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<th>Title</th>
<th>GPs’ perspectives on the management of patients with multimorbidity: systematic review and synthesis of qualitative research</th>
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<tr>
<td>Author(s)</td>
<td>Sinnott, Carol; McHugh, Sheena M.; Browne, John P.; Bradley, Colin P.</td>
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| Rights | This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 3.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/3.0/ https://creativecommons.org/licenses/by-nc/3.0/ |
| Item downloaded from | http://hdl.handle.net/10468/3857 |
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Appendix 2. Excluded studies

When screening titles by title/abstract, I first looked at whether it was clearly not qualitative research (a randomised control trial or guidelines). If this was unclear from the title, then I considered if it was clearly not dealing with multimorbidity (ie title contained other disease focus such as prostatic disease or asthma). If the citation was still not excludable, I then considered if I was primary care based or concerned the GPs perspective. For foreign language titles, Google translate was used to ascertain if the title was applicable.

**EMBASE**

Of the 1105 that remained after excluding duplicates, 1082 were excluded by reading titles / abstracts, leaving 23 citations.

- Excluded because not primary care based : 34 (pharmacy/hospital/dentistry)
- Excluded because not qualitative: 577 (guidelines/editorials/ reviews/ quan research/ opinions/recommendations/education related)
- Excluded because not concerning MM: 447 (asthma/COPD/ psychiatric disease/ abs/gout/cv disease)
- Excluded because no related to Dr or decision making: 24

Of the 23 remaining, the following 18 were excluded after reading the full texts:


6. Fortin, 2007 #5577; Editorial


9. Kadam, 2012 #5012; Editorial


11. Mangin, 2012 #5048; Editorial.


14. Salisbury, 2012 #5057; Editorials

15. Saltman, 2004 #5794; Editorials


17. Webster, 2000 #5951 Letter.

18. Weiner M, Wells S, Kerse N. Perspectives of general practitioners towards evaluation and treatment of cardiovascular diseases among older people. J Prim Health Care. 2009 Sep;1(3):198-206. Although reported as mixed methods, the qualitative component was just ‘narrative comments’ at the end of a quantitative/likert questionnaire.

19. Abstract only:Limm, 2012 #5088; Study authors contacted – Dr C Boyd – and full account not yet published.

4 were included after reading fulltexts

1) Bower, 2011 #5145;

2) Smith, 2010 #5300;

3) O’Brien, 2011 #5227;

4) Marx, 2009 #5434.

Challenges in the management of multimorbidity: A meta-ethnography of the GPs perspective
CINAHL

59 citations reviewed after duplicates removed. 55 excluded by reading the titles/abstracts, leaving 4 full papers to be reviewed.

- 14 excluded as not qualitative papers
- 32 excluded as not concerning multimorbidity (COPD + mental health issues predominantly)
- 9 excluded as did not concern the GPs perspective/ decision making. (patient perspective)

Four full papers reviewed – 3 excluded, one included.

1) Falling on stony ground? A qualitative study of implementation of clinical guidelines' prescribing recommendations in primary care. (includes abstract); Rashidian A; Eccles MP; Russell I; Health Policy, 2008 Feb; 85 (2): 148-61. GP assessment of the process in development and use of CPGs

2) Interactions between practitioners and patients with chronic illnesses. (includes abstract); Kupka NJ; Rush University, College of Nursing, 2003; D.N.Sc. (108 p) (doctoral dissertation – research) Are motivational techniques used by GPs in managing CD?


4) Fried: included.

Medline

364 citations read : 360 excluded by title abstract:

- Excluded because not primary care based : 12 (pharmacy/hospital/dentistry)
- Excluded because not qualitative: 185 (guidelines/editorials/ reviews/ quan research/ opinions/recommendations/education related)
- Excluded because not concerning MM: 153 (asthma/COPD/ psychiatric disease/ abs/gout/cv disease)
- Excluded because no related to Dr or decision making: 10

Full texts retrieved for 4 citations. The following were excluded:


2) (Harries, Forrest et al. 2007) Really focuses on management of angina and has only one line on MM in qual section.

3) Solomon: included.

Challenges in the management of multimorbidity: A meta-ethnography of the GPs perspective
4) Luijks: included.

**PsycInfo**

137 citations read. 134 excluded by title abstract, leaving three full texts for review.

- Excluded because not primary care based: 0 (pharmacy/hospital/dentistry)
- Excluded because not qualitative: 48 (guidelines/editorials/reviews/quan research/opinions/recommendations/education related)
- Excluded because not concerning MM: 72 (asthma/COPD/psychiatric disease/abs/gout/cvdisease)
- Excluded because no related to Dr or decision making: 14

Full texts retrieved for 3 citations. The following were excluded:


2) (Chew-Graham and Hogg 2002). Concerns the management and diagnosis of depression in patients with chronic physical disease

3) Steinman was included.

**Academic Search Complete / Social Science Full Text/**

140 citations read. 137 excluded by title abstract:

- Excluded because not primary care based: 2 (pharmacy/hospital/dentistry)
- Excluded because not qualitative: 67 (guidelines/editorials/reviews/quan research/opinions/recommendations/education related)
- Excluded because not concerning MM: 65 (asthma/COPD/psychiatric disease/abs/gout/cvdisease)
- Excluded because no related to Dr or decision making: 3

Full texts retrieved for 3 citations. One was excluded

1) GPs' decision-making—perceiving the patient as a person or a disease. By: André, Malin; Andén, Annika; Borgquist, Lars; Edvard Rudebeck, Carl. BMC Family Practice. 2012, Vol. 13 Issue 1, p38-43. 6p. Concerns things that influence gradual or immediate decision making in primary care, and used a quantitative questionnaire.

2) Hunt excluded as although does deal with multiple chronic diseases, (DM and HTN) does not deal with the presentation of these in tandem as multimorbidity.

3) Schuling included

Challenges in the management of multimorbidity: A meta-ethnography of the GPs perspective
<table>
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Table showing distribution of excluded articles across databases.

*Duplicates searched for in order of EMBASE/ CINAHL/Medline/PsycInfo/ASS*