

General Practice

August 2025

This monthly current awareness bulletin aims to highlight relevant reports and peer-reviewed literature in General Practice. The bulletin focuses on efforts to improve patient flow, reduce waiting times, care models, national news and trends.

If you require specific information, please [contact us via email](#).

References

Armitage, R. C. (2025) '[On Missed Appointments: The Ethics of Nonattendance in General Practice.](#)' *Journal of Evaluation in Clinical Practice* 31(5) (pagination), Article Number: e70222. Date of Publication: 01 Aug 2025.

Introduction: A substantial number of general practice appointments in England are missed each year, which incurs considerable cost to the NHS. In the absence of an authoritative policy, there is variation in how GPs manage missed appointments in this setting. There are various reasons for why patients miss their GP appointments, many of which lie outside the patients' control. Conclusion(s): This paper suggests that GPs should make efforts to contact patients who miss their appointments, via telephone in cases of missed in-person appointments, and via multiple attempted calls in cases of missed telephone or online appointments.

Atherton H., et al. (2025) '[What Patients Want from Access to UK General Practice: Systematic Review.](#)' *British Journal of General Practice* 75(757), e526–e532.

Access to general practice is a topical concern, with rising numbers of consultations and decreasing numbers of GPs placing strain on the service. Patient satisfaction with general practice has seen a reduction in the UK. While patient experience with general practice is well understood, there is a need to understand what patients say they want from access to general practice. Aim To examine what patients want from access to contemporary general practice in the UK. Conclusion: The factors that patients want should be taken into consideration when changing or developing approaches to access. Future evaluations of care, and research, should explicitly consider what patients want from access in general practice.

Beaney T., et al. (2025) '[Continuity of Care in General Practice and Secondary Care: Retrospective Cohort Study.](#)' *British Journal of General Practice* 75(757), e533–e540.

Background: Better continuity in primary and secondary care is linked to improved health outcomes, but it is unclear whether the sociodemographic determinants of continuity are the same in both settings and whether continuity measures in each setting are associated. Aim To examine the determinants of relational continuity in general practice and fragmented outpatient specialty care in people with clusters of multiple long-term conditions (LTCs) and the association between

continuity in each setting. Conclusion: A lack of strong association between continuity of care in general practice and outpatient settings was found. This suggests that fragmented hospital care is not mitigated by increased continuity in general practice.

Bishop F., et al. (2025) '[Feasibility Trial of a New Digital Training Package to Enhance Primary Care Practitioners' Communication of Clinical Empathy and Realistic Optimism.](#)' *Plos One* 20(7 July) (pagination), Article Number: e0324649. Date of Publication: 01 Jul 2025.

Background: Patients can benefit when primary care practitioners communicate clinical empathy and optimism during consultations, but previous training interventions for practitioners are overly time-consuming and evidence on patient outcomes is limited. This study assessed the feasibility of a cluster-randomized controlled trial in UK general practice to evaluate effects of a new brief digital learning package in empathy and optimism (EMPathicO) for primary care practitioners. Results Practitioners were keen to reflect on and enhance communication skills and were willing to undertake digital training, even during COVID-19 pandemic. However, some practices and practitioners would have declined if video-recording consultations was a mandatory aid to reflection during training. Practitioners found EMPathicO brief, relevant and engaging and could implement techniques taught in the training. Patients found the online questionnaires acceptable, though retention was suboptimal at 57%; minor easily remedied feasibility and process issues were identified (including incentivizing participation); and patients were enthusiastic about research to improve communication. Conclusions: An agile research strategy enabled useful feasibility data to be collected despite the challenges of the COVID pandemic. It is feasible to proceed to a full trial of the effects of EMPathicO on patient outcomes in primary care, if video-recording consultations is optional not mandatory. Feasibility work to develop and test sophisticated questionnaire structures is valuable when planning primary care patient surveys.

Blease C., et al. (2025) '[Generative Artificial Intelligence in Primary Care: Qualitative Study of UK General Practitioners' Views.](#)' *Journal of Medical Internet Research* 27(1) (pagination), Article Number: e74428. Date of Publication: 2025.

Background: The potential for generative artificial intelligence (GenAI) to assist with clinical tasks is the subject of ongoing debate within biomedical informatics and related fields.

Objective(s): This study aimed to explore general practitioners' (GPs') opinions about GenAI on primary care. Conclusion(s): This study provides timely insights into UK GPs' perspectives on the role, impact, and limitations of GenAI in primary care. However, the study has limitations. The qualitative data analyzed originates from a self-selected subset of respondents who chose to provide free-text comments, and these participants were more likely to have used GenAI tools in clinical practice. However, the substantial number of comments offers valuable insights into the diverse views held by GPs regarding GenAI. Furthermore, the majority of our respondents reported limited experience and training with these tools; however, many GPs perceived potential benefits of GenAI and ambient AI for documentation. Notably, 2 years after the widespread introduction of GenAI, GPs' persistent lack of understanding and training remains a critical concern.

Cortie C.H., et al. (2025) '[Optimal Implementation of Antimicrobial Stewardship in General Practice: Protocol for a Feasibility Study and Evaluation of a Digital AMS Toolbox.](#)' *Pilot and Feasibility Studies* 11(1) (pagination), Article Number: 106. Date of Publication: 01 Dec 2025.

Background: Antimicrobial resistance is a worldwide problem caused by the inappropriate use of antibiotics. In Australia, antibiotics are frequently prescribed in general practice (primary care) settings for acute respiratory infections (ARIs) despite these infections most commonly being caused by viruses. The Optimal Implementation of Antimicrobial Stewardship in General Practice (OptimasGP) study aims to provide implementation support for effective antimicrobial stewardship (AMS) interventions for ARIs. The current study will examine if a redesigned workflow, and an AMS Toolbox containing AMS resources, is an acceptable way to access AMS interventions and clinical data collected in general practice settings. Discussion(s): AMS interventions are needed to

help reduce inappropriate antibiotic prescribing for ARIs in general practice settings. The findings of this study will inform a hybrid type 3 implementation trial.

Dobbie L.J., et al. (2025) '[Ten Top Tips for the Management of GLP-1 Receptor Agonists in Adults within Primary Care.](#)' *Obesity Facts* (pagination), Date of Publication: 2025.

Donaghy E., et al. (2025) '[Primary Care Transformation in Scotland: A Comparison of Two Cross-Sectional National Surveys of GPs' Views in 2018 and 2023.](#)' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* 75(757), e559–e565.

BACKGROUND: The 2018 Scottish GP contract established GP Clusters and multidisciplinary team (MDT) expansion. Qualitative studies have suggested suboptimal progress with these initiatives. **AIM:** To quantify progress since the introduction of the new contract. **RESULT(S):** In total, 1385/4529 (31%) GPs responded to the 2023 survey compared with 2465/4371 (56%) in 2018. Job satisfaction and negative job attributes were similar in both surveys. Both positive job attributes ($P = 0.011$) and job pressures ($P = 0.004$) increased but the changes were small (effect sizes <0.2). Significantly more GPs were planning to reduce hours ($P < 0.001$) and leave direct patient care ($P = 0.008$) in 2023 than in 2018. Quality leads' views on Cluster working were unchanged, with 70-80% reporting insufficient support. Cluster knowledge and engagement was unchanged but there were small increases in knowledge of quality improvement. More than half of the GPs reported that access to MDT staff was insufficient to reduce their workload in all staff categories except vaccinations. Significantly more practices were trying to recruit GPs ($P < 0.01$), and GPs reported worsening NHS services, higher workload, and lower practice sustainability in 2023 ($P < 0.001$). Only 5% of GPs in the 2023 survey thought that the new contract had improved the care of patients with complex needs. **CONCLUSION(S):** GPs report few improvements in working life 5 years after the new contract was introduced, and are responding by planning to reduce their hours or leave direct patient care.

Franklin J., et al. (2025) '[How Doctors Think about their Role in Transgender Care: A Qualitative Study of UK General Practitioners and Endocrinologists.](#)' *Journal of the Royal Society of Medicine* (pagination)

Objectives: Transgender people in the UK face uncertainties and inequalities in healthcare provision, especially for treatment required for gender transition. Existing studies have found that doctors' ideological tendencies, in particular socially normative conceptions of gender, influence their treatment of gender minority patients. This study explores doctors' understanding of their role in transgender care, their thoughts on the current processes in place to enable gender affirmation, and their theoretical views of sex/gender that underpin these conceptions. **Conclusion(s):** Our findings suggest that doctors may inadvertently communicate gender norms, but that they do so within the constraints of a system over which they have limited control, and that their conceptions of transgender care are informed by serious resource pressures. We offer some practical suggestions for how these pressures could be ameliorated.

Fynn J., et al. (2025) '[A Mixed Methods Evaluation of a Shared Electronic Health Record between General Practice and Community Pharmacy.](#)' *International Journal of Clinical Pharmacy* (pagination), Date of Publication: 2025.

Introduction: Integrating community pharmacies into primary care via digital infrastructure is crucial to enhancing continuity, coordination, and safety of care. Historically, community pharmacies have not had full access to general practice electronic health records (EHRs), limiting their ability to provide informed interventions. The introduction of shared, interoperable EHRs has the potential to address this limitation and redefine the clinical role of community pharmacists.

Aim(s): This study aimed to evaluate the feasibility, acceptability, and impact of granting community pharmacies read-and-write access to a shared EHR system (SystemOne) across selected sites in the East of England. **Conclusion(s):** Providing community pharmacies with read-and-write access to a shared EHR is feasible and contributes to safer, more integrated patient care. Improved communication, clinical documentation, and task delegation between pharmacists and general practice staff represent a major shift in digital collaboration. However, successful scale-up requires investment in interoperability, national IT infrastructure alignment, and

streamlined reimbursement processes to prevent duplication of effort. These findings support the evolving clinical role of community pharmacists and suggest that integrated digital systems are essential to realising the full potential of community pharmacy in the modern NHS to improve patient care.

Graham F., et al. (2025) '[Development and Innovation in a New Distributed Medical Programme: Scottish Graduate Entry Medicine \(ScotGEM\).](#)' *Frontiers in Medicine* 12(pagination), Article Number: 1586851. Date of Publication: 2025.

Introduction: Addressing the shortage of primary-care physicians, especially in remote and rural areas, is a crucial target in many countries. This article introduces the Scottish Graduate Entry Medicine (ScotGEM) programme: a compressed, tailor-made curriculum designed to equip and enthuse its graduates to practice generalist and rural medicine in Scotland, within the ethos of socially accountable medicine. Discussion(s): Distributed programmes require additional organization for students and faculty. Partnerships can be challenging but immensely rewarding. Healthcare partners in rural areas need to be involved early in planning and strong relationships fostered with local "champions."

Greenhalgh T., et al. (2025) '[After the Disruptive Innovation: How Remote and Digital Services were Embedded, Blended and Abandoned in UK General Practice - Longitudinal Study.](#)' *Health and Social Care Delivery Research* , 1–37.

Background: United Kingdom general practices transitioned rapidly to remote-by-default services in 2020 and subsequently considered whether and how to continue these practices. Their diverse responses provided a unique opportunity to study the longer-term embedding, adaptation and abandonment of digital innovations. Research questions: What was the range of responses to the expansion of remote and digital triage and consultations among United Kingdom general practices in the period following the acute phase of the coronavirus disease discovered in 2019 (COVID-19) pandemic? What can we learn from this example about the long-term impacts of crisis-driven sociotechnical change in healthcare settings? Conclusion(s): There is wide variation in digital maturity among United Kingdom general practices. Low use of remote and digital technologies and processes may be warranted and reflect local strategic choices, but it may also indicate lack of awareness and a reactive rather than strategic approach to digital innovation. We offer an updated typology of digital maturity in general practice with suggestions for tailored support. Future work: The typology of digital maturity could be applied further to identify in more detail the kind of support needed for practices that are at different stages of maturity and are serving different populations. The need for strategically traditional practices in deprived settings should also be explored.

Hawarden A., et al. (2025) '[Osteoporosis Care in Primary Care Settings: A National UK E-Survey.](#)' *Archives of Osteoporosis* 20(1) (pagination), Article Number: 109. Date of Publication: 01 Dec 2025.

Summary: An electronic survey of 341 UK primary care staff identified barriers to evidence-based osteoporosis care including low confidence in clinical skills, the complex nature of decision-making, insufficient incentivisation and lack of systematic case finding. Opportunities to enhance osteoporosis care may include enhanced education and wider utilisation of the extended workforce.

Purpose(s): To investigate the beliefs, confidence and practices of general practice staff in the care of people with, or at increased risk of, osteoporotic fractures and the association between professional role and beliefs and confidence about osteoporosis care. Conclusion(s): Identified opportunities to improve osteoporosis care include improved education, incentivisation, automated case finding and involvement of the wider primary care workforce, particularly Pharmacists.

Hudson S.M., and Hudson, C. (2025) '[Is GP Practice Bowel, Breast and Cervical Cancer Screening Coverage Correlated with GP Practice List Inflation?.](#)' *Journal of Medical Screening* , 9691413251347408.

Objective GP list inflation occurs when the number of patients registered at a GP practice exceeds the number of residents. It may be associated with out-of-date patient contact data, affecting invitations for cancer screening. We examined whether bowel, breast and cervical screening

coverage was associated with list inflation after adjusting for deprivation and ethnicity. Methods We used ecological data, with GP practice the unit of analysis. Outcomes were NHS Fingertips 2019-2020 screening programme performance data. Conclusions: It is important to control for variations in list inflation as well as population demographics when comparing screening programme coverage. Uptake improvement initiatives should include strategies for overcoming issues with out-of-date registration data.

Humphrey A., et al. (2025) ["'I Can't show them on the Phone so It's what I Say and I'm Not Saying a Lot.'" - the Loss of Nonverbal and Visual Cues during Telephone Consultations, Equity of Access and the Impact on Marginalised Patients: A Qualitative Study.](#) *SSM - Qualitative Research in Health* 8(pagination), Article Number: 100604. Date of Publication: 01 Dec 2025.

Background: There has been an increase in the use of telephone consultations in General Practice in the UK during and since the COVID-19 pandemic. This results in a reliance on verbal communication alone due to the loss of non-verbal and visual cues. The consequences of this for inequities of healthcare in marginalised groups is underexplored. This paper examines accounts of patients from marginalised groups of the impact of a loss of non-verbal and visual cues during telephone GP consultations and effects on experiences of care. Result(s): Analysis identified challenges in effectively conveying information during telephone GP consultations as a result of language barriers, health literacy, and concerns around sensitive disclosure as a result of a loss of non-verbal and visual cues. Additionally, GPs reported mitigation techniques employed during telephone consultations including increased use of questioning, referrals for additional tests, and converting to face-to-face consultations in an effort to improve care.

Inghels M., et al. (2025) ['Impact of Rural-Urban Residence and Deprivation on Care Pathways for Depression Disorders among Adults in the UK.'](#) *The Journal of Rural Health : Official Journal of the American Rural Health Association and the National Rural Health Care Association* 41(3), e70055.

PURPOSE: To investigate how rurality shapes individual care pathways and health outcomes for depression and to investigate the sociodemographic and economic relationships with urban-rural variations. CONCLUSION(S): While accessing care services remains a challenge in rural areas, our study highlights the potential benefits of the rural context in improving depression outcomes and lowering relapse risk. Area-based deprivation had minimal impact on both care access and depression outcomes. Future mental health programs must tailor their strategies to the unique challenges of urban and rural environments to facilitate more effective interventions.

Jerjes W., and Majeed, A. (2025) ['Transforming GP Training in the UK: The Lasting Impact of COVID-19 on Telehealth and Hybrid Care Models.'](#) *Frontiers in Medicine* 12(pagination), Article Number: 1595937. Date of Publication: 2025.

Karsanji U., et al. (2025) ['Breathlessness Intensity Recorded in General Practice is Associated with Shorter Times to Unplanned Hospital Admissions and Longer Lengths of Stay: A UK Cohort Study.'](#) *BMJ Open Respiratory Research* 12(1) (pagination), Article Number: e003000. Date of Publication: 30 Jul 2025.

Background and objective: Breathlessness is associated with higher rates of unplanned health service utilisation. We aimed to evaluate any associations between the severity of breathlessness limiting exertion (hereafter breathlessness), time between breathlessness recording and subsequent unplanned hospital admissions, and length of stay. Conclusion: This is the first study to identify an association between recording breathlessness intensity and time to a person's first unplanned hospital admission and longer inpatient length of stay. Future work must focus on whether interventions can change people's health service use.

Keating S., et al. (2025) ['GPs' Perspectives on GLP-1RAs for Obesity Management: A Qualitative Study in England.'](#) *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* (pagination), Date of Publication: 08 Jul 2025.

Background: Effective treatments are needed for the increasing number of people living with obesity. General practitioners (GPs) are key in managing obesity within the NHS but report low

confidence in available treatment options. Glucagon-like Peptide-1 receptor agonists (GLP-1RAs) have shown promise in weight management, but at the time of this study lacked commissioned primary care service pathways for this indication. Aim: To explore the perspectives of NHS GPs in England on GLP-1RAs and their integration into primary care for weight management. Design and Setting Participants were GPs practising in England, recruited through purposive sampling to reflect diverse geographical and socioeconomic contexts. Conclusion: Our findings suggest that while GPs view GLP-1RA integration as a valuable therapeutic option for primary care obesity management, they have concerns about this being done well. To strengthen GP support for implementation, it is essential to recognise the need for adequate resources and ensure that GLP-1RAs are integrated into a holistic strategy for addressing obesity.

Lever G., et al. (2025) '[Health and Social Care Professionals' Awareness and Implementation of NICE Guidelines on Self-Harm: A Rapid Review of the Literature.](#)' *BMJ Open* 15(8) (pagination), Article Number: e093883. Date of Publication: 19 Aug 2025.

Objectives: To identify the factors influencing professionals' implementation of the National Institute for Health and Care Excellence (NICE) guidelines on self-harm. Conclusions: There is a need to develop and implement regular training on self-harm, incorporating NICE guidance and measures, to integrate knowledge and mobilise practice changes. Further research into the implementation of NICE guidelines in children who self-harm is needed, and in a wider variety of health and social care settings. The absence of studies from the social care sector into professionals' awareness and implementation of NICE guidelines on self-harm is a key limitation.

Marshall T., et al. (2025) '[What Makes General Practice Work: The Role of Continuity in Efficient and Sustainable Primary Care.](#)' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* 75(757), 373–376.

Parretti H.M., et al. (2025) '[A Review of the Management of Obesity in Primary Care.](#)' *Clinical Obesity* (pagination), Date of Publication: 2025.

This review highlights the important role primary care plays in obesity management, using England as an example. It includes a comprehensive summary of current management and referral options for primary care clinicians, a discussion of the most up-to-date clinical guidelines for the use of GLP-1 receptor agonists in England, and the evolving ways in which obesity is identified and defined. Reflections from people living with obesity are considered. The need for more straightforward pathways, improved clinician education and a reduction in the stigma associated with obesity is critical for better outcomes. In summary, while primary care could play a pivotal role in addressing obesity, several issues need to be resolved for this potential to be fully realised. Addressing these challenges, via enhancing clinician training, improving referral pathways and ensuring access to new treatments, will be crucial for advancing the care of people living with obesity.

Paule A., et al. (2025) '[Patient-Facing Online Triage Tools and Clinician Decision-Making: A Systematic Review.](#)' *BMJ Open* 15(5) (pagination), Article Number: e094068. Date of Publication: 2025.

Objective: To evaluate the role of using outputs from patient-facing online triage tools in clinical decision-making in primary care. Conclusion: Clinicians should be aware that their decision-making processes are likely to differ when using online triage tools. Developers can use the findings to improve the usability of the tools to aid clinical decision-making. Future research should focus on patient-facing online triage tools in general practice and the process of clinical decision-making.

Pettigrew L.M., et al. (2025) '[Counting GPs: A Comparative Repeat Cross-Sectional Analysis of NHS General Practitioners.](#)' *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* (pagination), Date of Publication: 18 Jun 2025.

Aim: To compare how National Health Service (NHS) general practice GP numbers and trends differ depending on how GPs are defined and data are analysed. Design and Setting Comparative repeat cross-sectional study, English NHS general practice. Conclusion: How GPs are defined, whether working hours are considered, and what measure of population size is used affects the

interpretation of workforce trends. Using fully qualified FTE GPs per capita most closely reflects GP capacity, although there are limitations to current NHS data. Reporting the spread of patients per GP at practice level is necessary to capture the widening variation in GP provision in England.

Pilvar H., and Watt, T. (2025) ['The Effect of Workload on Primary Care Doctors on Referral Rates and Prescription Patterns: Evidence from English NHS.'](#) *European Journal of Health Economics* 26(5), 817–837.

This paper investigates the impact of workload pressure on primary care outcomes using a unique dataset from English general practices. Leveraging the absence of General Practitioner (GP) colleagues as an instrumental variable, we find that increased workload leads to an increase in prescription rates of antibiotics as well as in the share of assessment referrals. On the other hand, the quantity and frequency of psychotropics decreases. When there is an absence, workload is intensified mostly on GP partners, and the mode of consultation shifts toward remote interactions as a response to higher workload pressure. The effects are more pronounced for patients above 65 years-old and those in Short-staffed practices. Our study sheds light on the intricate relationship between workload pressure and patient care decisions in primary care settings.

Quinlan D., et al. (2025) ['Competencies and Clinical Guidelines for Managing Acne with Isotretinoin in General Practice: A Scoping Review.'](#) *The British Journal of General Practice : The Journal of the Royal College of General Practitioners* (pagination), Date of Publication: 25 Jun 2025.

BACKGROUND: Acne is a common, chronic and burdensome disease. There is evidence of delayed and inequitable patient access to isotretinoin. Overuse of antibiotics in acne raises antimicrobial stewardship concerns. AIM: Identify clinical practice guideline (CPG) and consensus statement recommendations regarding the clinical competencies required for prescribing oral isotretinoin for acne. CONCLUSION(S): This scoping review has identified the key clinical competencies that underpin safe management of people with acne using isotretinoin: dermatology, pregnancy prevention, mental health assessment and blood testing. Resourcing and supporting GPs to incrementally adopt this role may promote safe, timely and equitable patient access to isotretinoin, while enhancing antimicrobial stewardship.

Salisbury, H. (2025) ['Helen Salisbury: What the NHS 10 Year Plan Means for GPs.'](#) *BMJ* (pagination)

Samsuddin S.W., et al. (2025) ['An Overview of Antipsychotic Drug Prescribing Trends \(Initiation/Prevalence\) in UK Primary Care from 1995 to 2018: Analysis of Electronic Health Records from Over 790 General Practices.'](#) *BJPsych Open* 11(5) (pagination), Article Number: e180. Date of Publication: 14 Aug 2025.

Background Initially prescribed for schizophrenia and psychosis, antipsychotics are increasingly prescribed for other indications. Since the late 1990s, prescribing shifted from first-generation to second-generation antipsychotics. Aims To examine overall initiation and prevalence of antipsychotic drug prescribing in UK primary care from 1995 to 2018, stratified by gender. Conclusions: Antipsychotic drug initiation decreased after 2001, stabilising from 2005 onward. Prevalence remained relatively consistent throughout the study period. Women had higher initiation and prevalence than men. However, both genders showed increased prescribing with age and socioeconomic deprivation.

Tierney S., et al. (2025) ['Implementation of Link Workers in Primary Care: Synopsis of Findings from a Realist Evaluation.'](#) *Health and Social Care Delivery Research* 13(27), 1–30.

Background: Social prescribing link workers formed part of the Additional Roles Reimbursement Scheme introduced into primary care in England from 2019. We conducted an earlier realist review on the link worker role in primary care. We then carried out a realist evaluation, described in this report, to address the question: When implementing link workers in primary care to sustain outcomes - what works, for whom, why and in what circumstances? Aim: To develop evidence-based recommendations to optimise the implementation of link workers in primary care and to enable patients to receive the best support possible. Discussion(s): Our research highlighted the importance of a supportive infrastructure (including supervision, training, leadership/management,

clarity about the role, link workers' ability to use existing skills and knowledge and having capacity to connect with providers in the voluntary-community-social-enterprise sector) in order to produce person-centred care, to nurture hope, self-confidence and social capital among patients, to ensure they receive the right support (medical or non-medical), and to promote link workers' job satisfaction. Data showed how link workers can contribute to the offer of holistic care beyond a purely medical lens of health and illness.

Vinogradova Y., et al. (2025) ['Discontinuation of Menopausal Hormone Therapy and Risk of Fracture: Nested Case-Control Studies using Routinely Collected Primary Care Data.'](#) *The Lancet Healthy Longevity* 6(7) (pagination), Article Number: 100729. Date of Publication: 01 Jul 2025.

Background: Women benefit from reduced fracture risk while using menopausal hormone therapy. However, information on risks after stopping menopausal hormone therapy is scarce and inconsistent, with no information on longer-term fracture risk as women age. We aimed to produce robust estimates of fracture risk among past users for the longest possible period after discontinuing therapy. Interpretation(s): We have observed an attenuation of fracture risk after discontinuing menopausal hormone therapy, which manifests after an initial sharp rise. Fracture risk generally increases with age, but after discontinuation of menopausal hormone therapy, fracture risk increases steeply, usually to above the levels of comparable never-users, and then rises less quickly relative to never-users to become again notably reduced by comparison in older age. Our findings provide information for researchers looking to improve fracture risk outcomes for women after discontinuing menopausal hormone therapy, and for doctors and their patients to consider before commencing or stopping menopausal hormone therapy, especially regarding expected steep post-discontinuation rises in fracture risk and periods of enhanced fracture risk.

Vinogradova Y., et al. (2025) ['Guidelines and Practice on Antipsychotics Prescribing and Physical Health Monitoring in Children and Young People: A Cohort Study using Primary Care Data.'](#) *BMJ Mental Health* 28(1) (pagination), Date of Publication: 08 Jul 2025.

BACKGROUND: Antipsychotic treatments require physical health monitoring (PHM), especially among children and young people (CYP).

OBJECTIVE(S): For CYP aged 5-17, to investigate recorded indications for antipsychotics prescribing and first-treatment durations, and, for psychosis, bipolar disorder, autism spectrum disorder (ASD) and Tourette's syndrome, recorded levels of PHM for CYP with antipsychotics prescriptions and those without. CONCLUSION(S): Coverage of best practice is uneven across the condition-related national CYP guidelines, and this requires improvement. However, we suspect some apparently poor adherence to best practice also derives from treatment complexities and associated data flows leading to gaps in the encoded general practice data. To audit more exactly clinical practice against guidelines, we propose qualitative studies, targeted to cover the full range of local circumstances, nationally. CLINICAL IMPLICATIONS: General practices should be encouraged to prioritise encoding of all treatment data. Development of one central gold-standard set of recommendations for antipsychotics use could encourage better adherence levels across conditions.

Zhao Q., et al. (2025) ['Cost-Effectiveness Analysis of Depression Case Finding Followed by Alerting Patients and their GPs among Older Adults in Northern England: Results from a Regression Discontinuity Study.'](#) *BJPsych Open* 11(4) (pagination), Article Number: e125. Date of Publication: 26 Jun 2025.

Background: In the UK, around 1 in 4 adults over 65 years suffers from depression. Depression case finding followed by alerting patients and their general practitioners (GPs) (screening + GP) is a promising strategy to facilitate depression management, but its cost-effectiveness remains unclear. Aims: To investigate the cost-effectiveness of screening + GP compared with standard of care (SoC) in northern England. Conclusions: Screening + GP was dominated by SoC in northern England. However, subgroup analyses suggested it could be cost-effective if patients with more balanced baseline characteristics were analysed. Economic evaluations alongside randomised controlled trials are warranted to validate these findings.

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