early detection and prevention of disease progression is very important. This report gives the findings of the first 2 years of the programme: there is a good and improving uptake by GPs and the public.

Since its launch in January 2022, the Opportunistic Case Finding Programme has seen GPs assess nearly 200,000 patients at risk of cardiovascular disease or diabetes by May 2024.

This report findings show that:

- 105,569 patients were confirmed at high risk and enrolled in the HSE's chronic disease prevention programme.

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- 6,331 patients were newly diagnosed with chronic diseases and enrolled in the HSE's chronic disease treatment programme.
- Common risk factors prompting assessments were hypertension, dyslipidaemia (abnormal levels of fats in the blood), obesity, smoking, and chronic kidney disease. While cholesterol levels were generally normal, high triglycerides were noted. A substantial number of patients were newly diagnosed with prediabetes or diabetes and placed in appropriate programs.
- A significant finding is the undiagnosed chronic kidney disease: 26,344 patients had moderate chronic kidney disease (stage 3). 1,917 patients had serious kidney disease (stages 4 or 5).

These results highlight the programme's effectiveness in identifying at-risk patients and managing their conditions and the need to expand the Chronic Disease Management (CDM) Programme to include kidney disease.

 **Read the Report: [Opportunistic Case Finding Programme in General Practice \(hse.ie\)](https://www.hse.ie)**


**Dept. of Health: National Adult Palliative Care Strategy** (10<sup>th</sup> September 2024)

The National Adult Palliative Care Policy launched in September is the first such strategy document in this area in over 20 years. It has been developed to facilitate high quality patient-centred care through an integrated approach across primary, acute and social care settings, taking into account the range of patients requiring palliative care services, as well as the projected increase in Ireland's older population. Supporting the patient, family and carer is at the heart of this policy. Actions with timelines have been identified to deliver each recommendation, so to measure the progress of the policy. The government's commitment to the development of these services is reflected in the budget for palliative care which increased to over €155 million in 2024, representing a €54 million or 53% increase since 2020.



The policy contains 25 recommendations, including:

- improving public understanding of palliative care and support community engagement programmes in conjunction with service providers and voluntary groups
- providing support to GPs and other community-based service providers to care for more people with palliative care needs in the home setting
- supporting family carers in the home
- addressing regional variation in specialist palliative care service provision and tailoring services to meet the needs of different populations
- developing and expanding out-of-hours palliative care in the community and reducing unnecessary hospital admissions

 **Read the Report: [Minister launches new National Adult Palliative Care Policy to improve services and supports for patients, families, and carers \(www.gov.ie\)](https://www.gov.ie)**



## **Pobal - Disability and Deprivation Investigating the Relationship between Health Inequalities and Geographic Disadvantage using the Pobal HP Deprivation Index** (11<sup>th</sup> September 2024)

People living in areas of deprivation across Ireland are significantly more likely to report poor health or disability, new research from Pobal has revealed. According to Pobal, the findings demonstrate the need to address health inequality gaps and ensure strong provision of health and social care services in less affluent areas.

### **Key findings include:**

- People living in the most disadvantaged areas are four and a half times more likely to report not having good health than those in the most affluent areas.
- People living in the most disadvantaged areas in Ireland are twice as likely to report having a disability compared to those in affluent areas.
- Children growing up in extremely disadvantaged areas have reported disability rates which are only observed among people nearing retirement age in affluent areas (approximately 7%).

 **Read the Report: [Poor Health and Disability Higher in Deprived Areas - Pobal](#)**

## **EBM Round-Up**



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

In this month's Therapeutics Today:

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

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

In this month's Therapeutics Today:

- Previous NMIC Bulletins
- Guidance and advice
- Regular features:
  - Medication Safety Minutes

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- Health Protection Surveillance Centre updates
2. Signposting
- 👁️ **View** [this issue](#).

### HIQA - Learning Hub

This hub provides links to online learning courses, guides and videos for frontline staff, students and academics, as well as people using health and social care services. These materials support the implementation of national standards and the development of good practice. They include modules on infection prevention and control, adult safeguarding, advocacy and a human-rights based approach to health and social care.

- 👁️ **View** the [learning hub](#).

### Mental Health Commission Toolkit for young people accessing CAMHS (22 August 2024)

The Mental Health Commission (MHC) has published a toolkit to support and empower young people accessing child and adolescent mental health services (CAMHS) in Ireland.

- 👁️ **View** the [toolkit](#).

## Irish Articles

1. Browne LD, Alamin MY, Miri HH, Hall R, Tandan M, Sexton D, Stack AG. **Prevalence, awareness, treatment, and control of hypertension in community-dwelling older adults with chronic kidney disease: the Irish longitudinal study on ageing.** *Clin Kidney J.* 2024 Jun 27;17(8):sfae184. doi: 10.1093/ckj/sfae184. PMID: 39099566; PMCID: PMC11292221.

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11292221/>

**Abstract:** Hypertension is highly prevalent in chronic kidney disease (CKD), posing a significant but modifiable risk for adverse clinical outcomes. This study explored the prevalence, awareness, treatment, and control of hypertension in older Irish adults with CKD. The prevalence of hypertension is substantial in older Irish adults with CKD; however, control is poor. Approximately, one-third of participants were unaware of their hypertensive status and approximately one-fifth were untreated.

2. Butler D, O' Donovan D, Johnston J, Hart ND. **"Challenging but ultimately rewarding": A qualitative analysis of Deep End GPs' experiences.** *Br J Gen Pract.* 2024 Aug 20:BJGP.2024.0167. doi: 10.3399/BJGP.2024.0167. Epub ahead of print. PMID: 39164029.

**Full-text:** <https://bjgp->

[org.icgplibrary.idm.oclc.org/content/early/2024/08/20/BJGP.2024.0167](https://bjgp-)

**Abstract:** Living in socioeconomically deprived areas is associated with shorter lives, in worse health. GPs working in these areas face additional challenges. Establishing GPs' motivation for working in these areas, what the challenges are, and insights from GPs on potential improvements and changes. Improving the environmental conditions, empowering individuals and investing in communities are essential 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'.

3. Donnelly M, Murray C. **Choosing to Provide: Early Medical Abortion and Clinician Conscience in Ireland.** *Health Care Anal.* 2024 Sep 1. doi: 10.1007/s10728-024-00490-2. Epub ahead of print. PMID: 39218816.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11390768/>  
**Abstract:** Providers are essential to the delivery of abortion care. Yet, they often occupy an ambiguous space in political discourse around abortion. The introduction of a new abortion service in Ireland invites us to look afresh at providers. Since the Health (Regulation of Termination of Pregnancy) Act 2018 came into force, by far the most common form of abortion care has been early medical abortion (EMA). This is typically provided by General Practitioners (GPs), with approximately 10% of GPs having chosen to provide EMA. This article draws on an empirical study of providers to investigate their motivations for, and experiences of, provision and their views on colleagues who have not chosen to provide. The study shows that for many providers, the choice to provide was grounded in a moral commitment to protecting women's rights to autonomy and health and ensuring that the harms of the past were not repeated. The article argues that notwithstanding increased normalisation of EMA in Ireland, conscience still has a role to play in abortion care provision and it is important to reflect on the various aspects of this role.
4. de Bell S, Alexandre JC, Menzel C, Sousa-Silva R, Straka TM, et al. **Nature-based social prescribing programmes: opportunities, challenges, and facilitators for implementation.** *Environ Int.* 2024 Aug;190:108801. doi: 10.1016/j.envint.2024.108801. Epub 2024 Jun 6. PMID: 38909402.  
**Full-text:**  
<https://www.sciencedirect.com/science/article/pii/S0160412024003878?via%3Dihub>  
**Abstract:** Evidence on the health benefits of spending time in nature has highlighted the importance of provision of blue and green spaces where people live. The potential for health benefits offered by nature exposure, however, extends beyond health promotion to health treatment. Social prescribing links people with health or social care needs to community-based, non-clinical health and social care interventions to improve health and wellbeing. Nature-based social prescribing (NBSP) is a variant that uses the health-promoting benefits of activities carried out in natural environments, such as gardening and walking. Much current NBSP practice has been developed in the UK, and there is increasing global interest in its implementation. This requires interventions to be adapted for different contexts, considering the needs of populations and the structure of healthcare systems. NBSP could offer significant public health benefits using available blue and green spaces. We offer guidance on how NBSP implementation, from wider policy support to the design and evaluation of individual programmes, could be adapted to different contexts. This research could help inform the development and evaluation of NBSP programmes to support planetary health from local and global scales.
5. McGuinness SL, Veit O, Angelin M, Antonini P, Boecken G, et al. **Streamlining malaria prevention recommendations for travellers: current and future approaches.** *J Travel Med.* 2024 Aug 21:taae113. doi: 10.1093/jtm/taae113. Epub

ahead of print. PMID: 39167759.

**Full-text:** Available via inter-library loan. Contact the Library to order.

**Abstract:** Malaria remains an important risk for travellers from non-endemic countries, especially those visiting sub-Saharan Africa, making it a key issue in travel medicine practice. Due to varying levels of malaria risk and transmission intensity, personalized pre-travel consultations are crucial for assessing individual risk and providing tailored advice on prevention and management strategies. Global, national and professional bodies offer guidance to help travel health practitioners advise travellers on malaria prevention (Table 1).

6. Gillespie P, Moriarty F, Smith SM, Hobbins A, Walsh S, Clyne B, Boland F, McEntegart T, Flood M, Wallace E, McCarthy C; SPPiRE Study team. **Cost effectiveness of a GP delivered medication review to reduce polypharmacy and potentially inappropriate prescribing in older patients with multimorbidity in Irish primary care: the SPPiRE cluster randomised controlled trial.** *Eur J Health Econ.* 2024 Aug 27. doi: 10.1007/s10198-024-01718-7. Epub ahead of print. PMID: 39190222.  
**Full-text:** <https://link.springer.com/article/10.1007/s10198-024-01718-7>  
**Abstract:** Evidence on the cost effectiveness of deprescribing in multimorbidity is limited. To investigate the cost effectiveness of a general practitioner (GP) delivered, individualised medication review to reduce polypharmacy and potentially inappropriate prescribing in older patients with multimorbidity in Irish primary care. The study observed a pattern towards dominance for the SPPiRE intervention, with high expected cost effectiveness. Notably, observed differences in costs and outcomes were consistent with chance, and missing data and related uncertainty was non trivial. The cost effectiveness evidence may be considered promising but equivocal.
7. Farrell A, O'Flynn J, Jennings A. **An investigation into General Practitioners' experience with Long Covid.** *Ir J Med Sci.* 2024 Aug 20. doi: 10.1007/s11845-024-03782-7. Epub ahead of print. PMID: 39162988.  
**Full-text:** <https://link.springer.com/article/10.1007/s11845-024-03782-7>  
**Abstract:** Long Covid (LC) is the continuation or development of new symptoms after initial COVID-19 infection. Little is known about General Practitioners' (GP) experience of managing patients with LC. The aim of this study is to establish GP experiences with LC. There was a lack of confidence in the diagnosis and management of LC, and in the interface with secondary care. There is demand for educational interventions to assist GPs with their care of patients with this emerging condition.
8. Bambury N, Zhang M, McCarthy T, Dawkins I, Burke L, Tierney P, Walsh PM, Redmond P, Mullooly M, Murray D, Bennett K. **Impact of the COVID-19 pandemic on electronic referrals to rapid access clinics for suspected breast, lung and prostate cancers in Ireland.** *Eur J Public Health.* 2024 Aug 19:ckae092. doi: 10.1093/eurpub/ckae092. Epub ahead of print. PMID: 39160755.  
**Full-text:** <https://academic.oup.com/eurpub/advance-article/doi/10.1093/eurpub/ckae092/7736256?login=false>  
**Abstract:** The coronavirus disease 2019 (COVID-19) pandemic impacted cancer services worldwide. We examined the effect of the first three pandemic waves on the number of electronic (e)-referrals to rapid access clinics (RACs) for breast, lung and prostate cancer in Ireland. The COVID-19 pandemic impacted patterns of e-

referrals to RACs in the first three pandemic waves in Ireland. Early identification of changes in engagement with health services, such as a decrease in primary care presentations with a resultant decrease in e-referrals to RACs can allow for a rapid response from cancer control programmes. Continued surveillance of the impact of service disruption on cancer services allows policy makers and strategic leaders in cancer control programmes to respond rapidly to mitigate the impact on cancer outcomes.

9. Barry T, Kasemiire A, Quinn M, Deasy C, Bury G, Masterson S, Segurado R, Murphy AW; Out-of-Hospital Cardiac Arrest Registry Steering Group. **Bystander defibrillation for out-of-hospital cardiac arrest in Ireland.** *Resusc Plus.* 2024 Jul 15;19:100712. doi: 10.1016/j.resplu.2024.100712. PMID: 39113756; PMCID: PMC11304059.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11304059/>  
**Abstract:** To describe and explore predictors of bystander defibrillation in Ireland during the period 2012 to 2020. To examine the relationship between bystander defibrillation and health system developments. Defibrillation by bystanders has increased incrementally over time in Ireland. Interventions to address sex and age-based disparities, alongside interventions to increase bystander defibrillation at night, in urban settings and at home locations are required.
10. Bowles KA, Batt AM, O'Toole M, Knox S, Hemingway L, Williams J, Williams B, Cummins NM. **Identifying the essential elements to inform the development of a research agenda for Paramedicine in Ireland: a Delphi Study.** *Health Res Policy Syst.* 2024 Aug 9;22(1):100. doi: 10.1186/s12961-024-01188-6. PMID: 39123273; PMCID: PMC11313103.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11313103/>  
**Abstract:** Paramedicine is a dynamic profession which has evolved from a "treat and transport" service into a complex network of health professionals working in a diverse range of clinical roles. Research is challenging in the paramedicine context, and internationally, research capacity and culture has developed slowly. International examples of research agendas and strategies in paramedicine exist, however, research priorities have not previously been identified in Ireland. Research Priorities that reached consensus included Staff Wellbeing, Education and Professionalism and Acute Medical Conditions. Respondents indicated that these three areas should be a priority in the next 2 years. Education, Staffing and Leadership were imperative Key Resources that required change. Education was a Key Processes change deemed imperative to allow the future research to occur. Outcomes that should be included in the future research strategy were Patient Outcomes, Practitioner Development, Practitioner Wellbeing, Alternate Pathways, Evidence-based Practice and Staff Satisfaction. The results of this study are similar to previously published international studies, with some key differences. There was a greater emphasis on Education and Practitioner Wellbeing with the latter possibly attributed to the timing of the research in relation to the COVID-19 pandemic. The disseminated findings of this study should inform sustainable funding models to aid the development of paramedicine research in Ireland.
11. Galvin E, Desselle S, Gavin B, McNicholas F, Cullinan S, Hayden J. **Training Service Users in the Use of Telehealth: Scoping Review.** *J Med Internet Res.* 2024 Jul 31;26:e57586. doi: 10.2196/57586. PMID: 39083789; PMCID: PMC11325118.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11325118/>

**Abstract:** The use of telehealth has rapidly increased, yet some populations may be disproportionately excluded from accessing and using this modality of care. Training service users in telehealth may increase accessibility for certain groups. The extent and nature of these training activities have not been explored. The objective of this scoping review is to identify and describe activities for training service users in the use of telehealth. The review mapped the literature on training activities for service users in telehealth. The common features of telehealth training for service users included once-off preparatory phone calls on the technical elements of telehealth, targeted at older adults. Key issues for consideration include the need for co-designed training and improving the broader digital skills of service users. There is a need for further studies to evaluate the outcomes of telehealth training activities in geographically diverse areas.

## Research Articles

1. de Dumast L, Moore P, Snell KI, Marshall T. **Trends in clinical workload in UK primary care 2005-2019: a retrospective cohort study.** *Br J Gen Pract.* 2024 Sep 2;BJGP.2023.0527. doi: 10.3399/BJGP.2023.0527. Epub ahead of print. PMID: 38621809.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11388090/>  
**Abstract:** Substantial increases in UK consulting rates, mean consultation duration, and clinical workload were observed between 2007 and 2014. To the authors' knowledge, no analysis of more recent trends in clinical workload has been published to date. This study updates and builds on previous research, identifying underlying changes in population morbidity levels affecting demand for primary health care. To describe the changes in clinical workload in UK primary care since 2005. Findings show sustained increases in consulting rates, consultation duration, and clinical workload until 2014. From 2015, however, rising demand for health care and a larger administrative workload have led to capacity constraints as the system nears saturation.
2. Payne RE, Dakin F, MacIver E, Swann N, Pring T, Clarke A, Kalin A, Moore L, Ladds E, Wherton J, Rybczynska-Bunt S, Husain L, Hemmings N, Wieringa S, Greenhalgh T. **What are the challenges to quality in modern, hybrid general practice? A multi-site longitudinal study.** *Br J Gen Pract.* 2024 Aug 8;BJGP.2024.0184. doi: 10.3399/BJGP.2024.0184. Epub ahead of print. PMID: 39117426.  
**Full-text:** <https://bjgp.org/content/early/2024/08/07/BJGP.2024.0184.long>  
**Abstract:** Since 2022, general practice has shifted from responding to the acute challenges of COVID-19 to restoring full services, using remote and digital modalities as well as traditional in-person care. To examine how quality domains are addressed in contemporary UK general practice. Contemporary hybrid general practice features changes with the unintended effect of dehumanising, compromising and fragmenting care. Risks to patients and the core values of general practice should be urgently addressed.
3. Fraser SDS, Phillips T. **Quality of life in people with chronic kidney disease: focusing on modifiable risk factors.** *Curr Opin Nephrol Hypertens.* 2024 Jul 23. doi: 10.1097/MNH.0000000000001013. Epub ahead of print. PMID: 39115435.  
**Full-text:** [https://journals.lww.com/co-nephrolhypertens/fulltext/9900/quality\\_of\\_life\\_in\\_people\\_with\\_chronic\\_kidney.175.as](https://journals.lww.com/co-nephrolhypertens/fulltext/9900/quality_of_life_in_people_with_chronic_kidney.175.as)

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**Abstract:** With ageing populations and rising prevalence of key risk factors, the prevalence of many long-term conditions including chronic kidney disease (CKD) is increasing globally. Health-related quality of life (HRQoL) is important to people living with CKD but not all HRQoL determinants are modifiable. This review summarizes recently identified potentially modifiable factors affecting HRQoL for people with CKD and recent trials incorporating HRQoL as an outcome. Clinicians should consider the range of potentially modifiable factors influencing HRQoL as part of a holistic approach to CKD care. High-quality, adequately-powered trials, with HRQoL as a primary outcome, with interventions focusing on the other potentially modifiable factors identified are needed.

- Mitchinson L, von Wagner C, Blyth A, Shah H, Rafiq M, Merriel SWD, Barclay M, Lyratzopoulos G, Hamilton W, Abel GA, Renzi C. **Clinical decision-making on lung cancer investigations in primary care: a vignette study.** *BMJ Open.* 2024 Aug 21;14(8):e082495. doi: 10.1136/bmjopen-2023-082495. PMID: 39174063.

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11340710/>

**Abstract:** To investigate the role of comorbid chronic obstructive pulmonary disease (COPD) and symptom type on general practitioners' (GP's) symptom attribution and clinical decision-making in relation to lung cancer diagnosis. Lung cancer was identified as a possible diagnosis for persistent respiratory by only one out of five GPs, irrespective of the patients' COPD status. Increasing awareness among GPs of the link between COPD and lung cancer may increase the propensity for performing chest X-rays and referral for diagnostic testing for symptomatic patients.

- Kushner P, Khunti K, Cebrián A, Deed G. **Early Identification and Management of Chronic Kidney Disease: A Narrative Review of the Crucial Role of Primary Care Practitioners.** *Adv Ther.* 2024 Aug 20. doi: 10.1007/s12325-024-02957-z. Epub ahead of print. PMID: 39162984.

**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11399210/>

**Abstract:** Chronic kidney disease, or CKD, affects about one in ten adults worldwide. Results from many real-world studies show that early identification and treatment of CKD is crucial to prevent the disease from getting worse. However, because CKD can have no symptoms in its early stages, it is often not diagnosed. Many people with CKD are therefore unaware that they have it. People with CKD are likely to have other long-term health issues as well, including cardiovascular disease, hypertension and diabetes. Primary care practitioners are best placed to offer holistic, patient-centered care to those with CKD, and are the frontline in identifying and managing the risk factors for chronic disease. Primary care practitioners may advise people with CKD on lifestyle changes, such as diet and exercise, as well as helping them understand what treatments are available. Sodium-glucose co-transporter 2 inhibitors have shown strong kidney-protective effects in clinical trials, and recently updated clinical guidelines recommend their use as foundational therapy alongside more established treatments of CKD. These treatments should be prescribed to people with CKD whether they have diabetes or not. For people at high risk of CKD, primary care practitioners should regularly obtain and record measurements of kidney function and blood pressure. Public and primary care practitioner awareness and education, the use of clinical decision support tools, and good communication between healthcare professionals are all important to drive change in primary care and improve the early identification and



management of CKD.

6. Vallis M, Shepherd T. **Awareness is not enough: Developing competencies in behaviour change counselling for obesity management.** *Obes Pillars.* 2024 Aug 14;11:100124. doi: 10.1016/j.obpill.2024.100124. PMID: 39252794; PMCID: PMC11382007.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11382007/>  
**Abstract:** This study describes the development and evaluation of a competency based training program in behaviour change counselling for obesity management. This was a real world study attempting to obtain evidence on the learning experience; specifically, achievement of level of competency as well as personal experiences of the integration of skills learned into practice. Provision of competency-based behaviour change counselling in obesity management is critical to support the reformulation of obesity as a chronic disease and to be an important adjunct to medical/surgical interventions. In this paper, we have demonstrated the value of an intensive training program for obesity providers.
7. Casas-Limón J, Quintas S, López-Bravo A, Alpuente A, Andrés-López A, Castro-Sánchez MV, Membrilla JA, Morales-Hernández C, González-García N, Irimia P. **Unravelling Migraine Stigma: A Comprehensive Review of Its Impact and Strategies for Change.** *J Clin Med.* 2024 Sep 3;13(17):5222. doi: 10.3390/jcm13175222. PMID: 39274435; PMCID: PMC11396411.  
**Full-text:** <https://www.mdpi.com/2077-0383/13/17/5222>  
**Abstract:** Migraine-related stigma is a pervasive issue impacting nearly half of chronic migraine patients, with significant consequences for their quality of life, disability and mental health. Despite its profound effects, migraine stigma remains under-recognised in both clinical practice and research. This narrative review explores the three primary types of stigmas affecting migraine patients: public, structural and internalised. Public stigma involves negative societal attitudes and stereotypes that trivialise the condition. Structural stigma is reflected in policies that restrict access to necessary care and resources. Internalised stigma occurs when patients absorb these negative views, leading to self-blame and diminished self-worth. Addressing these different types of stigmas is crucial for improving the understanding, diagnosis and treatment of migraine. Educational efforts, advocacy and policy reform are essential strategies in this context. A deep understanding of stigma is vital for developing effective interventions that enhance clinical management and patient quality of life. Ultimately, reducing stigma can lead to better health outcomes and a more comprehensive approach to migraine care.
8. Hazell T. **Migraine and cluster headaches: RCGP eLearning.** *Br J Gen Pract.* 2024 Aug 29;74(746):426-427. doi: 10.3399/bjgp24X739377. PMID: 39209715; PMCID: PMC11349349.  
**Full-text:** <https://bjgp.org/content/74/746/426.long>  
**Abstract:** Headache is the most common symptom reported in general practice; the lifetime prevalence is over 90%. Furthermore, 4.4% of patients see a primary care clinician about a headache every year, of whom 4% are referred to secondary care. Many causes of headache are self-limiting and can be managed with over-the-counter care, but some can be excruciatingly painful (the pain of cluster headaches has been compared to other very severe pains, such as childbirth), or associated with significant morbidity and mortality. The new RCGP eLearning course on migraine and cluster headaches aims to improve knowledge in these areas, using a



case-based approach to answer some of the following common clinical questions.

9. Harding TA, Martin RM, Merriel SW, Jones R, O'Sullivan JM, et al. **Optimising the use of the prostate-specific antigen blood test in asymptomatic men for early prostate cancer detection in primary care: report from a UK clinical consensus.** *Br J Gen Pract.* 2024 Jul 25;74(745):e534-e543. doi: 10.3399/BJGP.2023.0586. PMID: 39038964; PMCID: PMC11289937.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11289937/>  
**Abstract:** Screening is not recommended for prostate cancer in the UK. Asymptomatic men aged  $\geq 50$  years can request a prostate-specific antigen (PSA) test following counselling on potential harms and benefits. There are areas of clinical uncertainty among GPs, resulting in the content and quality of counselling varying. To produce a consensus that can influence guidelines for UK primary care on the optimal use of the PSA test in asymptomatic men for early prostate cancer detection. Improvements in the prostate cancer diagnostic pathway may have reduced some of the harms associated with PSA testing; however, several areas of uncertainty remain in relation to screening, including optimal PSA thresholds for referral and intervals for retesting. There is consensus on proactive approaches to testing in higher-than-average risk groups. This should prompt a review of current guidelines.
10. Dyer S, Bhuiya A, Graves J, Siddique S, Tonkin A, Westwood A, Cunliffe A, Gopal DP. **Cancer care reviews: a guide for primary care.** *Br J Gen Pract.* 2024 Jul 25;74(745):377-379. doi: 10.3399/bjgp24X739101. PMID: 39054082; PMCID: PMC11299677.  
**Full-text:** <https://bjgp.org/content/74/745/377.long>  
**Abstract:** A cancer care review (CCR) is a supportive conversation between a person with cancer-related needs and a healthcare professional, usually in the primary care setting. People with a cancer diagnosis experience poor quality of life in both physical and mental health domains, many decades after their diagnosis. CCRs were embedded into the GP contracts (in NHS England) in 2003. They provide an opportunity for patients to discuss their experience of cancer and identify unmet needs. This article aims to provide English primary care clinicians with a guide to conduct CCRs based on patient perspectives, current research evidence, clinical experience, and policy.
11. Sharp GC, Lavu D, Cooper A, Yarlett F, Brauer R. **Intersection of menstrual and menopausal health with mental health: implications for general practice.** *Br J Gen Pract.* 2024 Aug 29;74(746):390-391. doi: 10.3399/bjgp24X739149. PMID: 39209720; PMCID: PMC11349366.  
**Full-text:** <https://bjgp-org.icgplibrary.idm.oclc.org/content/74/746/390>  
**Abstract:** Menstruation and menopause are crucial aspects of women's health that have historically received insufficient research funding and discussion in the medical setting, leading to unmet healthcare needs. In particular, the intersection between these reproductive processes and mental health has been under-appreciated. However, there is increasing recognition of the complex interplay of biological, psychological, and social factors that drive this intersection. Addressing these factors is essential for improving women's health and reducing the gender health gap, whereby women spend 25% more of their lives in poor health than men and are more likely to be diagnosed with common mental health conditions. Despite the high prevalence of health disorders that disproportionately

affect women, these conditions receive less research funding than other health issues. Addressing this research gap and additional health needs would improve the health of women and girls, contribute to gender equality, and could boost the global economy by an estimated \$1 trillion by 2040.

12. Naghavi, Mohsen et al. **Global burden of bacterial antimicrobial resistance 1990–2021: a systematic analysis with forecasts to 2050.** *The Lancet*, Volume 0, Issue 0.

**Full-text:** [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01867-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01867-1/fulltext)

**Abstract:** This study presents the first comprehensive assessment of the global burden of AMR from 1990 to 2021, with results forecasted until 2050. Evaluating changing trends in AMR mortality across time and location is necessary to understand how this important global health threat is developing and prepares us to make informed decisions regarding interventions. Our findings show the importance of infection prevention, as shown by the reduction of AMR deaths in those younger than 5 years. Simultaneously, our results underscore the concerning trend of AMR burden among those older than 70 years, alongside a rapidly ageing global community. The opposing trends in the burden of AMR deaths between younger and older individuals explains the moderate future increase in global number of DALYs versus number of deaths. Given the high variability of AMR burden by location and age, it is important that interventions combine infection prevention, vaccination, minimisation of inappropriate antibiotic use in farming and humans, and research into new antibiotics to mitigate the number of AMR deaths that are forecasted for 2050.

13. Zimmermann C, Strohmaier S, Herkner H, Niederkrotenthaler T, Schernhammer E. **Suicide rates among physicians compared with the general population in studies from 20 countries: gender stratified systematic review and meta-analysis.** *BMJ*. 2024 Aug 21;386:e078964. doi: 10.1136/bmj-2023-078964. PMID: 39168499; PMCID: PMC11337323.

**Full-text:** <https://www-bmj-com.icgplibrary.idm.oclc.org/content/386/bmj-2023-078964>

**Abstract:** To estimate age standardised suicide rate ratios in male and female physicians compared with the general population, and to examine heterogeneity across study results. Standardised suicide rate ratios for male and female physicians decreased over time. However, the rates remained increased for female physicians. The findings of this meta-analysis are limited by a scarcity of studies from regions outside of Europe, the United States, and Australasia. These results call for continued efforts in research and prevention of physician deaths by suicide, particularly among female physicians and at risk subgroups.

14. Peek R, Walker L, Singleton R. **Chronic cough in preschool aged children.** *BMJ*. 2024 Sep 2;386:e079747. doi: 10.1136/bmj-2024-079747. PMID: 39222970.

**Full-text:** <https://www-bmj-com.icgplibrary.idm.oclc.org/content/386/bmj-2024-079747>

### What you need to know

- Chronic cough in preschool aged children is a common cause of concern for parents and caregivers, and has a substantial impact on quality of life for the whole family
- Assess whether the cough is dry or wet, and what triggers are present, to help determine the cause and whether further intervention is required
- For a well child with normal examination findings and no red flag features, no further investigations are required

15. Njenga C, Ramanuj PP, de Magalhães FJC, Pincus HA. **New and emerging treatments for major depressive disorder.** *BMJ.* 2024 Jul 8;386:e073823. doi: 10.1136/bmj-2022-073823. PMID: 38977279.

**Full-text:** <https://www-bmj-com.icgplibrary.idm.oclc.org/content/386/bmj-2022-073823>

**Abstract:** Major depressive disorder (MDD) affects a substantial portion of the population; however, much is still unknown about the pathophysiology of this disorder. Treatment resistance highlights the heterogeneous nature of MDD and the need for treatments to target more than monoamine neurotransmission. This review summarizes research into the new and emerging targets of MDD. These include drugs such as psychedelics, antibiotics, opioid modulators, neuropeptides, and onabotulinumtoxin. Neuromodulatory treatments such as light based therapies and neuromodulation involving either magnetic or electrical stimulation are also discussed. Almost all interventions, pharmacological and neuromodulation, were trialed as adjunctive treatments to an antidepressant. Most research has been conducted on psychedelics, with trials suggesting rapid antidepressant and anti-suicidal effects. Trial findings, tolerability, study design limitations and quality of research have been considered throughout this review. There remains challenges in forming recommendations with the current research at present. With there being considerable interest into the research of new and emerging treatments-in particular, psychedelics-there may be scope in the future to form more robust recommendations.

16. Billington E, Aghajafari F, Skulsky E, Kline GA. **Bisphosphonates.** *BMJ.* 2024 Aug 21;386:e076898. doi: 10.1136/bmj-2023-076898. PMID: 39168493.

**Full-text:** <https://www-bmj-com.icgplibrary.idm.oclc.org/content/386/bmj-2023-076898>

### What you need to know

- For patients with osteoporosis, assess patient eligibility for treatment with bisphosphonate therapy by using a fracture risk assessment tool
- Oral therapy should be taken on an empty stomach with high adherence
- Check renal function prior to prescribing intravenous therapy
- Treat for at least five years (oral) or three years (annual intravenous) before consideration of hiatus
- A shared decision making approach is highly valued by patients who are considering treatment

17. ▼ **Fezolinetant for menopausal vasomotor symptoms.** *Drug Ther Bull.* 2024 Jul 29;62(8):118-124. doi: 10.1136/dtb.2024.000025. PMID: 39074999.

**Full-text:** <https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/62/8/118>

## What you need to know

- A fall in oestrogen during menopause can lead to unopposed neurokinin B activity in the brain's temperature control centre, which can cause vasomotor symptoms (VMS).
- Hormone replacement therapy containing oestrogen is effective in reducing menopausal VMS.
- Fezolinetant, a neurokinin 3-receptor antagonist, is licensed for the treatment of moderate to severe menopausal VMS.
- In two studies used for regulatory approval, fezolinetant reduced VMS more than placebo at 12 weeks but changes in quality-of-life measures may not be clinically meaningful.
- Potential adverse effects of fezolinetant include diarrhoea, insomnia, abdominal pain and an increase in alanine transaminase.
- Fezolinetant is contraindicated with concomitant moderate or strong CYP1A2 inhibitors.

18. **Safety update: tramadol-warfarin interaction.** *Drug Ther Bull.* 2024 Sep 6;62(9):131. doi: 10.1136/dtb.2024.000045. PMID: 39038929.

**Full-text:** <https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/62/9/131>

## Key learning points

- Warfarin has a narrow therapeutic index and many medicines interact with it to increase the risk of bleeding.
  - A coroner investigated the case of a patient who died from bleeding in the brain following the concomitant use of warfarin and tramadol.
  - The Medicines and Healthcare products Regulatory Agency has highlighted an increased risk of major bleeding when warfarin and tramadol are used together.
19. Wieringa S, McGuire H, Wang Q, van der Wees P, Shaw B; **AID Knowledge Working Group of the Guidelines International Network. Making sustainable healthcare decisions: three turns towards sustainable guidelines.** *BMJ Evid Based Med.* 2024 Jul 23;29(4):219-222. doi: 10.1136/bmjebm-2023-112352. PMID: 37816591; PMCID: PMC11287642.
- Full-text:** <https://ebm-bmj-com.icgplibrary.idm.oclc.org/content/29/4/219>
- Abstract:** Over time, an international consensus on 'best practice' for developing a range of guidelines has been reached in many areas. However, there are always new challenges for guideline developers. Sustainability is one of those increasingly important challenges as it is for healthcare professionals, government policy-makers, organisational leaders, patients and citizens. Sustainability may nowadays seem to many as meaning a concern for planetary health in view of climate change only. However, historically and conceptually environmental sustainability (living within the planets boundaries) forms a trinity with social equity and economic sustainability, as those with less resources are often most at risk of the consequences of poor planetary health. This broader understanding of sustainability has been adopted most notably in the 17 United Nations Sustainable Developments Goals that include well-being, climate action, clean energy, decent work, sustainable growth and reduced inequalities. Through this and other frameworks, healthcare institutions and professional bodies everywhere have committed themselves to provide and train for sustainable healthcare.

20. Logullo P, de Beyer JA, Kirtley S, Schlüssel MM, Collins GS. **Open access journal publication in health and medical research and open science: benefits, challenges and limitations.** *BMJ Evid Based Med.* 2024 Jul 23;29(4):223-228. doi: 10.1136/bmjebm-2022-112126. PMID: 37770125; PMCID: PMC11287529.  
**Full-text:** <https://ebm-bmj-com.icgplibrary.idm.oclc.org/content/29/4/223>  
**Abstract:** Scientific progress, including in evidence-based medicine, requires all available evidence to be accessed, scrutinised, interpreted and used. Missing or incomplete evidence creates biases and errors in later research. Open science practices are movements and procedures that aim to increase transparency in science production. They aim to make scientific knowledge available, accessible and reusable, benefitting scientific collaboration and all society. Open access is a core component of open science that aims to help solve the problem of accessibility.
21. Veroniki AA, Thirugnanasampanthar SS, Konstantinidis M, Dourka J, Ghassemi M, et al. **Trivalent and quadrivalent seasonal influenza vaccine in adults aged 60 and older: a systematic review and network meta-analysis.** *BMJ Evid Based Med.* 2024 Jul 23;29(4):239-254. doi: 10.1136/bmjebm-2023-112767. PMID: 38604619; PMCID: PMC11287607.  
**Full-text:** <https://ebm-bmj-com.icgplibrary.idm.oclc.org/content/29/4/239>  
**Abstract:** To compare the efficacy of influenza vaccines of any valency for adults 60 years and older. This systematic review demonstrated efficacy associated with IIV3-HD and RIV vaccines in protecting older persons against LCI. RIV vaccine may reduce all-cause mortality when compared with other vaccines, but the evidence is uncertain. Differences in efficacy between influenza vaccines remain uncertain with very low to moderate certainty of evidence.
22. Payne R, Clarke A, Swann N, van Dael J, Brenman N, et al. **Patient safety in remote primary care encounters: multimethod qualitative study combining Safety I and Safety II analysis.** *BMJ Qual Saf.* 2024 Aug 16;33(9):573-586. doi: 10.1136/bmjqs-2023-016674. PMID: 38050161; PMCID: PMC11347200.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11347200/>  
**Abstract:** Triage and clinical consultations increasingly occur remotely. We aimed to learn why safety incidents occur in remote encounters and how to prevent them. Safety incidents were characterised by inappropriate modality, poor rapport building, inadequate information gathering, limited clinical assessment, inappropriate pathway (eg, wrong algorithm) and inadequate attention to social circumstances. These resulted in missed, inaccurate or delayed diagnoses, underestimation of severity or urgency, delayed referral, incorrect or delayed treatment, poor safety netting and inadequate follow-up. Patients with complex pre-existing conditions, cardiac or abdominal emergencies, vague or generalised symptoms, safeguarding issues, failure to respond to previous treatment or difficulty communicating seemed especially vulnerable. General practices were facing resource constraints, understaffing and high demand. Triage and care pathways were complex, hard to navigate and involved multiple staff. In this context, patient safety often depended on individual staff taking initiative, speaking up or personalising solutions. While safety incidents are extremely rare in remote primary care, deaths and serious harms have resulted. We offer suggestions for patient, staff and system-level mitigations.

23. Glenton C, Paulsen E, Agarwal S, Gopinathan U, Johansen M, et al. **Healthcare workers' informal uses of mobile phones and other mobile devices to support their work: a qualitative evidence synthesis.** *Cochrane Database Syst Rev.* 2024 Aug 27;8(8):CD015705. doi: 10.1002/14651858.CD015705.pub2. PMID: 39189465; PMCID: PMC11348462.

**Full-text:**

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD015705.pub2/full>

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**Key messages**

- Healthcare workers sometimes use their personal mobile (or 'cell') phones informally to plug gaps in the healthcare system.
- Our findings suggest that this can help them work more efficiently. It can also help them be more responsive to patients and health workers' needs.
- However, it can also lead to problems for patients and healthcare workers, and it can weaken the healthcare system.

24. Jespersen C, Lauritsen MP, Frokjaer VG, Schroll JB. **Selective serotonin reuptake inhibitors for premenstrual syndrome and premenstrual dysphoric disorder.** *Cochrane Database Syst Rev.* 2024 Aug 14;8(8):CD001396. doi: 10.1002/14651858.CD001396.pub4. PMID: 39140320; PMCID: PMC11323276.

**Full-text:**

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001396.pub4/full>

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**Key messages**

- Selective serotonin reuptake inhibitors treatment probably reduces a woman's rating of premenstrual symptoms and may be more effective when administered continuously than when administered only in the luteal phase.
- Unwanted effects of selective serotonin reuptake inhibitor treatment are probably common; with nausea (feeling sick), a lack of energy and having a strong desire to sleep being most often reported.

25. Hutton CJ, Kay M, Round P, Barton C. **"Do they think I'm good enough?": General practitioners' experiences when treating doctor-patients.** *BMC Prim Care.* 2024 Sep 16;25(1):340. doi: 10.1186/s12875-024-02592-1. PMID: 39285291; PMCID: PMC11406865.

**Full-text:** <https://bmcpimcare.biomedcentral.com/articles/10.1186/s12875-024-02592-1>

**Abstract:** When doctors seek medical care, there is evidence that the treating doctor can struggle to provide optimal treatment. Guidelines state that doctor-patients should be treated like any other patient, but this is challenging for the treating doctor. This study set out to explore both the positive experiences general practitioners (GPs) have when caring for doctor-patients, and the challenges they confront. It sought to identify whether GPs believe they treat doctor-patients differently to other patients and if so, in what ways, for what reasons, and how this impacts their provision of care. The study also aimed to develop a model that makes sense of GPs' experiences when caring for a patient who is also a medical



doctor. The professional socialisation of doctors, with its emphasis on collegiality and respect, plays a significant role in the dynamics of the therapeutic relationship when a doctor treats a doctor-patient. Current guidelines make little reference to these dynamics with the over-simplified 'keep it normal' recommendations. Treating doctors need evidence-informed training to navigate these challenges and ensure they can effectively deliver quality care to their doctor-patients.

26. Bulford E, Baloch S, Neil J, Hegarty K. **Primary healthcare practitioners' perspectives on trauma-informed primary care: a systematic review.** *BMC Prim Care.* 2024 Sep 12;25(1):336. doi: 10.1186/s12875-024-02573-4. PMID: 39266947; PMCID: PMC11391631.  
**Full-text:** <https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-024-02573-4>  
**Abstract:** Exposure to domestic and family violence is a pervasive form of complex trauma and a major global public health problem. At the frontline of the health system, primary healthcare practitioners are uniquely placed to support individuals with experiences of trauma, yet their views on trauma-informed primary care are not well understood. This systematic review of qualitative literature sought to explore primary healthcare practitioners' perspectives on trauma-informed primary care. This review supports the need for recognition of the value of primary care in supporting patients with histories of trauma and violence, the development of interventions to mitigate the emotional load worn by primary healthcare practitioners, and further work to develop a deep and consistent understanding of what trauma-informed primary care encompasses.
27. Nguyen AD, White SJ, Tse T, Cartmill JA, Roger P, Hatem S, Willcock SM. **Communication during telemedicine consultations in general practice: perspectives from general practitioners and their patients.** *BMC Prim Care.* 2024 Sep 4;25(1):324. doi: 10.1186/s12875-024-02576-1. PMID: 39232645; PMCID: PMC11373490.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11373490/>  
**Abstract:** Telemedicine allows delivery of healthcare to occur between parties that are not in the same location. As telemedicine users are not co-present, effective communication methods are crucial to the delivery and reception of information. The aim of this study was to explore perspectives of general practitioners (GPs) and patients on the interactional components of telemedicine consultations. Patient factors including health literacy and familiarity with technology affect the transfer of information shared during telemedicine consultations and consideration of these factors when choosing patients for telemedicine is required. Many GPs and patients have innate communication skills to effectively deliver and receive care through telemedicine. However, they may not be aware of these subconscious techniques to use to optimise telemedicine consultations. Communication training could be delivered to increase conversational flow, build rapport, and establish safety netting.
28. Burch P, Walter A, Stewart S, Bower P. **Patient reported measures of continuity of care and health outcomes: a systematic review.** *BMC Prim Care.* 2024 Aug 19;25(1):309. doi: 10.1186/s12875-024-02545-8. PMID: 39160531; PMCID: PMC11331683.  
**Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11331683/>  
**Abstract:** There is a considerable amount of research showing an association

between continuity of care and improved health outcomes. However, the methods used in most studies examine only the pattern of interactions between patients and clinicians through administrative measures of continuity. The patient experience of continuity can also be measured by using patient reported experience measures. Unlike administrative measures, these can allow elements of continuity such as the presence of information or how joined up care is between providers to be measured. Patient experienced continuity is a marker of healthcare quality in its own right. However, it is unclear if, like administrative measures, patient reported continuity is also linked to positive health outcomes. Whilst there is emerging evidence of a link between patient reported continuity and several outcomes, the evidence is not as strong as that for administrative measures of continuity. This may be because administrative measures record something different to patient reported measures, or that studies using patient reported measures are smaller and less able to detect smaller effects. Future research should use larger sample sizes to clarify if a link does exist and what the potential mechanisms underlying such a link could be. When measuring continuity, researchers and health system administrators should carefully consider what type of continuity measure is most appropriate.

29. Kronemann B, Joson-Teichert E, Michiels-Corsten M, Bösner S, Groth J. **Missing topics for a newly established general practice curriculum for medical students in Hesse - a qualitative study.** *BMC Prim Care*. 2024 Aug 15;25(1):306. doi: 10.1186/s12875-024-02533-y. PMID: 39148026; PMCID: PMC11325750. **Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11325750/> **Abstract:** To address the declining numbers of general practitioners (GPs) in rural areas and a lack of medical students pursuing a career in primary care, a general practice-based curriculum coupled with additional university admissions for students has been established at three universities in Hesse, Germany. This study aims to analyze potential topics which students striving to become a GP will benefit from. Teaching such topics will prepare them for their chosen career and working in rural areas. We aimed to explore the views of both specialists and GPs on chief topics and necessary skills in primary care. General practice-based curriculums should not only focus on the transfer of knowledge. Equally important is the training of soft and hard skills to prepare future GPs for their work in primary care. Special teaching methods as well as practical training should be the heart of a newly established curriculum.
30. Kappe J, Wittmann F, Lupp M, Cardona MI, Weise S, Fuchs S, Kosilek RP, Sanftenberg L, Brettschneider C, Döhring J, Escales C, Czock D, Wiese B, Thyrian JR, Hoffmann W, Frese T, Gensichen J, König HH, Kaduszkiewicz H, Riedel-Heller SG. **General practitioners' perspectives on lifestyle interventions for cognitive preservation in dementia prevention.** *BMC Prim Care*. 2024 Aug 14;25(1):301. doi: 10.1186/s12875-024-02566-3. PMID: 39143540; PMCID: PMC11323454. **Full-text:** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11323454/> **Abstract:** General practitioners (GPs) play a crucial role in identifying cognitive impairment and dementia and providing post-diagnostic care. This study investigates (1) how promising GP consider lifestyle changes to maintain cognitive performance in general, (2) GP beliefs about the power of modifiable health and lifestyle factors to maintain cognitive performance, and (3) whether those beliefs vary by GP age. These findings highlight the positive perception of GPs on the

efficacy of modifiable health and lifestyle factors for preventing cognitive decline and dementia.

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