

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

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College Publications

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

Latest Issue of Forum

January/February 2025, Volume 42, no 1

Marginalised communities - GPs need more support

👁 View all Forums:

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

Research Articles involving College Staff

Moodie P, Roskvist RP, Arnold J, Quinlin D, Arroll B. **Widening access to isotretinoin in primary care: an evaluation of New Zealand national dispensing data for isotretinoin for acne, 2008-2023.** *BMJ Open*. 2025 Jan 28;15(1):e093572. doi: 10.1136/bmjopen-2024-093572. PMID: 39880418; PMCID: PMC11781095.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC11781095/>

Lunova T, Kirk UB, Greenfield G, Rochfort A, Darzi A, Neves AL. **Patient safety indicators for virtual consultations in primary care: A systematic review protocol.** *PLoS One*. 2025 Jan 9;20(1):e0313639. doi: 10.1371/journal.pone.0313639. PMID: 39787093; PMCID: PMC11717205.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC11717205/>

Hanlon HR, Shé ÉN, Byrne JP, Smith SM, Murphy AW, Barrett A, O'Callaghan M, Humphries N. **GP emigration from Ireland: an analysis of data from key destination countries.** *BMC Health Serv Res*. 2024 Dec 20;24(1):1628. doi: 10.1186/s12913-024-12117-2. PMID: 39707341; PMCID: PMC11660595.
<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-024-12117-2>

Keenan I, Van Poel E, Clays E, Willems S, Milićević MŠ, Tripković K, Murauskienė L, Hoffmann K, Assenova R, Busneag C, Bojaj G, Collins C. **Insights into general practitioners' self-care across 38 countries during the pandemic: a cross-sectional study.** *BMC Psychol*. 2024 Dec 20;12(1):767. doi: 10.1186/s40359-024-02066-0. PMID: 39707472; PMCID: PMC11662612.
<https://bmcpyschology.biomedcentral.com/articles/10.1186/s40359-024-02066-0>

Kiely B, Keenan I, Loomba S, Mack N, Byers V, Galvin E, O'Shea M, O'Donnell P, Boland F, Clyne B, O'Shea E, Smith SM, Connolly D. **Implementing a General Practice-Based Link Worker Intervention for People with Multimorbidity During the Covid-19 Pandemic- a Mixed Methods Process Evaluation of the LinkMM RCT.** *Int J Integr Care*. 2024 Dec 20;24(4):16. doi: 10.5334/ijic.8586. PMID: 39711994; PMCID: PMC11661012.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC11661012/>



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 Independent - Revealed: Worst-hit counties as majority of GPs say they can't take on any new patients](#)

By Darragh Nolan & Eilish O'Regan, 11 January 2025

More than six in 10 GPs across the country are not taking on any new patients, a survey carried out by the *Irish Independent* has found. The findings, from a snap survey of 130 registered GPs nationwide, showed 61pc of those contacted are not able to sign up new patients, at a time when the country is grappling with a winter illness crisis and many

people are suffering with seasonal infections. The survey sheds a light on a sector that is struggling with the workload in many communities.

NewsTalk - [GP shortages and increased workloads lead many to refuse new patients](#)

By Aoife Daly, 11 January 2025

Irish GPs struggle to take on new patients due to practitioner shortages and expanding workloads, according to the Irish College of General Practitioners. A nationwide survey conducted by *The Irish Independent* found that 61% of Irish GPs are currently unable to take on new patients. Spokesperson for the Irish College of General Practitioners Dr Diarmuid Quinlan told [The Anton Savage Show](#) that population growth is one of the main factors at play.

Irish Independent - [HSE proposal to directly employ GPs would cost €129,000 per doctor annually](#)

By Eilish O'Regan, 7 Feb 2025

A newly created position of a directly employed HSE GP, which will be explored as a means to reduce the family doctor shortage, would cost around €129,601 per doctor each year. This would include salary, premiums and employers' PRSI.

Medical Independent - [Approximately 130 doctors enrolled in rural GP programme](#)

By Niamh Cahill, 9 Feb 2025

Around 130 doctors have commenced the International Medical Graduate (IMG) Rural GP Programme to date, according to new data from the Irish College of GPs. The doctors are being mentored in 126 rural practices across 25 counties, a spokesperson for the College revealed.

NewsTalk - [Two thirds of Irish doctors don't take sick leave when mentally unwell](#)

By Aoife Daly, 6 Feb 2025

Two-thirds of Irish doctors still go into work when feeling mentally unwell, new research has found. The Medical Protection Society's research revealed that some 50% of those surveyed also worried that not taking sick leave may have meant their patients received a lower standard of care. *Newstalk* reporter Sarah Madden told [The Pat Kenny Show](#) that absence rates among doctors sit at around 1.6%, compared to an average of 4.6% across all other disciplines.

Dept. of Health Press Release - [Minister Murnane O'Connor launches new study of non-fatal drug overdose](#)

By Department of Health, 6 February 2025.

Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy, Jennifer Murnane O'Connor, has launched a report titled '[Non-Fatal Overdose: A Decade-Long Analysis of Inner City Hospitals and Nationwide Trends Across Ireland \(2011-2021\)](#)', authored by researchers in Trinity College Dublin. The research was commissioned by the government-established North East Inner City (NEIC) Initiative, which is chaired by Mr. Jim Gavin. It analyses the circumstances of 786 overdoses in two Dublin hospitals over a ten-year period. The research provides additional new evidence to better understand the factors linked to drug overdoses.

The study found that Dublin's inner city remains a hotspot for non-fatal drug overdose, driven by socio-economic challenges, limited access to long-term supports and the high

prevalence of opioid use. The research makes recommendations on access to services, harm reduction strategies and interventions that can prevent tragic outcomes. The recommendations are timely in light of the development of the new National Drugs Strategy, and will be considered in the formation of policy in this area.

Dept. of Health Press Release - [Minister for Health opens WHO Demonstration Platform on Prevention and Treatment of Obesity](#)

By Department of Health, 4 February 2025.

The Minister for Health, Jennifer Carroll MacNeill, has reaffirmed Ireland's commitment to reducing the prevalence of overweight and obesity in Ireland, which will lead to improved health outcomes for many people. Research shows that globally obesity is the fourth highest risk factor for diseases such as cardiovascular disease, diabetes and many forms of cancer.

A WHO Demonstration Platform is designed to facilitate exchanges between countries, enabling them to study well-performing health care models. These platforms showcase practical solutions for reorganising care, improving governance, enhancing human resources, and optimising service delivery.

Ireland's "A Healthy Weight for Ireland", Ireland's Obesity Policy and Action Plan (2016-2025) (OPAP) set out to reverse overweight and obesity trends, prevent complications and reduce the overall impact of obesity on individuals, wider society and the economy. OPAP actions range from education programmes, health promotion initiatives and prevention measures, through to services for the treatment and management of obesity across the health service spectrum.

The Demonstration Platform will examine Ireland's policies to address obesity, and will focus in particular on the HSE Model of Care which was developed under the current Obesity Policy and Action Plan 2016-2025 (OPAP) and is currently being implemented. Ireland's model was chosen as a study for optimum health care delivery as it describes practical, scalable solutions for organising care, enhancing staffing resources, and optimising treatment for patients.

Reports

Dept. of Health - Health in Ireland: Key Trends (17th February 2025)

Minister for Health, Jennifer Carroll MacNeill TD, has published Health in Ireland Key Trends 2024. The annual publication illustrates the significant improvements in health outcomes in the past decade and highlights some of the challenges in the access of timely and efficient healthcare.

Highlights from the publication, which covers demographics, population health, hospital and primary care, health sector employment and expenditure, include:

- The number of people in Ireland who reported their health as being good or very good (79.5%) in 2023 was the highest in the EU, well above the EU average of 67.7%. Ireland also had the highest rate of self-perceived good health in 2022.
- Life expectancy in Ireland is fifth highest in the EU, at 82.6 years.
- The population has grown by 14.8% since 2015, with the over 65s group increasing by 36.5% between 2015 and 2024.
- The total number of consultant and non-consultant hospital doctors employed in the public health service in Ireland increased to 13,772 (61.3% increase) between 2015 and 2024.
- The number of nurses and midwives increased to almost 48,000 (34.9% increase) between 2015 and 2024.
- Between 2014 and 2023, the mortality rate from cancer fell by 14.7%, the mortality rate from circulatory system diseases fell by 19.5%, the mortality rate for ischaemic heart disease fell by 27.7% and the mortality rate from respiratory system diseases fell by 15.4%.
- The proportion of total health expenditure paid for either out-of-pocket or through private health insurance has been reducing in recent years; the government funded 77.4% of total health expenditure in Ireland in 2023.

Separately, the [European Cancer Inequalities Registry](#) has published data on cancer prevention and care, which shows Ireland had the second highest rate of new cancer diagnoses among EU countries in 2022. While Ireland's cancer mortality rate declined significantly between 2011 and 2021, it was still higher than the EU average and the third highest in western Europe. Furthermore, while Ireland has a higher ratio of physicians and nurses per 1,000 new cancer cases than the EU average, it has a shortage of GPs, radiologists, radiation therapists and other key medical personnel. The report also found that the supply of diagnostic equipment, such as MRI and CTI scanners, is significantly lower here than the EU average.

 **Read the Report: [gov.ie - Health in Ireland: Key Trends 2024](https://www.gov.ie/news/press-releases/2024-01-22-health-in-ireland-key-trends-2024)**

Dept. of Health - One Health Antimicrobial Consumption and Antimicrobial Resistance Report for Ireland 2017-2018 (September 2024)

Antimicrobial resistance (AMR) is recognised globally as one of the greatest challenges facing not just the public but also animal and plant health into the future. AMR threatens to undo a century of progress in modern healthcare delivery. Following a delay due to the Covid-19 pandemic, this report builds on the data outlined in Ireland's first One Health report. This second One Health report brings together antibiotic consumption data in humans and animals as well as resistance data from humans, animals and the environment for the years 2017 and 2018.

 **Read the Report: [gov.ie - One Health Antimicrobial Consumption and Antimicrobial Resistance Report for Ireland 2017-2018](https://www.gov.ie/news/press-releases/2024-09-04-one-health-antimicrobial-consumption-and-antimicrobial-resistance-report-for-ireland-2017-2018)**

ESRI Bulletin - Remote Consultations in General Practice in Ireland: Who is missing out? (27th January)

This Bulletin summaries the findings from: Ellen McHugh and Sheelah Connolly. "Remote Consultations in General Practice in Ireland: Who Is Missing Out?", Telemedicine and e-Health. Available at: <https://www.liebertpub.com/doi/10.1089/tmj.2024.0503>

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 **Read the Bulletin: [Remote Consultations in General Practice in Ireland: Who is missing out? | ESRI](#)**



WHO - Compassion and primary health care (7th February)

The Director-General of WHO called for an exploration of the role of compassion in global health, with specific attention to its impact on the quality of health care services and the interconnections with primary health care (PHC). The document synthesizes findings from a five-year exploration.

Compassion – characterized by awareness, empathy and action – is identified as a transformative force for primary health care, driving quality care and health system transformation. The document connects compassion to the WHO-UNICEF Operational Framework for Primary Health Care, describing its relevance across both strategic and operational levers. Drawing from insights gathered through twelve Global Health Compassion Rounds, it highlights the relationship between compassion and various health-care themes.

 **Read the Report: [New WHO document highlights the role of compassion in primary health care](#)**

EBM Round-Up



NMIC Therapeutics Today (January & February 2025)

In this month's Therapeutics Today:

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

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

View [February issue](#).

Irish Articles

1. Mazurenko O, O'Brien E, Beug A, Smith SM, McCarthy C. **Recommendations for managing adults with chronic non-cancer pain in primary care: A systematic clinical guideline review.** *J Eval Clin Pract.* 2025 Feb;31(1):e14118. doi: 10.1111/jep.14118. Epub 2024 Aug 5. PMID: 39104080; PMCID: PMC11771668.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11771668/>

Abstract: Chronic non-cancer pain (CNCP) is a leading driver of disability. Primary care clinicians treat most patients with CNCP. Yet, they are often unable to identify appropriate pain treatments, mainly due to concerns about the safety and effectiveness of available

medications. Clinical practice guidelines (CPGs) can be useful tools to guide primary care clinicians in selecting pain treatments based on the best available evidence. To undertake a systematic review of CPGs that address the management of adults with CNCP, regardless of underlying condition type, in primary care. Most CPGs focused on opioid management, with contradictory recommendations for non-opioid management based on low-quality evidence. Additional research is needed to strengthen the evidence for using non-opioid and non-pharmacological interventions to manage patients with CNCP.

2. Moynagh P, Mannion Á, Wei A, Clyne B, Moriarty F, McCarthy C. **Effectiveness of interactive dashboards to optimise prescribing in primary care: a protocol for a systematic review.** *HRB Open Res.* 2024 Jul 3;7:44. doi: 10.12688/hrbopenres.13909.1. PMID: 39931386; PMCID: PMC11808840.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11808840/>

Abstract: Advances in therapeutics and healthcare have led to a growing population of older people living with multimorbidity and polypharmacy making prescribing more challenging. Most prescribing occurs in primary care and General Practitioners (GPs) have expressed interest in comparative feedback on their prescribing performance. Clinical decision support systems (CDSS) and audit and feedback interventions have shown some impact, but changes are often short-lived. Interactive dashboards, a novel approach integrating CDSS and audit and feedback elements, offer longitudinal updated data outside clinical encounters. This systematic review aims to explore the effectiveness of interactive dashboards on prescribing-related outcomes in primary care and examine the characteristics of these dashboards.

3. Looney E, Duffy M, Ahern Galvin H, Byrne M, et al. **Refining the Choosing Health Infant feeding for Infant Health intervention and implementation strategy: Re-CHERIsH Study Protocol.** *HRB Open Res.* 2024 Sep 26;7:59. doi: 10.12688/hrbopenres.13935.1. PMID: 39931385; PMCID: PMC11808839.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11808839/>

Abstract: Childhood obesity is a significant global public health challenge, with significant adverse effects on both mental and physical health outcomes. During the period from birth to one-year, modifiable caregiver behaviours, such as what, how and when infants are fed, can influence obesity development and prevention. The Choosing Healthy Eating for Infant Health (CHERIsH) intervention was developed to support healthy infant feeding practices to prevent childhood obesity in the first year. A feasibility study examined acceptability and feasibility of the CHERIsH intervention in primary care and identified key challenges and possible areas for refinement of the intervention and trial processes. The current project aims to refine delivery of the CHERIsH intervention and trial processes to maximise the likelihood of successful future implementation and evaluation.

4. Vidonsky Lüthold R, Jungo KT, Weir KR, Adler L, Asenova R, et al. **Older Adults' Attitudes Toward Deprescribing in 14 Countries.** *JAMA Netw Open.* 2025 Feb 3;8(2):e2457498. doi: 10.1001/jamanetworkopen.2024.57498. PMID: 39928337; PMCID: PMC11811803.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11811803/>

Abstract: Better understanding of patients' attitudes toward deprescribing specific medications will inform future deprescribing interventions. In this survey study with primary care patients aged 65 years and older, patient attitudes toward deprescribing specific medications varied across countries, demonstrating that deprescribing interventions could be more impactful when adapted to specific settings and contexts. These findings

highlight the importance of patient-practitioner communication in ensuring appropriate medication use.

5. Verlaque L, Jacob B, Araz K, Barrett A, Kent F, Redmond P. **Protocol to develop a specialised curriculum in primary care cancer research in an Irish medical school.** *HRB Open Res.* 2024 Oct 8;7:64. doi: 10.12688/hrbopenres.13911.1. PMID: 39927193; PMCID: PMC11803193.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11803193/>

Abstract: This protocol describes a detailed method for establishing a primary care cancer research curriculum within the PRiCAN Scholars Network. Designed with a focus on sustainability and adaptability, the curriculum will be structured to develop and support a generation of medical professionals' literate in primary care research, contributing to the advancement of medical education and cancer research.

6. Kinahan C, Kirke C, O'Hagan L, Moriarty F, Murphy KD, Sahm LJ, et al. **Evaluating the impact of general practice pharmacist-led person-centred medicines reviews on medicines appropriateness and patient-reported outcome measures.** *Br J Clin Pharmacol.* 2025 Feb 10. doi: 10.1111/bcp.16372. Epub ahead of print. PMID: 39930889.

Full-text: <https://bpspubs.onlinelibrary.wiley.com/doi/10.1111/bcp.16372>

Abstract: General practice pharmacist-led person-centred medicines reviews for patients with hyperpolypharmacy and/or at high risk of medicines-related harm delivered substantial improvements in medicines appropriateness and patient-reported outcomes, thus providing evidence to support their wider implementation.

7. Barry T, Green G, Quinn M, Deasy C, Bury G, Masterson S, Murphy AW; Out-of-Hospital Cardiac Arrest Registry Steering Group. **Out-of-Hospital Cardiac Arrest in Ireland 2012 to 2020: Bystander CPR, bystander defibrillation and survival in the Utstein comparator group.** *Resusc Plus.* 2024 Dec 25;21:100851. doi: 10.1016/j.resplu.2024.100851. PMID: 39839828; PMCID: PMC11745958.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11745958/>

Abstract: The Irish Out-of-Hospital Cardiac Arrest registry (OHCAR) collects data based on the internationally recognised Utstein template. The Utstein comparator group (bystander witnessed and initial shockable rhythm) has specific relevance in benchmarking out-of-hospital cardiac arrest (OHCA) health system performance. Bystander CPR, bystander defibrillation and survival to hospital discharge have increased in the Utstein comparator group during 2012-2020 in Ireland. Bystander CPR and defibrillation remain key modifiable health systems targets to increase overall OHCA survival.

8. McCarthy C, Moriarty F, Doherty AS, Feighery M, Boland F, Fahey T, Wallace E. **Prevalence and predictors of sub-optimal laboratory monitoring of selected higher risk medicines in Irish general practice: a 5-year retrospective cohort study of community-dwelling older adults.** *BMJ Open.* 2025 Jan 25;15(1):e086446. doi: 10.1136/bmjopen-2024-086446. PMID: 39863414.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11784346/>

Abstract: The prevalence of sub-optimal medication monitoring was high, and number of drugs, deprivation and anxiety/depression symptoms were significantly associated with sub-optimal monitoring. However, the public health impact of these findings remains uncertain, as there was no clear evidence of an association between sub-optimal monitoring and adverse health outcomes. Further research is needed to evaluate the effect

of improved monitoring strategies and the optimal timing for drug monitoring of higher risk medications.

9. Ryan E, Gill H, Doogue R, McCann D, Murphy AW, Hayes P. **The feasibility of assessing prognosis over 3 years in persons with a previous stroke/transient ischemic attack in general practice.** *Pilot Feasibility Stud.* 2025 Jan 25;11(1):9. doi: 10.1186/s40814-025-01595-8. PMID: 39863908; PMCID: PMC11762887.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11762887/>

Abstract: Stroke has devastating consequences for survivors. Hypertension is the most important modifiable risk factor, and its management largely takes place in primary care. However, most stroke-based research does not occur in this setting. Ongoing hypertension and a risk of further stroke are a major concern for both patients and their general practitioners. We aim to assess whether it is feasible to assess prognosis in persons, with a previous stroke or transient ischemic attack (TIA), in general practice, and whether a well-powered observational study is possible. This study demonstrates that the proposed methodology for a full cohort study within general practice of patients post-stroke/TIA is both acceptable to practices and feasible. An adequately powered, "time-to-event" study is possible.

10. O'Doherty C, Cullen W, Morris S, McCombe G. **Assessment of increased General Practitioner access to diagnostic imaging.** *Ir Med J.* 2025. 118(1):5.

Full-text: <https://imj.ie/assessment-of-increased-general-practitioner-access-to-diagnostic-imaging/>

Abstract: This study aims to evaluate the impact of increased radiological access for General Practitioners (GPs) on healthcare workflows and patient care outcomes, with a focus on musculoskeletal (MSK) MRIs. Increased GP access to radiology has led to many important benefits in the Irish healthcare system. There is potential for more efficient healthcare workflows, and improved patient outcomes, pending more appropriate referral pathways and further investment in infrastructure and training.

11. Murphy R, Waters R, Murphy A, McDermott S, Reddin C, et al. **Risk-Based Screening of Atrial Fibrillation in General Practice (R-BEAT): A randomised Cross-over Trial.** *QJM.* 2025 Jan 9:hcaf001. doi: 10.1093/qjmed/hcaf001. Epub ahead of print. PMID: 39786890.

Full-text: <https://academic.oup.com/qjmed/advance-article/doi/10.1093/qjmed/hcaf001/7950686?login=true>

Abstract: The optimal approach to the diagnosis of atrial fibrillation in primary care is unclear. To determine if external loop recorder (ELR) screening improves atrial fibrillation detection in community dwelling adults with a CHA2DS2-VASc score of greater than two. Among older community dwelling adults with a CHA2DS2-VASc score of greater than 2, screening with ELR for one week was associated with a 5.5% incremental detection of new atrial fibrillation over usual care.

12. Frydenlund J, Cosgrave N, Moriarty F, Wallace E, Kirke C, Williams DJ, Bennett K, Cahir C. **Adverse drug reactions and events in an Ageing Population risk Prediction (ADAPTIP) tool: the development and validation of a model for predicting adverse drug reactions and events in older patients.** *Eur Geriatr Med.* 2025 Jan 17. doi: 10.1007/s41999-024-01152-1. Epub ahead of print. PMID: 39821882.

Full-text: <https://link.springer.com/article/10.1007/s41999-024-01152-1>

Abstract: Older people are at an increased risk of developing adverse drug reactions (ADR) and adverse drug events (ADE). This study aimed to develop and validate a risk

prediction model (ADAPTiP) for ADR/ADE in older populations. Using accessible information from medical records, ADAPTiP can help clinicians to identify those older people at risk of an ADR/ADE who should be monitored and/or have their medications reviewed to avoid potentially harmful prescribing.

Research Articles

1. Kuhlmann E, Falkenbach M, Brînzac MG, Correia T, Panagioti M, Rechel B, Sagan A, Santric-Milicevic M, Ungureanu MI, Wallenburg I, Burau V. **Tackling the primary healthcare workforce crisis: time to talk about health systems and governance- a comparative assessment of nine countries in the WHO European region.** *Hum Resour Health.* 2024 Dec 31;22(1):83. doi: 10.1186/s12960-024-00965-2. PMID: 39741313; PMCID: PMC11686866

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11686866/>

Abstract: Primary healthcare has emerged as a powerful global concept, but little attention has been directed towards the pivotal role of the healthcare workforce and the diverse institutional setting in which they work. This study aims to bridge the gap between the primary healthcare policy and the ongoing healthcare workforce crisis debate by introducing a health system and governance approach to identify capacities that may help respond effectively to the HCWF crisis in health system contexts. Our findings reveal both convergence and pronounced diversity across the healthcare systems, with none fully aligning with the ideal attributes of primary healthcare suggested by WHO. However, across all categories, Denmark, the Netherlands, and to a lesser extent Kazakhstan, depict closer alignment to this model than the other countries. Workforce composition and skill-mix vary strongly, while disparities persist in education and data availability, particularly within Social Health Insurance systems. Policy responses and interventions span governance, organisational, and professional realms, although with weaknesses in the implementation of policies and a systematic lack of data and evaluation. Aligning primary healthcare and workforce considerations within the broader health system context may help move the debate forward and build governance capacities to improve resilience in both areas.

2. Jensen MCH, Holm C, Jørgensen KJ, Schroll JB. **Treatment for women with postpartum iron deficiency anaemia.** *Cochrane Database Syst Rev.* 2024 Dec 13;12(12):CD010861. doi: 10.1002/14651858.CD010861.pub3. PMID: 39670550; PMCID: PMC11639052.

Full-text:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010861.pub3/full>

What are the effects of treatment for women with iron deficiency anaemia after childbirth?

Key messages

- Intravenous (given through a vein) iron probably reduces tiredness slightly at 8 to 28 days compared to oral (by mouth) iron supplements, but we are uncertain if intravenous iron and oral iron supplements compared to oral iron supplements alone affects tiredness at 8 to 28 days.

- We are very uncertain about the effect of red blood cell transfusion compared to intravenous iron on tiredness at 8 to 28 days, and there was no information on red blood cell transfusion compared to no transfusion on tiredness at 8 to 28 days.
 - Death of the mother was either not reported, or the evidence was very uncertain for all comparisons. For oral iron compared to placebo (dummy treatment) or no treatment, there was no information on tiredness at 8 to 28 days.
3. Falk JM, Froentjes L, Kirkwood JE, Heran BS, Kolber MR, Allan GM, Korownyk CS, Garrison SR. **Higher blood pressure targets for hypertension in older adults.** *Cochrane Database Syst Rev.* 2024 Dec 17;12(12):CD011575. doi: 10.1002/14651858.CD011575.pub3. PMID: 39688187; PMCID: PMC11650777. Full-text: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011575.pub3/full>

Blood pressure targets for older adults with high blood pressure

Key Messages

- The effect of less aggressive lowering of blood pressure on overall death is unclear. The absolute difference in risks is small, and it is unclear whether these findings would differ for the very elderly, or for those who are frail.
 - For most older adults, relaxing blood pressure targets as one gets older (i.e. letting the blood pressure rise higher than conventional blood pressure targets in younger people) results in an increased risk of stroke, and likely results in an increased risk of serious heart-related side effects, which includes stroke, heart attack (sudden blockage in blood flow to the heart muscle), heart failure (impairment of the heart's ability to pump blood), kidney impairment, and heart-related death.
 - Relaxing blood pressure targets does not likely result in fewer people dropping out of blood pressure target trials due to medicine-related side effects.
 - We need more studies investigating the overall benefits and harms of aiming for lower blood pressure targets in those who are frail, or very elderly.
4. Lindson N, Butler AR, McRobbie H, Bullen C, Hajek P, Wu AD, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Livingstone-Banks J, Morris T, Hartmann-Boyce J. **Electronic cigarettes for smoking cessation.** *Cochrane Database Syst Rev.* 2025 Jan 29;1(1):CD010216. doi: 10.1002/14651858.CD010216.pub9. PMID: 39878158; PMCID: PMC11776059. Full-text: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub9/full>

Key messages

- Nicotine e-cigarettes can help people to stop smoking for at least six months. Evidence shows they work better than nicotine replacement therapy, and probably better than e-cigarettes without nicotine.
- They may work better than no support, or behavioural support alone, and they may not be associated with serious unwanted effects.

- However, we still need more evidence, particularly about the effects of newer types of e-cigarettes that have better nicotine delivery than older types of e-cigarettes, as better nicotine delivery might help more people quit smoking.
5. O'Connor A, Hasan M, Sriram KB, Carson-Chahhoud KV. **Home-based educational interventions for children with asthma.** *Cochrane Database Syst Rev.* 2025 Feb 6;2(2):CD008469. doi: 10.1002/14651858.CD008469.pub3. PMID: 39912443; PMCID: PMC11800329.
Full-text: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008469.pub3/full>

Key messages

- There is limited evidence that home-based education improves quality of life compared with education delivered out of the home, and reduces admissions to hospital compared with a less-intensive education.
 - There is not enough evidence to show whether education delivered in the home is better or worse than education delivered outside the home for exacerbations (worsening of asthma) requiring an emergency department visit, treatment with oral corticosteroids (medicine used to treat asthma that reduces inflammation (swelling) in the airways), changes in asthma symptoms or how well the lungs work.
 - Well-designed trials are needed to address the exact components of asthma education that are linked with improved asthma knowledge and outcomes.
6. Peterseim CM, Jabbour K, Kamath Mulki A. **Metabolic Syndrome: An Updated Review on Diagnosis and Treatment for Primary Care Clinicians.** *J Prim Care Community Health.* 2024 Jan-Dec;15:21501319241309168. doi: 10.1177/21501319241309168. PMID: 39714021; PMCID: PMC11672556.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11672556/>
Abstract: Metabolic syndrome is a cluster of cardiovascular risk factors (central obesity, hypertension, dyslipidemia, and insulin resistance) that affects between 12.5% and 31.4% of adults worldwide. It correlates with increased risks of cardiovascular disease, diabetes, cancer, and overall mortality in a dose-dependent fashion. This review aims to provide primary care clinicians an updated review of the evidence on metabolic syndrome, with a focus on treatment. Metabolic syndrome is an independent risk factor for many poor health outcomes. Its individual components should be treated with medication and behavioral changes to reduce cardiovascular risk and prevent diabetes and its complications. More research is needed on how to treat the syndrome itself. A diagnosis of metabolic syndrome may be useful for motivating patients toward lifestyle changes, though more research is needed on how to treat the syndrome versus its components.
 7. Nasser Albarqi M. **Continuity and sustainability of care in family medicine: Assessing its association with quality of life and health outcomes in older populations-A systematic review.** *PLoS One.* 2024 Dec 23;19(12):e0299283. doi: 10.1371/journal.pone.0299283. PMID: 39715241; PMCID: PMC11666006.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11666006/>
Abstract: Continuity of care is a core principle of family medicine associated with improved outcomes. However, fragmentation challenges sustaining continuous relationships. This review aimed to provide timely and critical insights into the

benefits of continuity and sustainability of care for older adults. Continuous healing relationships are vital for patient-centered care of older adults. While current fragmentation challenges sustainability, innovations in primary care teaming, coordination, telehealth, and health information technology can extend continuity's benefits. Realizing improvements requires system-wide reorientation toward relationships and whole-person care.

8. Zhang G, Stalmeijer RE, Maulina F, Smeenk FWJM, Sehlbach C. **Interprofessional collaboration in primary care for patients with chronic illness: a scoping review mapping leadership and followership.** *BMJ Lead.* 2024 Dec 22;leader-2024-001102. doi: 10.1136/leader-2024-001102. Epub ahead of print. PMID: 39715648.
Full-text: <https://bmjleader.bmj.com/content/early/2024/12/21/leader-2024-001102>
Abstract: Effective interprofessional collaboration (IPC) in primary care is essential in providing high-quality care for patients with chronic illness. However, the traditional role-based leadership approach may hinder IPC. Instead, physicians should also take followership roles, allowing other healthcare team members (OHCTMs) to lead when they have expertise and/or experience. Understanding of leadership and followership within IPC remains limited in primary care for patients with chronic illness. Hence, this review aims to explore the definitions and conceptualisations of leadership and followership and to map relevant training in this context. Leadership in IPC for chronic illness in primary care is rarely defined, and followership is largely neglected. Nevertheless, leadership-followership shifts do occur in leadership and followership roles of physicians and OHCTMs. Further research needs to explore physicians' followership and relevant competencies, and relevant training is required.
9. Gallagher J, Antunes B, Sutton J, Kuhn I, Kelly MP, Duschinsky R, Barclay S. **Self-care towards the end of life: A systematic review and narrative synthesis on access, quality and cost.** *Palliat Med.* 2025 Jan;39(1):53-69. doi: 10.1177/02692163241286110. Epub 2024 Oct 19. PMID: 39425550; PMCID: PMC11673300.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11673300/>
Abstract: Policy and practice encourages patients to engage in self-care, with individual patient management and remote monitoring of disease. Much is known of the moderate stage of chronic disease, without a clear understanding of how self-care applies towards the end of life. This review has shown that research on self-care is an evolving area of study, with a current focus on acute care and hospitalisations. Future research should seek to provide a more complete account of the relation between self-care and non-acute care use, and quality, with further efforts to study self-care costs incurred through self-funding.
10. Katsakiori PF, Kagadis GC, Mulita F, Marangos M. **Implementing Artificial Intelligence in Family Medicine: Challenges and Limitations.** *Cureus.* 2024 Dec 11;16(12):e75518. doi: 10.7759/cureus.75518. PMID: 39803113; PMCID: PMC11719217.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11719217/>
Abstract: General practice/family medicine is a primary healthcare discipline that focuses on providing comprehensive, patient-centered care to individuals and families across their lifespan. This study aimed to assess the implementation of

artificial intelligence (AI) in general practice/family medicine regarding the 12 characteristics of its discipline as described in the recently revised European Definition of General Practice/Family Medicine. AI has the potential to revolutionize family medicine practice by improving the accuracy, efficiency, and effectiveness of various clinical tasks. From diagnostic decision-making to chronic condition management and clinical workflow optimization, AI-powered tools offer a range of benefits for patients and clinicians. However, appropriate education and training of the primary healthcare providers are deemed necessary to maximize benefits and minimize potential pitfalls. To ensure efficient and safe integration of AI in medical practice, important implications regarding privacy, malpractice, bias, autonomy, and overtreatment should also be addressed. AI application should be treated as a practical, assistive tool for the clinician, that can hardly take over decision-making and cannot replace the doctor-patient relationship.

11. Eda S, Kaur M, Rehman MM, Sompalli S, Blair K, Chaudhari SS, Wei CR, Allahwala D. **Effectiveness of Acetazolamide in Patients With Heart Failure: A Systematic Review and Meta-Analysis.** *Cureus.* 2024 Dec 16;16(12):e75778. doi: 10.7759/cureus.75778. PMID: 39816299; PMCID: PMC11733630.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11733630/>
Abstract: This systematic review and meta-analysis evaluated the efficacy and safety of acetazolamide as an adjunctive diuretic therapy in acute heart failure (AHF) patients. A comprehensive literature search was conducted across multiple electronic databases, including PubMed, Embase, Cochrane Library, and Scopus, identifying seven studies (five randomized controlled trials and two observational studies) that met the eligibility criteria. The analysis revealed that acetazolamide significantly enhanced mean natriuresis (mean differences (MD) 52.72 mmol, 95% confidence interval (CI): 15.52 to 89.92) and mean diuresis (MD 432.88 mmol, 95% CI: 205.82 to 659.93) compared to control groups. However, no significant difference was observed in all-cause mortality between patients receiving acetazolamide and those who did not (relative risks (RR): 1.23, 95% CI: 0.86 to 1.76, p-value: 0.25). While high heterogeneity was reported in natriuresis outcomes (I^2 : 90%), diuresis results showed no heterogeneity (I^2 : 0%). These findings suggest that acetazolamide effectively enhances fluid removal when used in combination with standard loop diuretics, supporting its role as adjunctive therapy in AHF management. However, limitations, including the small number of studies and inclusion of both RCTs and observational studies, indicate the need for further large-scale trials to better understand acetazolamide's impact on long-term outcomes and identify specific patient populations who may benefit most from this therapy.
12. Boon PAJM, Berger T, Leonardi M, Marson T, Kallweit U, Moro E, Toscano A, Rektorova I, Accorroni A, Scheerens C, Boesch A, Crean M, Sander A, Lee S, Bassetti CLA. **A roadmap toward promoting and improving brain health in Europe and closing the awareness and funding gap.** *Eur J Neurol.* 2025 Jan;32(1):e16589. doi: 10.1111/ene.16589. PMID: 39815708; PMCID: PMC11735729.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11735729/>
Abstract: The global burden of neurological diseases exceeds 43.1%, imposing a significant burden on patients, caregivers and society. This paper presents a roadmap to reduce this burden and improve brain health (BH) in Europe. The paper highlights the importance of a unified approach, integrating international

collaborations and local initiatives, to improve BH outcomes based on the WHO-iGAP, and support sustainable development goals, in particular SDG 3: Good Health and Well-being and SDG 4: Quality Education.

13. Osei J, Razavi AC, Otchere B, Bonful G, Akoto N, Akyea RK, Qureshi N, Coronado F, Moonesinghe R, Kolor K, Mensah GA, Sperling L, Khoury MJ. **A Scoping Review of Electronic Health Records-Based Screening Algorithms for Familial Hypercholesterolemia.** *JACC Adv.* 2024 Oct 16;3(12):101297. doi: 10.1016/j.jacadv.2024.101297. PMID: 39817076; PMCID: PMC11733818.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11733818/>
Abstract: Familial hypercholesterolemia (FH) is a common genetic disorder that is strongly associated with premature cardiovascular disease. Effective diagnosis and appropriate treatment of FH can reduce cardiovascular disease risk; however, FH is underdiagnosed. Electronic health record (EHR)-based FH screening tools have been previously described to enhance the detection of FH. EHR-based screening tools hold great potential for improving population-level FH detection. Lack of established diagnostic criteria that can be applied across diverse populations and the lack of information about the performance, utility, and implementation of current EHR-based screening tools across diverse populations limit the current use of these tools.
14. Anosova O, Head A, Collins B, Alexiou A, Darras K, Sutton M, Cookson R, Anselmi L, O'Flaherty M, Barr B, Kypridemos C. **Estimating the burden of underdiagnosis within England: A modelling study of linked primary care data.** *PLoS One.* 2025 Jan 15;20(1):e0313877. doi: 10.1371/journal.pone.0313877. PMID: 39813200; PMCID: PMC11734898.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11734898/>
Abstract: Undiagnosed chronic disease has serious health consequences, and variation in rates of underdiagnosis between populations can contribute to health inequalities. We aimed to estimate the level of undiagnosed disease of 11 common conditions and its variation across sociodemographic characteristics and regions in England. Our findings suggest that underdiagnosis is not consistently concentrated in areas with high deprivation, nor is there a uniform spatial underdiagnosis pattern across diseases. This novel method for estimating the burden of underdiagnosis within England depends on the quality of routinely collected data, but it suggests that more research is needed to understand the key drivers of underdiagnosis.
15. Yang L, Xiang P, Pi G, Wen T, Liu L, Liu D. **Effectiveness of nurse-led care in patients with rheumatoid arthritis: a systematic review and meta-analysis.** *BMJ Open Qual.* 2025 Jan 4;14(1):e003037. doi: 10.1136/bmjopen-2024-003037. PMID: 39755563.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11751805/>
Abstract: This study sought to assess the effectiveness of nurse-led care (NLC) in patients with rheumatoid arthritis (RA). NLC proves highly effective in managing RA patients, surpassing usual care and equating to rheumatologist-led care in primary and some secondary outcomes. It may be feasible to allow nurses to participate in the disease management of some RA patients instead of doctors.
16. Kristensen MAT, Risør MB, Heltberg AS, Willadsen TG, Guassora AD. **'Stuck or unstable': partnerships between GPs and patients with complex chronic conditions. A qualitative study.** *BJGP Open.* 2025 Jan 7:BJGPO.2024.0146. doi:

10.3399/BJGPO.2024.0146. Epub ahead of print. PMID: 39773933.

Full-text: <https://bjgpopen.org/content/early/2024/12/20/BJGPO.2024.0146.long>

Abstract: In chronic care, patient-GP collaboration is essential, but might be challenging if patients have complex health problems due to multimorbidity, psychosocial predicaments and addiction problems. To understand and manage these challenges, it is important to explore how patients' and GPs' attempt to collaborate, to maintain and achieve an alliance in order to gain good quality of care. Care of patients with complex health problems may possess several challenges. In this study, patients and GPs experienced the relational dimension as crucial for collaboration. A robust therapeutic alliance, incorporating the patient's agenda, offers an essential foundation for enhancing care in individuals with complex health problems.

17. Holm A, Lyhnebeck AB, Buhl SF, Bissenbakker K, Kristensen JK, et al.; on behalf MM600 trial group. **Development of a PROM to measure patient-centredness in chronic care consultations in primary care.** *Health Qual Life Outcomes.* 2025 Jan 8;23(1):4. doi: 10.1186/s12955-024-02327-x. PMID: 39780227; PMCID: PMC11707913.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11707913/>

Abstract: Validated patient-reported outcome measures (PROMs) are crucial for assessing patients' experiences in the healthcare system. Both clinically and theoretically, patient-centered consultations are essential in patient-care, and are often suggested as the optimal strategy in caring for patients with multimorbidity. This study successfully developed and validated a PROM to measure patient-centredness in consultations for patients with multimorbidity. The five domains demonstrated high reliability and validity, making it a valuable tool for measuring patient-centredness of consultations in general practice.

18. Dixon JB, Abdul Ghani R, Sbraccia P. **Perceptions of Obesity Among Healthcare Professionals and Policy Makers in 2023: Results of the Global OPEN Survey.** *Obes Sci Pract.* 2025 Jan 8;11(1):e70033. doi: 10.1002/osp4.70033. PMID: 39781548; PMCID: PMC11707619.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11707619/>

Abstract: Obesity is a disease with severe health impacts on individuals and economic impacts on society, yet healthcare practitioners (HCPs) and policy makers often fail to address it. This survey was conducted to examine current global obesity care and perceptions influencing care delivery among HCPs and healthcare decision makers (HC DMs). These results corroborate prior findings that many HCPs do not consider obesity a disease, which hinders initiation of appropriate treatment, and also highlight challenges in obesity management, including gaps in obesity guidelines and accessibility to healthcare. These findings may help guide education and outreach by health authorities as well as HCPs.

19. Heaven A, Foster M, Foy R, Hawkins R, Hulme C, Humphrey S, Smith J, Clegg AP. **Personalised care planning for older people with frailty: a review of factors influencing implementation.** *BJGP Open.* 2025 Jan 3:BJGPO.2024.0163. doi: 10.3399/BJGPO.2024.0163. Epub ahead of print. PMID: 39753326.

Full-text: <https://bjgpopen.org/content/early/2024/12/20/BJGPO.2024.0163.long>

Abstract: Frailty increases vulnerability to major health changes because of seemingly small health problems. It affects around 10% of people aged over 65. Older adults with frailty frequently have multiple long-term conditions, personal

challenges, and social problems. Personalised Care Planning (PCP) based on 'goal-setting' and 'action planning' is a promising way to address the needs of older adults living with frailty. Many modifiable factors can influence the implementation of PCP. We identified several influences which have informed the development and implementation of a novel intervention for older adults with frailty, PROSPER.

20. Panjer JA, Alma MA, Fokkema T, Hendriks T, Cath D, Kik J, Burger H, Berger M. **Lifestyle interventions for depression in primary care: a qualitative study.** *BJGP Open*. 2025 Jan 29;BJGPO.2024.0233. doi: 10.3399/BJGPO.2024.0233. Epub ahead of print. PMID: 39880583.
Full-text: <https://bjgpopen.org/content/early/2025/01/29/BJGPO.2024.0233.long>
Abstract: In individuals with depression a vicious circle tends to occur in which depressive symptoms cause an unhealthy lifestyle, which reversibly causes an increase in depressive symptoms; both of which are associated with a decreased life expectancy. A potential way to break this circle entails a multicomponent lifestyle intervention (MLI). Ideas on effectiveness were crucial and could be either a facilitator or a barrier for a DT-MLI. Professionals often had high expectations, based on work experience, making this a facilitator. Other facilitators are motivating participants, good logistics and good communication by professionals, thus destigmatizing depression. Patients considered being motivated by the program as a reason for participating, as they did not expect a DT-MLI would give them new information. Support from others was considered a motivator to participate.
21. Cox N, Mallen CD, Scott IC. **Pharmacological pain management in patients with rheumatoid arthritis: a narrative literature review.** *BMC Med*. 2025 Jan 29;23(1):54. doi: 10.1186/s12916-025-03870-0. PMID: 39881356; PMCID: PMC11780779.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11780779/>
Abstract: Pain is a major challenge for patients with rheumatoid arthritis (RA), with many people suffering chronic pain. Current RA management guidelines focus on assessing and reducing disease activity using disease-modifying anti-rheumatic drugs (DMARDs). Consequently, pain care is often suboptimal, with growing evidence that analgesics are widely prescribed to patients with RA, despite potential toxicities and limited evidence for efficacy. Our review provides an overview of pharmacological treatments for pain in patients with RA, summarising their efficacy and use. In patients with active RA, DMARDs have efficacy at reducing pain, supporting the role of treat-to-target strategies. Despite limited evidence that analgesics improve pain in patients with RA, these medicines are widely prescribed. The reasons for this are unclear. We consider that closing this evidence-to-practice gap requires qualitative research exploring the drivers of this practice, high-quality trials of analgesic efficacy in contemporary RA populations, alongside an increased focus on pain management (including pharmacological and non-pharmacological options) within RA guidelines.
22. Manski-Nankervis JA, Hunter B, Lumsden N, Laughlin A, McMorrow R, Boyle D, Chondros P, Jesudason S, Radford J, Prictor M, Emery J, Amores P, Tran-Duy A, Nelson C. **Effectiveness of Electronic Quality Improvement Activities to Reduce Cardiovascular Disease Risk in People With Chronic Kidney Disease in General Practice: Cluster Randomized Trial With Active Control.** *JMIR Form Res*. 2025 Feb 3;9:e54147. doi: 10.2196/54147. PMID: 39899838.
Full-text: <https://formative.jmir.org/2025/1/e54147>

Abstract: Future Health Today (FHT) is a program integrated with electronic medical record (EMR) systems in general practice and comprises (1) a practice dashboard to identify people at risk of, or with, chronic disease who may benefit from intervention; (2) active clinical decision support (CDS) at the point of care; and (3) quality improvement activities. One module within FHT aims to facilitate cardiovascular disease (CVD) risk reduction in people with chronic kidney disease (CKD) through the recommendation of angiotensin-converting enzyme inhibitor inhibitors (ACEI), angiotensin receptor blockers (ARB), or statins according to Australian guidelines (defined as appropriate pharmacological therapy). FHT harnesses the data stored within EMRs to translate guidelines into practice through quality improvement activities and active clinical decision support. In this instance, it did not result in a difference in prescribing or clinical outcomes except for small changes in statin prescribing. This may relate to COVID-19-related disruptions, technical implementation challenges, and recruiting higher performing practices to the trial. A separate process evaluation will further explore factors impacting implementation and engagement with FHT.

23. Ambrosi E, Mezzalana E, Canzan F, Leardini C, Vita G, Marini G, Longhini J.

Effectiveness of digital health interventions for chronic conditions management in European primary care settings: Systematic review and meta-analysis. *Int J Med Inform.* 2025 Feb 1;196:105820. doi: 10.1016/j.ijmedinf.2025.105820. Epub ahead of print. PMID: 39922064.

Full-text:

<https://www.sciencedirect.com/science/article/pii/S1386505625000371?via%3Dihub>

Abstract: The past decade has seen rapid digitalization of healthcare, significantly transforming healthcare delivery. However, the impact of these technologies remains unclear, with notable gaps in evidence regarding their effectiveness, especially in primary care settings. This systematic review assesses the effectiveness of digital health interventions versus interventions without digital components implemented over the last 10 years in European primary care settings for managing chronic diseases. Digital health interventions have not yet demonstrated substantial benefits over traditional care for chronic disease management in European primary care. While some improvements were noted, particularly in systolic blood pressure, the impact remains limited. Further research is needed to enhance the effectiveness of digital health interventions, address current methodological limitations, and explore tailored approaches for both specific patient populations and multimorbid populations.

24. Domen J, Aabenhus R, Balan A, Bongard E, Böhmer F, et al. **The effect of a general practitioner's perception of a patient request for antibiotics on antibiotic prescribing for respiratory tract infections: secondary analysis of a point prevalence audit survey in 18 European countries.** *BJGP Open.* 2025 Jan 17:BJGPO.2024.0166. doi: 10.3399/BJGPO.2024.0166. Epub ahead of print. PMID: 39824603.

Full-text: <https://bjgpopen.org/content/early/2025/01/16/BJGPO.2024.0166.long>

Abstract: Illness severity, comorbidity, fever, age and symptom duration influence antibiotic prescribing for respiratory tract infections (RTI). Non-medical determinants, such as patient expectations, also impact prescribing. To quantify the effect of general practitioners' (GPs') perception of a patient request for antibiotics on antibiotic prescribing for RTI and investigate effect modification by medical

- determinants and country. GPs' perception of an antibiotic request and specific clinical findings influence antibiotic prescribing. Incorporating exploration of patient expectations, point-of-care testing and discussing watchful waiting into the decision-making process will benefit appropriate prescribing of antibiotics.
25. Fleetwood KJ, Guthrie B, Jackson CA, Kelly PAT, Mercer SW, Morales DR, Norrie JD, Smith DJ, Sudlow C, Prigge R. **Depression and physical multimorbidity: A cohort study of physical health condition accrual in UK Biobank.** *PLoS Med.* 2025 Feb 13;22(2):e1004532. doi: 10.1371/journal.pmed.1004532. PMID: 39946376.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11825000/>
Abstract: Depression is associated with a range of adverse physical health outcomes. We aimed to quantify the association between depression and the subsequent rate of accrual of long-term physical health conditions in middle and older age. Middle-aged and older adults with a history of depression have more long-term physical health conditions at baseline and accrue additional physical conditions at a faster rate than those without a history of depression. Our findings highlight the importance of integrated approaches to managing both mental and physical health outcomes.
26. MacKenna B, Brown AD, Croker R, Walker AJ, Goldacre B, Tsiachristas A, Evans D, Inglesby P, Bacon SC, Curtis HJ. **Variation in prescription duration for long term conditions: a cohort study in English NHS primary care using OpenPrescribing.** *Br J Gen Pract.* 2025 Feb 13:BJGP.2024.0326. doi: 10.3399/BJGP.2024.0326. Epub ahead of print. PMID: 39947663.
Full-text: <https://bjgp.org/content/early/2025/02/13/BJGP.2024.0326.long>
Abstract: Many patients receive routine medications for long-term conditions (LTCs). Doctors typically issue repeat prescriptions in one to three month durations, but England currently has no national guidance on the optimal duration. One month prescription durations are common for patients taking medicines routinely for long term conditions, particularly in dispensing practices. Electronic health record configurations offer an opportunity to implement and evaluate new policies on repeat prescription duration in England.
27. Goge S, Tran C, Lewis KB, Carley M, Bennett C, Stacey D. **What is the Effectiveness of Type 2 Diabetes Related Patient Decision Aids? Secondary Analysis of a Systematic Review.** *Can J Diabetes.* 2025 Feb 13:S1499-2671(25)00023-1. doi: 10.1016/j.jcjd.2025.02.003. Epub ahead of print. PMID: 39954994.
Full-text: [https://linkinghub.elsevier.com/retrieve/pii/S1499-2671\(25\)00023-1](https://linkinghub.elsevier.com/retrieve/pii/S1499-2671(25)00023-1)
Abstract: Patient decision aids (PtDAs) are evidence-based interventions to help people faced with difficult healthcare decisions. Little is known about their effectiveness in people facing diabetes related decisions. Patients given PtDAs can improve their knowledge, feel informed and clearer about their values, while being more likely to start new medications. Future research can strengthen certainty of these findings and explore PtDAs use within chronic disease.
28. Wright WF, Durso SC, Forry C, Rovers CP. **Fever of unknown origin.** *BMJ.* 2025 Jan 6;388:e080847. doi: 10.1136/bmj-2024-080847. PMID: 39761983.
Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/388/bmj-2024-080847>

What you need to know

- Fever of unknown origin is a clinical syndrome, and updated criteria (based on international consensus) are a raised temperature on several occasions with a prolonged illness in an immunocompetent patient and uncertain diagnosis on completion of a recommended set of minimal laboratory and imaging studies
- Causes can be classified as infections, non-infection inflammatory disorders, neoplasms, miscellaneous conditions, and undiagnosed illnesses, and they vary with geographic region and patient's age
- Incorporate travel history when evaluating potential causes
- It is more often explained by a common disease with an atypical presentation rather than by a rare disease
- Consider early referral to a specialist for patients with confirmed fever, with or without elevated inflammatory markers, who remain undiagnosed in a generalist setting

29. Saul H, Cassidy S, Swaithe L, Greenhalgh T, Payne R. **How to make remote consultations safer.** *BMJ*. 2025 Jan 23;388:q2526. doi: 10.1136/bmj.q2526. PMID: 39848670.

Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/388/bmj.q2526>

Abstract: The study Payne R, Clarke A, Swann N, et al. Patient safety in remote primary care encounters: multimethod qualitative study combining Safety I and Safety II analysis. *BMJ Quality and Safety* 2023;0:1-14. To read the full NIHR Alert, go to: <https://evidence.nihr.ac.uk/alert/how-to-make-remote-consultations-safer/>

30. Lekadir K, Frangi AF, Porras AR, Glocker B, Cintas C, et al; FUTURE-AI Consortium. **FUTURE-AI: international consensus guideline for trustworthy and deployable artificial intelligence in healthcare.** *BMJ*. 2025 Feb 5;388:e081554. doi: 10.1136/bmj-2024-081554. Erratum in: *BMJ*. 2025 Feb 17;388:r340. doi: 10.1136/bmj.r340. PMID: 39909534; PMCID: PMC11795397.

Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/388/bmj-2024-081554>

Abstract: Despite major advances in artificial intelligence (AI) research for healthcare, the deployment and adoption of AI technologies remain limited in clinical practice. This paper describes the FUTURE-AI framework, which provides guidance for the development and deployment of trustworthy AI tools in healthcare. The FUTURE-AI Consortium was founded in 2021 and comprises 117 interdisciplinary experts from 50 countries representing all continents, including AI scientists, clinical researchers, biomedical ethicists, and social scientists. Over a two year period, the FUTURE-AI guideline was established through consensus based on six guiding principles—fairness, universality, traceability, usability, robustness, and explainability. To operationalise trustworthy AI in healthcare, a set of 30 best practices were defined, addressing technical, clinical, socioethical, and legal dimensions. The recommendations cover the entire lifecycle of healthcare AI, from design, development, and validation to regulation, deployment, and monitoring.

31. Rajesh S, Mehmeti A, Smith-Walker T, Kendall B; guideline committee. **Diagnosis and management of endometriosis: summary of updated NICE guidance.** *BMJ*. 2025 Jan 31;388:q2782. doi: 10.1136/bmj.q2782. PMID: 39890103.

Full-text: <https://www-bmj-com.icgplibrary.idm.oclc.org/content/388/bmj.q2782>

What you need to know

- A positive history in a first degree relative increases the likelihood of developing endometriosis
 - Do not exclude the possibility of endometriosis if transvaginal ultrasound scan is normal and history is suggestive
 - Both transvaginal ultrasound and pelvic magnetic resonance imaging should be considered for diagnosis and assessment of the extent of deep endometriosis
32. Langford AV, Warriach I, McEvoy AM, Karaim E, Chand S, Turner JP, Thompson W, Farrell BJ, Pollock D, Moriarty F, Gnjudic D, Ailabouni NJ, Reeve E. **What do clinical practice guidelines say about deprescribing? A scoping review.** *BMJ Qual Saf.* 2024 Dec 13;34(1):28-39. doi: 10.1136/bmjqs-2024-017101. PMID: 38789258; PMCID: PMC11672013.
Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11672013/>
Abstract: Deprescribing (*medication dose reduction or cessation*) is an integral component of appropriate prescribing. The extent to which deprescribing recommendations are included in clinical practice guidelines is unclear. This scoping review aimed to identify guidelines that contain deprescribing recommendations, qualitatively explore the content and format of deprescribing recommendations and estimate the proportion of guidelines that contain deprescribing recommendations. Deprescribing recommendations are increasingly being incorporated into guidelines, however, many guidelines do not contain clear and actionable recommendations on *how* to deprescribe which may limit effective implementation in clinical practice. A co-designed template or best practice guide, containing information on aspects of deprescribing recommendations that are essential or preferred by end-users should be developed and employed.
33. Zeng A, Tang Q, O'Hagan E, McCaffery K, Ijaz K, Quiroz JC, Kocaballi AB, Rezazadegan D, Trivedi R, Siette J, Shaw T, Makeham M, Thiagalingam A, Chow CK, Laranjo L. **Use of digital patient decision-support tools for atrial fibrillation treatments: a systematic review and meta-analysis.** *BMJ Evid Based Med.* 2025 Jan 22;30(1):10-21. doi: 10.1136/bmjebm-2023-112820. PMID: 38950915.
Full-text: <https://ebm.bmj.com/content/30/1/10.long>
Abstract: To assess the effects of digital patient decision-support tools for atrial fibrillation (AF) treatment decisions in adults with AF. In the context of stroke prevention in AF, digital patient decision-support tools likely reduce decisional conflict and may result in little to no change in patient knowledge, compared with usual care. Future studies should leverage digital capabilities for increased personalisation and interactivity of the tools, with better consideration of health literacy and equity aspects. Additional robust trials and implementation studies are warranted.
34. **Irish College of GPs to phase out pharma sponsorship.** *Drug Ther Bull.* 2024 Dec 25;63(1):3. doi: 10.1136/dtb.2024.000064. PMID: 39500547.
Full-text: <https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/63/1/3>

Key learning points

- Engagement between pharmaceutical companies and prescribers is associated with an adverse effect on prescribing.
- The Irish College of General Practitioners (GPs) will stop accepting pharmaceutical sponsorship by 2034.
- The college hopes that other GP organisations and GP practices will start to reduce engagement with the pharmaceutical industry.

35. **Promising results from NHS type 2 diabetes low calorie diet programme.** *Drug Ther Bull.* 2025 Jan 27;63(2):19. doi: 10.1136/dtb.2024.000062. PMID: 39433354.
Full-text: <https://dtb-bmj-com.icgplibrary.idm.oclc.org/content/63/2/19>

Key points

- Clinical trials have suggested that a low-calorie liquid replacement diet can aid weight loss and remission from type 2 diabetes.
- The NHS type 2 diabetes path to remission is a 12-month programme that includes 12 weeks of total diet replacement alongside support and monitoring.
- Analysis of results to date suggests that remission of type 2 diabetes is achievable outside a clinical research setting but remission rates are lower.

36. Jukaku S, Misbah SA, Crump VSA. **Five questions about food allergy: management in primary care.** *Br J Gen Pract.* 2025 Jan 30;75(751):90-91. doi: 10.3399/bjgp25X740769. PMID: 39890116; PMCID: PMC11789796.

Full-text: <https://bjgp-org.icgplibrary.idm.oclc.org/content/75/751/90>

Abstract: Food allergy is an adverse immune-mediated response that occurs reproducibly from the ingestion, inhalation, or skin contact with a specific food. There are three types of food allergy: immunoglobulin E (IgE) mediated, non-IgE mediated, and mixed. Food allergy is primarily IgE mediated. Symptoms are immediate and can involve multi-organ systems. This article will focus on IgE-mediated reactions to foods. Allergy can develop to almost any food but common allergens include cow's milk, eggs, and peanuts, and symptoms usually manifest in childhood.

37. Burvenich R, Bos DA, Lowie L, Peeters K, Toelen J, Wynants L, Verbakel JY. **Effectiveness of safety-netting approaches for acutely ill children: a network meta-analysis.** *Br J Gen Pract.* 2025 Jan 30;75(751):e90-e97. doi: 10.3399/BJGP.2024.0141. PMID: 39117428; PMCID: PMC11694319.

Full-text: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11694319/>

Abstract: Safety-netting advice (SNA) can help in the management of acutely ill children. To assess the effectiveness of different SNA methods on antibiotic prescription and consumption in acutely ill children. Paper SNA (with oral SNA) may reduce antibiotic use and return visits. Video, oral, and online SNA may improve parental knowledge, whereas video SNA and web-based modules may increase parental satisfaction.

38. Li J, Xu Z, Zhou H, Li Z, Yuan B. **The involvement of specialists in primary healthcare teams for managing diabetes: a systematic review and meta-analysis.** *BMC Prim Care.* 2025 Feb 18;26(1):45. doi: 10.1186/s12875-025-02743-y. PMID: 39966713.

Full-text: <https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-025-02743-y>

Abstract: Diabetes mellitus requires ongoing management and care coordination.

The majority of patients with diabetes were managed in primary healthcare settings. Several quality improvement programs have introduced specialist involvement in primary healthcare teams. However, synthesized evidence is needed to support policy improvements regarding the impact of specialist-primary healthcare coordination on glycemic control in diabetes care. This systematic review and meta-analysis aimed to assess the effectiveness of specialist involvement in primary healthcare teams on glycemic control of patients with diabetes. The findings revealed that the interventions might improve the care delivered and patients' health outcomes. However, due to the very low certainty of evidence on the effectiveness on glycemic control, the interventions implemented in the included studies should be employed with caution in future policy-making to achieve improved HbA1c levels. Further research with a more rigorous design is needed to provide evidence of higher certainty and quality.

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