

## A SELECTION OF TEN CURRENT READINGS ON TOPICS RELATED TO THE EXTENDED CONSULTATION

some available as free full-text and some requiring payment

Selection of readings made by A/Prof Goh Lee Gan

### READING 1 – RELEVANT INTERCULTURAL DOCTOR-PATIENT COMMUNICATION SKILLS IN DAILY OUTPATIENT CARE

**Paternotte E,(1) Scheele F,(2)(3) Seeleman CM,(4) Bank L,(2) Scherpbier AJ,(5) van Dulmen S.(6)(7)(8)** Intercultural doctor-patient communication in daily outpatient care: relevant communication skills. *Perspect Med Educ.* 2016;5:268–75.

**doi: 10.1007/s40037-016-0288-y. PubMed PMID: 27638395; PubMed Central PMCID: PMC5035277. [Free Full Text]**

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#### ABSTRACT

**INTRODUCTION:** Intercultural communication (ICC) between doctors and patients is often associated with misunderstandings and dissatisfaction. To develop ICC-specific medical education, it is important to find out which ICC skills medical specialists currently apply in daily clinical consultations.

**METHODS:** Doctor-patient consultations of Dutch doctors with non-Dutch patients were videotaped in a multi-ethnic hospital in the Netherlands. The consultations were analyzed using the validated MAAS-Global assessment list in combination with factors influencing ICC, as described in the literature.

**RESULTS:** In total, 39 videotaped consultations were analyzed. The doctors proved to be capable of practising many communication skills, such as listening and empathic communication behaviour. Other skills were not practised, such as being culturally aware and checking the patient's language ability.

**CONCLUSION:** We showed that doctors did practice some but not all the relevant ICC skills and that the ICC style of the doctors was mainly biomedically centred. Furthermore, we discussed the possible overlap between intercultural and patient-centred communication. Implications for practice could be to implement the relevant ICC skills in the existing communication training or develop a communication training with a patient-centred approach including ICC skills.

### READING 2 – PATIENTS' EXPERIENCES AND PREFERENCES IN INTERCULTURAL DOCTOR-PATIENT COMMUNICATION

**Paternotte E,(1) van Dulmen S,(2) Bank L,(1) Seeleman C,(3) Scherpbier A,(4) Scheele F.(1)** Intercultural communication through the eyes of patients: experiences and preferences. *Int J Med Educ.* 2017;8:170–5.

**doi: 10.5116/ijme.591b.19f9. PubMed PMID: 28535143; PubMed Central PMCID: PMC5457791. [Free Full Text]**

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**ABSTRACT**

**OBJECTIVES:** To explore patients' preferences and experiences regarding intercultural communication which could influence the development of intercultural patient-centred communication training.

**METHODS:** This qualitative study is based on interviews with non-native patients. Thirty non-native patients were interviewed between September and December 2015 about their preferences and experiences regarding communication with a native Dutch doctor. Fourteen interviews were established with an interpreter. The semi-structured interviews took place in Amsterdam. They were focused on generic and intercultural communication skills of doctors. Relevant fragments were coded by two researchers and analysed by the research team by means of thematic network analysis. Informed consent and ethical approval was obtained beforehand.

**RESULTS:** All patients preferred a doctor with a professional patient-centred attitude regardless of the doctor's background. Patients mentioned mainly generic communication aspects, such as listening, as important skills and seemed to be aware of their own responsibility in participating in a consultation. Being treated as a unique person and not as a disease was also frequently mentioned. Unfamiliarity with the Dutch healthcare system influenced the experienced communication negatively. However, a language barrier was considered the most important problem, which would become less pressing once a doctor-patient relation was established.

**CONCLUSIONS:** Remarkably, patients in this study had no preference regarding the ethnic background of the doctor. Generic communication was experienced as important as specific intercultural communication, which underlines the marginal distinction between these two. A close link between intercultural communication and patient-centred communication was reflected in the expressed preference 'to be treated as a person'.

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**READING 3 – COGNITIVE BEHAVIOURAL THERAPY AND RELAXATION THERAPY IN TREATMENT OF ANXIETY DISORDERS**

**Montero-Marin J,(1) Garcia-Campayo J,(2) López-Montoyo A,(3) Zabaleta-Del-Olmo E,(4) Cuijpers P.(5)**  
**Is cognitive-behavioural therapy more effective than relaxation therapy in the treatment of anxiety disorders? A meta-analysis. Psychol Med. 2017 Oct 17:1–12.**

**doi: 10.1017/S0033291717003099. [Epub ahead of print] PubMed PMID: 29037266. [Payment Required for Full Text]**

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**ABSTRACT**

**BACKGROUND:** It is not clear whether relaxation therapies are more or less effective than cognitive and behavioural therapies in the treatment of anxiety. The aims of the present study were to examine the effects of relaxation techniques compared to cognitive and behavioural therapies in reducing anxiety symptoms, and whether they have comparable efficacy across disorders.

**METHOD:** We conducted a meta-analysis of 50 studies (2801 patients) comparing relaxation training with cognitive and behavioural treatments of anxiety.

**RESULTS:** The overall effect size (ES) across all anxiety outcomes, with only one combined ES in each study, was  $g = -0.27$  [95% confidence interval (CI) = -0.41 to -0.13], favouring cognitive and behavioural therapies (number needed to treat = 6.61). However, no significant difference between relaxation and cognitive and behavioural therapies was found for generalized anxiety disorder, panic disorder, social anxiety disorder and specific phobias (considering social anxiety and specific phobias separately). Heterogeneity was moderate ( $I^2 = 52$ ; 95% CI = 33–65). The ES was significantly associated with age ( $p < 0.001$ ), hours of cognitive and/or behavioural therapy ( $p = 0.015$ ), quality of intervention ( $p = 0.007$ ), relaxation treatment format ( $p < 0.001$ ) and type of disorder ( $p = 0.008$ ), explaining an 82% of variance.

**CONCLUSIONS:** Relaxation seems to be less effective than cognitive and behavioural therapies in the treatment of post-traumatic stress disorder, and obsessive-compulsive disorder and it might also be less effective at 1-year follow-up for panic, but there is no evidence that it is less effective for other anxiety disorders.

**READING 4 – NARRATIVE THERAPY IN BRIEF MEDICAL ENCOUNTERS**

**Williams-Reade J,(1) Freitas C,(1) Lawson L.(1) Narrative-informed medical family therapy: using narrative therapy practices in brief medical encounters. *Fam Syst Health*. 2014;32:416–25.**

**doi: 10.1037/fsh0000082. Epub 2014 Oct 20. PubMed PMID: 25329755. [Payment Required for Full Text]**

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ABSTRACT

Effective mental health practice in a medical context is a collaborative “both/and” relationship between therapists, patients, and health care team collaborators. The biomedical model that is most often used in health care is an important piece of a patient's healing, and narrative therapy brings an excellent patient and family centered addition to this framework. Using this model, behavioral health therapists can help patients understand how their experiences of illness may be shaped by larger social discourses and how they may then choose which of these messages about illness fit for them and which do not. Narrative therapy additionally facilitates the goals of medical family therapy (agency and communion) through engaging patients as experts in their own illness experience and facilitating a sense of control over the different ways that they choose to draw on support and cope with their illness-related challenges. In this article, we discuss the benefits of using narrative therapy in brief behavioral health encounters within medical settings and include implications for behavioral health practitioners interested in using this modality to better meet the needs of patients and families.

Additional information from the concluding discussion paragraph in the full text: “Although there is a small body of empirical evidence that supports the feasibility and effectiveness of narrative therapy, further study is warranted with regard to using narrative therapy interventions in brief behavioral health encounters. In designing suitable studies of narrative therapy in the medical context, clearer definitions of what qualifies as a brief narrative intervention and clarifying the skills needed to enact the core narrative processes within the brief clinical encounter are needed. In addition, further research needs to address ways narrative therapy may be used for specific patient populations, compare the results between narrative and other behavioral health interventions, and determine which patient populations most warrant a narrative intervention.”

**READING 5 – MINDFULNESS-BASED INTERVENTIONS (MBIS) FOR WEIGHT LOSS**

**Carrière K,(1) Khoury B,(2)(3) Günak MM,(4) Knäuper B.(1) Mindfulness-based interventions for weight loss: a systematic review and meta-analysis. *Obes Rev*. 2017 Oct 27.**

**doi: 10.1111/obr.12623. [Epub ahead of print] Review. PubMed PMID: 29076610. [Payment Required for Full Text]**

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ABSTRACT

**BACKGROUND:** An increasing number of studies are investigating the efficacy of mindfulness-based interventions (MBIs) for weight loss and obesity-related eating behaviours. However, the results of past reviews are inconsistent.

**OBJECTIVE:** To clarify these inconsistencies, we conducted a comprehensive effect-size analysis to evaluate the efficacy of MBIs on weight loss and eating behaviours.

**DATA SOURCE:** Data sources were identified through a systematic review of studies published in journals or as dissertations in PsychINFO, PubMed, CINAHL, Web of Science, Medline and Scopus, ProQuest or OATD from the first available date to March 10, 2017.

**REVIEW METHODS:** A total of 18 publications (19 studies, n = 1,160) were included.

**RESULTS:** Mean weight loss for MBIs at post-treatment was 6.8 and 7.5 lb at follow-up. In pre-post comparisons, effect-size estimates suggest that MBIs are moderately effective for weight loss ( $n = 16$ ; Hedge's  $g = .42$ ; 95% CI [.26, .59],  $p < .000001$ ) and largely effective in reducing obesity-related eating behaviours ( $n = 10$ ; Hedge's  $g = .70$ ; CI 95% [.36, 1.04],  $p < .00005$ ). Larger effects on weight loss were found in studies that used a combination of informal and formal meditation practice ( $n = 6$ ; Hedge's  $g = .55$ ; CI 95% [.32, .77],  $p < .00001$ ) compared with formal meditation practice alone ( $n = 4$ ; Hedge's  $g = .46$ ; CI [.10, .83],  $p < .05$ ).

**CONCLUSION:** Results suggest that MBIs are effective in reducing weight and improving obesity-related eating behaviours among individuals with overweight and obesity. Further research is needed to examine their efficacy for weight loss maintenance.

## READING 6 — STRENGTHS-BASED POSITIVE PSYCHOLOGY INTERVENTIONS

**Proyer RT,(1) Gander F,(1) Wellenzohn S,(1) Ruch W.(1) Strengths-based positive psychology interventions: a randomized placebo-controlled online trial on long-term effects for a signature strengths—vs. a lesser strengths—intervention. Front Psychol. 2015;6:456.**

**doi: 10.3389/fpsyg.2015.00456. eCollection 2015. PubMed PMID: 25954221; PubMed Central PMCID: PMC4406142. [Payment Required for Full Text]**

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### ABSTRACT

Recent years have seen an increasing interest in research in positive psychology interventions. There is broad evidence for their effectiveness in increasing well-being and ameliorating depression. Intentional activities that focus on those character strengths, which are most typical for a person (i.e., signature strengths, SS) and encourage their usage in a new way have been identified as highly effective. The current study aims at comparing an intervention aimed at using SS with one on using individual low scoring (or lesser) strengths in a randomized placebo-controlled trial. A total of 375 adults were randomly assigned to one of the two intervention conditions [i.e., using five signature vs. five lesser strengths (LS) in a new way] or a placebo control condition (i.e., early memories). We measured happiness and depressive symptoms at five time points (i.e., pre- and post-test, 1-, 3-, and 6-months follow-ups) and character strengths at pre-test. The main findings are that (1) there were increases in happiness for up to 3 months and decreases in depressive symptoms in the short term in both intervention conditions; (2) participants found working with strengths equally rewarding (enjoyment and benefit) in both conditions; (3) those participants that reported generally higher levels of strengths benefitted more from working on LS rather than SS and those with comparatively lower levels of strengths tended to benefit more from working on SS; and (4) deviations from an average profile derived from a large sample of German-speakers completing the Values-in-Action Inventory of Strengths were associated with greater benefit from the interventions in the SS-condition. We conclude that working on character strengths is effective for increasing happiness and discuss how these interventions could be tailored to the individual for promoting their effectiveness.

## READING 7 — USING PERSONALISED MEDICINE IN DIABETES MANAGEMENT

**Elk N,(1) Iwuchukwu OF.(2) Using Personalized Medicine in the Management of Diabetes Mellitus. Pharmacotherapy. 2017;37:1131–49.**

**doi: 10.1002/phar.1976. Epub 2017 Aug 15. Review. PubMed PMID: 28654165. [Payment Required for Full Text]**

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**ABSTRACT**

Diabetes mellitus is a worldwide problem with an immense pharmacoeconomic burden. The multifactorial and complex nature of the disease lends itself to personalized pharmacotherapeutic approaches to treatment. Variability in individual risk and subsequent development of diabetes has been reported in addition to differences in response to the many oral glucose lowering therapies currently available for diabetes pharmacotherapy. Pharmacogenomic studies have attempted to uncover the heritable components of individual variability in risk susceptibility and response to pharmacotherapy. We review the current pharmacogenomics evidence as it relates to common oral glucose lowering therapies and how they can be utilized in the management of polygenic and monogenic forms of diabetes. Evidence supports the use of genetic testing and personalized approaches to the treatment of monogenic diabetes of the young. The data are not as robust for the current application of pharmacogenetic approaches to the treatment of polygenic type 2 diabetes mellitus, but there are suggestions as to future applications in this regard. We reviewed pertinent primary literature sources as well as current evidence-based guidelines on diabetes management.

**READING 8 — LISTENING TO BIOLOGICAL CLOCK TO PREVENT DIABETES**

**Karthikeyan R,(1) Marimuthu G,(2) Spence DW,(3) Pandi-Perumal SR,(4) BaHammam AS,(5) Brown GM,(6) et al. Should we listen to our clock to prevent type 2 diabetes mellitus? *Diabetes Res Clin Pract.* 2014;106:182–90.**

**doi: 10.1016/j.diabres.2014.07.029. Epub 2014 Aug 12. Review. PubMed PMID: 25172521. [Payment Required for Full Text]**

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**ABSTRACT**

The circadian clock drives a number of metabolic processes including energy intake, storage and utilization coupled with the sleep/wake cycles. Globally, the increasing prevalence of type 2 diabetes (T2DM) has become a significant international public health concern. In view of the heavy societal burden caused by diabetes, and further, to reduce its growing incidence, it is clearly essential to understand the causes of this disease and to devise more effective strategies for its treatment. Although many factors cause T2DM, this article centers on the role of circadian regulation of metabolism. The correlation between the increased occurrence of T2DM and the ubiquity of modern social pressures such as 24/7 lifestyles as well as nocturnal lighting conditions point strongly to the hypothesis that malfunctioning of circadian controls may be involved in the etiology of the illness. Nocturnal light exposure, unusual timing of food, irregular sleep/wake schedules and traveling between different time zones are some of the factors responsible for improper entrainment of the clock. Recent reports have proposed that strengthening of circadian clock functioning and proper timing of food intake could stabilize glucose homeostasis. This strategy thus represents a chronotherapeutic option for non-pharmaceutical intervention in treating T2DM patients.

**READING 9 — ORAL ANTIDIABETIC DRUGS IN TREATMENT OF MATURITY-ONSET DIABETES OF THE YOUNG (MODY)**

**Brunerova L,(1) Rahelić D,(2) Ceriello A,(3)(4) Broz J.(5) Use of oral antidiabetic drugs in the treatment of maturity-onset diabetes of the young: A mini review. *Diabetes Metab Res Rev.* 2017 Aug 24. doi:**



**10.1002/dmrr.2940. [Epub ahead of print] Review. PubMed PMID: 28840639. [Payment Required for Full Text]**

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**ABSTRACT**

MODY (maturity-onset diabetes of the young) is a genetically linked group of clinically heterogeneous subtypes of diabetes. Roughly 5% of people with diabetes mellitus diagnosed prior to age 45 have MODY diabetes. Most of them have been erroneously diagnosed as patients with either type 1 or type 2 diabetes and, as a result, have been improperly treated. Genetic identification of MODY diabetes and its subtypes allows proper treatment and enables clinicians to switch many patients to oral antidiabetic agents, mainly sulphonylureas. However, some new classes of oral antidiabetic drugs have also been tested and found to be effective in MODY patients. We have searched for research articles and case reports written in full-text English or with an English abstract, using the following keywords: MODY and oral antidiabetic\* in the databases Cochrane Library, PubMed, and Science Direct. Therapeutic options using currently standardized oral antidiabetic drugs (mainly sulphonylureas), as well as more experimental treatment with other classes of oral antidiabetic drugs in different types of MODY, are discussed, with special focus on the therapy of the most common MODY subtypes, including specific conditions such as pregnancy. This review article summarizes the currently available information about oral antidiabetic treatment of patients with MODY diabetes.

Additional information from the conclusions of the full text: "Oral antidiabetic drugs—sulphonylurea derivatives—represent a relatively long-term efficacious and patient preferred treatment that is typically recommended for patients with the 2 most frequently occurring forms of transcription factor-linked MODY: ie, HNF1- $\alpha$  and HNF4- $\alpha$  MODY. Alternatively, it is also possible to use a nonsulphonylurea secretagogues, which have a better safety profile (lower incidence of hypoglycaemia), although data describing their long-term effects are not yet available. The use of other antidiabetic drugs (incretin therapy) has, so far, only been described in individual patients. Because gliflozins have a mechanism of action that is independent on insulin, they should theoretically (preferably in the form of combination therapy) be effective; however, valid data are not yet available."

**READING 10 — RELEVANT INTERCULTURAL DOCTOR-PATIENT COMMUNICATION SKILLS IN DAILY OUTPATIENT CARE**

**Donini LM,(1) Dalle Grave R, Caretto A, Lucchin L, Melchionda N, Nisoli E, Sbraccia P, Lenzi A, Cuzzolaro M. From simplicity towards complexity: the Italian multidimensional approach to obesity. *Eat Weight Disord.* 2014;19:387–94.**

**doi: 10.1007/s40519-013-0097-9. Epub 2014 Jan 22. Review. Erratum in: *Eat Weight Disord.* 2014 Sep;19(3):395. PubMed PMID: 24448995. [Payment Required for Full Text]**

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**ABSTRACT**

Obesity is the result of a complex interplay among several factors leading to medical, functional and psychosocial consequences that markedly reduce life expectancy and impair quality of life. Is obesity itself a disease? Is obesity a brain disease? Who should treat obesity? This paper is a narrative review aimed to describe and to argue the prevalent position of some major Italian scientific and academic institutions dealing with obesity. According to the recent statements and recommendations published by the Italian Society for Obesity (SIO) and the Italian Society for the Study of Eating Disorders (SISDCA), the management of obese patients should include five main levels of care: (1) primary care, (2) outpatient

treatment, (3) intensive outpatient treatment, (4) residential rehabilitative treatment, and (5) hospitalization. Ideally, patients suffering from obesity need a multidimensional evaluation intended to design an individualized treatment plan applying different procedures and therapeutic strategies (diet, physical activity and functional rehabilitation, educational therapy, cognitive-behavior therapy, drug therapy, and bariatric surgery). This thorough approach should address not only weight loss but also quality of weight loss, medical and psychiatric comorbidity, psychosocial problems, and physical disability. Such management of obesity requires an effective multiprofessional team, while health services have to overcome a number of administrative and organizational barriers that do not account for diseases requiring resources and professionals from different areas of medicine. Integrating several competences in a team-based approach demands specific education, skills and expertise. As for other diseases, the principles of complexity theory may offer a model useful to implement both teamwork and care delivery for patients with obesity.