

Facilitating health promotion and disease prevention in Maltese family practice

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The European Definition of General Practice / Family Medicine does not just define the characteristics of the speciality, but also describes the core competences of family medicine (WONCA Europe, 2023). One characteristic is the promotion of health and wellbeing of patients, which, as specified by one of the core competences, is achieved by applying health promotion and disease prevention strategies appropriately (WONCA Europe, 2023).

The December 2024 issue of the JMCFD – Journal of the Malta College of Family Doctors – includes no less than four (out of five) articles regarding this important role of family doctors in Malta. The first by Attard et al. (2024) compares the knowledge, attitudes, skills and habits regarding health promotion and disease prevention of Maltese family doctors / general practitioners (GPs) to results from two previous studies (Sammuto, 2006; Pace, Sammut and Gauci, 2014). Although less difficulty in carrying out disease prevention and health promotion activities was reported by family doctors, the main problem remained a lack of time due to a heavy workload (Sammuto, 2006; Pace, Sammut and Gauci, 2014; Attard et al., 2024).

Two other articles are related to vaccination. One survey assessed COVID-19 vaccination hesitancy amongst COVID-19-positive Maltese patients: nearly one-fifth of participants were unvaccinated or partially vaccinated, with the

main reported barriers to vaccine uptake being confidence attitudes and structural/psychological constraints (Pullicino et al., 2024). The other study investigated pneumococcal vaccination in a Maltese community home for the elderly, finding that vaccine awareness and uptake were very low with just 12.3% of residents having heard about the vaccine and only 7.7% having taken it (Farrugia, Mifsud and Zammit, 2024).

The fourth article falls under quaternary prevention, which “is an evidence-based concept aiming to protect patients from medical harm of overmedicalisation” (WONCA Europe, 2023). This study tackled polypharmacy in the elderly by evaluating the use of the Deprescribing Guideline on Anticholinergic Drugs in a long-term care facility in Malta and “indicated room for improvement in implementing deprescribing strategies” (Montebello et al., 2024).

Recommendations proposed by the four articles towards improving the health promotion and disease prevention practices of local family doctors include the following:

- Health promotion training for adequate numbers of GPs would be put to good use through running health promotion clinics with yearly health checks for patients. Promoting health in family practice would benefit from brief intervention flowcharts integrated into electronic patient records, better availability

of health promotion and messages and materials, together with improved awareness of health promotion services provided by the Health Promotion and Disease Prevention Directorate (Attard et al. 2024).

- Vaccination histories of patients should be taken and documented by family doctors during the consultation, while promoting the availability, efficacy and safety of vaccination to patients and tackling the underlying reasons for vaccine hesitancy. GPs should also liaise with researchers, policy makers and educators to tackle vaccine hesitancy through appropriate strategies and campaigns (Farrugia, Mifsud and Zammit, 2024; Pullicino et al., 2024).
- Deprescribing of polypharmacy should be implemented carefully and routinely, while monitoring for interactions and side effects, and accompanied by clear documentation of reasons for changes in medication. Alternative forms of treatment should be provided where available, and the availability on the national formulary of medications with less side effects would be beneficial (Montebello et al., 2024).

A survey of nearly 8000 primary care patients in 22 European countries carried out in 2008-9 revealed that many do not feel they need to change unhealthy habits (especially risky drinking), while about half declared that their GPs did not discuss healthy lifestyles with them (Brotons et al., 2012). These views of patients should inform and challenge family doctors to provide continuing and tailored initiatives for successful health promotion and disease prevention outcomes in primary health care.

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