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# BMJ Open

## Identifying patients with psychosocial problems in general practice: a scoping review protocol

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# Identifying patients with psychosocial problems in general practice: a scoping review protocol

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## Abstract

### Introduction

Psychosocial problems arising from personal and professional demands, uncertainty and loneliness, are common phenomena associated with negative health outcomes. Since general practitioners are the first point of contact for any health-related concern, understanding their options to recognize patients with psychosocial problems plays an important role as it is essential for early intervention and can prevent serious conditions. The objective of our scoping review is to map published evidence on which instruments GPs use to identify patients with psychosocial problems.

### Methods and Analysis

We will follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist and the Joanna Briggs Institute Reviewer's Manual on scoping reviews. A systematic search of four electronic databases (Medline (Ovid), Web of Science Core Collection, PsycInfo, Cochrane Library) will be conducted for quantitative and qualitative studies published in English, Spanish, French and German. Main study characteristics, as well as information on identification instruments will be extracted and visualized in structured tables to map the available evidence. The protocol has been registered with Open Science Framework (OSF), <https://osf.io/c2m6z>.

### Ethics and Dissemination

This study does not require ethical approval. Dissemination will consist of publications, presentations and other knowledge translation activities.

### Strength and limitations of this study

- Our review covers a topic of great public health importance by addressing the medical care of a widespread and complex issue for a broad population.

- This will be the first scoping review to analyze which instruments GPs use to identify patients with psychosocial problems.
- The search strategy includes four electronic databases with peer-reviewed literature and is based on tailored search strings which have been iteratively refined in order to retrieve as many relevant published studies as possible.
- All eligible studies published in English, Spanish, French and German will be considered for inclusion.
- A quality and risk of bias assessment of the included studies will not be performed.

## Background and Research Question

Since general practitioners (GP) are the first point of contact for people with any health-related concern, patients visit their GP not only for medical reasons but also for psychosocial problems (PSP) (1-5). A vast body of research has investigated the significance of psychosocial problems in health. People with PSP are vulnerable to negative health outcomes, comorbidities and show a generally poorer health status (6). PSP affects immunologic and inflammatory processes (7-9) and is associated with an increased risk of illness, delayed recovery, chronic disease progression, compromised quality of life and mortality rates (6, 10-12). Individuals who are socially isolated are at risk of premature mortality, comparable to well-documented risk factors, such as smoking and obesity (13-17). Certain work factor combinations increase health impairments (18-20). PSP is related to several conditions, such as cardiovascular diseases, diabetes, infectious diseases and psychiatric disorders (16, 21-26).

Studies show that at least one third of patients in general practices report suffering from PSP. GPs in Germany are consulted by patients with PSP at least three times per week (27-29). Major problems identified were family problems, caregiving tasks, violence related issues, isolation, financial problems, employment problems, problems with physical functioning and legal problems (4, 5, 29-38). The International Classification of Primary Care (ICPC-2) includes a section that captures the most common social problems encountered in the primary care context (39) which we include in our understanding of PSP as we intend to focus on these kind of problems that do not yet meet the criteria for a psychological or psychiatric diagnosis and for medical treatment. Studies also show that GPs recognize a fifth to a half of patients with relevant PSP (5), which can lead to inadequate diagnostics, non-specific or no intervention or treatment at all, and ineffective use of time (2, 5, 32, 33, 35, 36, 40-48).

Although integration of the psychosocial perspective into medicine is widely demanded in research and from official health organizations, a practical approach in the form of a systematic and structured instrument is not part of the recommendations and needs to be investigated (1, 6, 29, 44, 49-51).

Health complaints related to PSP that are not primarily medical and that do not yet have the status of a disease or disorder are inherently complex and heterogeneous. Providing or referring to a universally valid concept of PSP is difficult as several disciplines, as well as organizations outside the academic context and policy makers use different concepts. Nevertheless, PSP are a relevant issue in everyday general practice and structured approaches could help to provide guidance to GPs and their practice team early in the continuum of care. Early identification of problems will help to better meet patient needs and GPs resources. Against this background, we are particularly interested in instruments that are supportive and practical in daily practice and that capture a broad range of potential problems at once.

Existing screening tools (e.g., General Health Questionnaire (GHQ), Somatic and Psychological Health REport (SPHERE) questionnaire) (52-54) show an acceptable validity and reliability, but are not regularly used in general practice.

The aim of our scoping review is to comprehensively explore the existing evidence on instruments that can help GPs and their practice team identify patients with PSP and thus contribute to the development of a practical approach that incorporates the biopsychosocial perspective in medicine. Bringing the results together will help provide an overview of the evidence and identify knowledge gaps, which will provide direction for further research activities.

Our research question is: Which instruments are being used for the identification of patients with PSP? To our knowledge, there is no scoping review that addresses the question proposed by this review.

## Methods and Analysis

The scoping review will be conducted by following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist (55) and the Joanna Briggs Institute (JBI) Reviewer's Manual on scoping reviews (56). Due to the various study types, diverse PSP definitions, as well as identification instruments, heterogeneity across studies is expected to be high. Therefore, a scoping review was chosen as an appropriate approach (57, 58).

### Eligibility criteria

Studies will be eligible for inclusion if they meet the specified criteria presented in Table 1.

Included studies are required 1) to include adolescent and adult patients in general practices and 2) to use any kind of instrument or format to identify patients with PSP. We take into consideration studies that include PSP in general as well as studies that focus on specific social problems according to the ICPC-2 (39). We will include studies with samples from all countries. Studies will be excluded if the study population consists of patients with PSP related to specific chronic diseases or conditions (e.g., cancer, HIV, diabetes, substance use disorder or psychiatric disorders), as it can be assumed that GPs are more likely to ask about PSP if they know of an existing disease. In line with the characteristics of a scoping review, this review will consider not only quantitative study designs for inclusion (e.g., cohort studies, case control studies and cross-sectional studies) but also qualitative studies. We will include full-text publications in English, Spanish, French and German without time restrictions.

	Inclusion	Exclusion
<b>Population</b>	- Adolescent and adult patients in general practices, with PSP in general or specific social problems (e.g., social problems according to ICPC-2, Section Z <sup>1</sup> ) (39)	- Patients with PSP due to or in association with chronic diseases or conditions (e.g., cancer, HIV, diabetes, substance use disorder, psychiatric disorders).

<sup>1</sup>Poverty/financial problem (Z01), Food/water problem (Z02), Housing/neighborhood problem (Z03), Social cultural problem (Z04), Work problem (Z05), Unemployment problem (Z06), Education problem (Z07), Social welfare problem (Z08), Legal problem (Z09), Health care system problem (Z10), Compliance/being ill problem (Z11), Relationship problem with partner (Z12), Partner's behavior problem (Z13), Partner illness problem (Z14), Loss/death of partner problem (Z15), Relationship problem with child (Z16), Illness problem with child (Z18), Loss/death of child problem (Z19), Relationship problem parent/family (Z20), Behavior problem parent/family (Z21), Illness problem parent/family (Z22), Loss/death parent/family member (Z23), Relationship problem friend (Z24), Assault/harmful event problem (Z25), Fear of a social problem (Z27), Limited function/disability (Z28)

<b>Concept</b>	- Any kind of identification instrument (e.g., questionnaire, interview) and reporting formats (e.g., self-reported, clinical examination) for PSP	
<b>Context</b>	- Studies with samples from developed countries, developing countries and countries in transition - Studies conducted in general practice settings	
<b>Type of studies</b>	- Quantitative study designs (e.g., cross-sectional studies, cohort studies, case control studies), qualitative studies	- Case studies with less than 20 patients - Study protocols - Reviews - Author replies/comments
<b>Type of publications</b>	Full-text publications according to the EQUATOR Network (59) guidelines	
<b>Language, Time</b>	- English - French - Spanish - German - No time restrictions	- All other languages
EQUATOR: Enhancing the QUALity and Transparency Of health Research PSP: psychosocial problems		

Table 1: Inclusion and exclusion criteria for eligible studies

### Information sources and search strategy

We developed a search strategy for Medline (Ovid) (see Table 3 in the appendix) and will adapt this strategy to the databases PsycInfo, the Cochrane Library and the Web of Science Core Collection. We will hand-search and screen reference lists of included studies to identify other potential studies that meet the inclusion criteria. We will screen the reference lists of systematic reviews and scoping reviews which examined studies potentially fitting our inclusion criteria. We will screen the reference lists of these reviews for further relevant studies. Search results will be downloaded and imported into the reference management tool EndNote X9. After elimination of duplicates, the remaining references will be uploaded and screened in Rayyan (60).

### Study selection process

With our research team consisting of a sociologist, a psychologist, a general practitioner, a physician and a methodologist, we follow the multidisciplinary team approach as proposed by Levac et al. (61). In the first step of selection process, two reviewers will independently screen titles and abstracts and select studies that might meet the inclusion criteria (Table 1). This step is followed by full-text screening of these potentially relevant studies. Disagreements will be solved by discussion between two reviewers until consensus is obtained or a third reviewer will be consulted. The process of study selection will be presented in a PRISMA flow chart, including the results from the search, elimination of duplicates, phases of studies selection, reasons for exclusion after full-text read and final number of included studies. We will provide a list of all potentially relevant studies that were read in full-text form, but excluded from the review and justify the exclusion.

### Data extraction process

A data extraction form has been developed specifically for this scoping review (Table 2). Data extraction will be piloted on five studies by two independent reviewers and the form modified if necessary. Afterwards, one author will extract data from selected studies, a second reviewer will verify the data. Any discussion between the reviewers will be resolved by discussion or a third reviewer will be consulted. If study results are reported in more than one publication, we will summarize the information of both publications. In case of conflicting results, the first full-text publication will be the main data source.

The extraction form contains detailed information on:

General information	Study name
	References of the publication(s)
	Objective(s) as stated
	Study design as described
	Years of study execution
	Sample size of included and analyzed participants or practices
	Definition of PSP as described (with reference)
	Components of PSP examined
	Prevalence of patients with PSP reported (e.g., number of patients per week/month/year or study period)
Population	Age (years)
	Gender
	Ethnicity
	Specific characteristics (e.g. geriatric patients, pregnant women)
	Other comorbidities
Context	Country of origin
	General practice setting
Concept	Name of identification instrument with reference
	Type of identification instrument (e.g., questionnaire, interview)
	Description of identification instrument
	Type of reporting format (e.g., self-reported, clinical examination)



	Identification instrument administered by (e.g., physician, nurse, patient, other professionals)
	Time to complete (minutes)
	Components examined (e.g., social factors, environmental factors)
	Identification instrument scored by (e.g., physician, nurse, patient)
	Conclusion stated by authors

Table 2: Items of data extraction

A quality and risk of bias assessment of the included studies will not be performed as this is not the aim of a scoping review (56, 58).

### **Collating, summarizing and reporting data**

Our search results will be reported by using a flow diagram to clearly detail the review decision process. We will map the characteristics of the included studies and the evidence found on different identification instruments in a structured tabular form. If appropriate, they will be classified according to the Oxford 2011 Levels of Evidence (62). We will map evidence found on different subgroups with different conditions. A clear narrative summary related to the objective of the scoping review will follow. Aggregated findings will provide an overview of the research on existing evidence, identify knowledge gaps and inform the direction of further research activities.

### **Ethics and dissemination**

As we will synthesize information from publicly available publications, ethical approval is not required. Dissemination activities will consist of reporting results of the scoping review by submitting an article for publication to a scientific journal and presenting results at relevant conferences.

### **Contributorship statement**

Schwenker R has developed the concept, inclusion criteria, search strategy, written the draft of this protocol and submitted the protocol.

Kroeber ES contributed to the development of the concept, critically read, commented on the draft and provided expertise from a medical perspective.

Deutsch T contributed to the inclusion criteria, critically read and commented on the draft.

Frese T critically read, commented on the draft and provided expertise from primary care.

Unverzagt S has expertise in systematic reviews and is the guarantor of the methodological quality of this scoping review, has developed the concept, search strategy and contributed to the draft.

### **Competing interest statement**

None.

### **Funding statement**

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### **Patient and public involvement**

No patients or public were involved in the development of this protocol.

For peer review only

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## Appendix

**Table 3: Search strategy**

1	((psychosocial or social or mental or psychological or emotional) adj3 (problem* or strain* or stress* or distress* or burden* or issue* or pressure* or suffer* or struggle* or difficult*).ti,ab.
2	((poverty or financial or food or water or housing or neighbor*hood or work or unemployment or education or legal) adj problem*).ti.
3	(social adj cultural) or (social adj welfare) or (health adj care adj system) or ((compliance or being) adj ill) or (partner* adj behavio*r) or (partner* adj illness*) or ((loss or death) adj3 partner*) or ((loss or death) adj3 child*) or ((assault or harmful) adj event) adj problem*
4	((relationship* adj problem* adj2 partner*) or (relationship* adj problem* adj2 child*) or (illness adj problem* adj2 child*) or (relationship* adj problem* adj (parent* or family)) or (behavio* adj problem* adj (parent* or family)) or (illness adj problem* adj (parent* or family)) or ((loss or death) adj (parent* or family) adj member*) or (relationship* adj problem* adj friend*) or (fear adj2 social adj problem*) or (limited adj (function or disability))).ti.
5	exp life change events/
6	(complex adj3 health adj3 social).ti,ab.
7	exp psychosocial deprivation/
8	or/1-7
9	exp patient health questionnaire/
10	(identifi* or detect* or screen* or recogni* or discover*).ti.
11	(tool* or instrument* or questionnaire* or interview* or (medical adj interview*) or (history adj taking)).ti,ab.
12	biopsychosocial*.ti,ab.
13	or/9-12
14	exp family practice/
15	Physicians, Family/
16	exp general practice/
17	exp family health/
18	((general or family) adj (practic* or practition* or medicine* or physician* or doctor)) or (nurse* adj practition*).ti,ab.
19	or/14-18
20	8 and 13 and 19

# BMJ Open

## Identifying patients with psychosocial problems in general practice: a scoping review protocol

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# Identifying patients with psychosocial problems in general practice: a scoping review protocol

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## Abstract

### Introduction

Psychosocial problems are common issues associated with negative health outcomes. Since general practitioners are the first point of contact for any health-related concern, understanding their options to recognize patients with psychosocial problems plays an important role as it is essential for early intervention and can prevent serious conditions. The objective of our scoping review is to map published evidence on the usage of instruments to identify patients with psychosocial problems in general practice.

### Methods and Analysis

We will follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist and the Joanna Briggs Institute Reviewer's Manual on scoping reviews. A systematic search of four electronic databases (Medline (Ovid), Web of Science Core Collection, PsycInfo, Cochrane Library) will be conducted for quantitative and qualitative studies published in English, Spanish, French and German. Main study characteristics, as well as information on identification instruments will be extracted and visualized in structured tables to map the available evidence. The protocol has been registered with Open Science Framework (OSF), <https://osf.io/c2m6z>.

### Ethics and Dissemination

This study does not require ethical approval as we will not collect personal data. Dissemination will consist of publications, presentations and other knowledge translation activities.

### Strength and limitations of this study

- Our review addresses a topic of great public health importance, as early and structured identification of patients with PSP in general practice can improve patient health, the work of primary care professionals, and the health care system.

- This will be the first scoping review to analyze which instruments GPs use to identify patients with psychosocial problems.
- The search strategy includes four electronic databases with peer-reviewed literature and is based on tailored search strings which have been iteratively refined in order to retrieve as many relevant published studies as possible.
- A limitation of our scoping review will be that a quality and risk of bias assessment of the included studies will not be performed.

## Background and Research Question

Since general practitioners (GP) are the first point of contact for people with any health-related concern, patients visit their GP not only for medical reasons but also for psychosocial problems (PSP) (1-3). This issue was started to be studied decades ago (4-6) and a vast body of research has investigated the significance of PSP in health. People with PSP are vulnerable to negative health outcomes, comorbidities and show a generally poorer health status (7). PSP affects immunologic and inflammatory processes (8-10) and is associated with an increased risk of illness, delayed recovery, chronic disease progression, compromised quality of life and mortality rates (7, 11-13). Individuals who are socially isolated are at risk of premature mortality, comparable to well-documented risk factors, such as smoking and obesity (14-18). Certain work factor combinations increase health impairments (19-21). PSP is related to several conditions, such as cardiovascular diseases, diabetes, infectious diseases and psychiatric disorders (17, 22-27).

Studies show that at least one third of patients in general practices report suffering from PSP. GPs in Germany are consulted by patients with PSP at least three times per week (3, 28, 29). Major problems identified were family problems, caregiving tasks, violence related issues, isolation, financial problems, employment problems, problems with physical functioning and legal problems (3, 4, 6, 30-38). The International Classification of Primary Care (ICPC-2) includes a section that captures the most common social problems encountered in the primary care context (39) which we include in our understanding of PSP as we intend to focus on these kinds of problems that do not yet meet the criteria for a psychological or psychiatric diagnosis and for medical treatment. Studies also show that GPs recognize a fifth to a half of patients with relevant PSP (5), which can lead to inadequate diagnostics, non-specific or no intervention or treatment at all, and ineffective use of time (2, 4, 32, 33, 35, 36, 40-48).

Although integration of the psychosocial perspective into medicine is widely demanded in research and from official health organizations, a practical approach in the form of a systematic and structured instrument is not part of the recommendations and needs to be investigated (1, 3, 7, 44, 49-51).

Health complaints related to PSP that are not primarily medical and that do not yet have the status of a disease or disorder are inherently complex and heterogeneous. Providing or referring to a universally valid concept of PSP is difficult as academic disciplines, as well as organizations outside the academic context and policy makers use different concepts. Nevertheless, PSP are a relevant issue in everyday general practice and structured approaches could help to provide guidance to GPs and their practice team early in the continuum of care. Early identification of problems will help to better meet patient needs and GPs resources. Against this background, we are particularly interested in instruments that are supportive and practical in daily practice and that capture a broad range of PSP at once. Existing

screening tools (e.g., General Health Questionnaire (GHQ), Somatic and Psychological Health REport (SPHERE) questionnaire) (52-54) show an acceptable validity and reliability, but are not regularly used in general practice.

The aim of our scoping review is to comprehensively explore the evidence on instruments that can help GPs and their practice team identify patients with PSP and thus contribute to the development of a practical approach that incorporates the biopsychosocial perspective in medicine. Bringing the results together will help provide an overview of the evidence and identify knowledge gaps, which will provide direction for further research activities.

Our research question is: What is known about the usage of instruments to identify patients with PSP in general practice?

To our knowledge, there is no scoping review that addresses the question proposed by this review.

## Methods and Analysis

The scoping review will be conducted by following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist (55) and the Joanna Briggs Institute (JBI) Reviewer’s Manual on scoping reviews (56). Due to the various study types, diverse PSP definitions, as well as identification instruments, heterogeneity across studies is expected to be high. Therefore, a scoping review was chosen as an appropriate approach (57, 58).

### Eligibility criteria

Studies will be eligible for inclusion if they meet the specified criteria presented in Table 1.

Included studies are required 1) to include adolescent or adult patients in general practices and 2) to use any kind of instrument or format to identify patients with PSP. We take into consideration studies that include PSP in general as well as studies that focus on specific social problems according to the ICPC-2 (39). We will include studies with samples from all countries. Studies will be excluded if the study population consists of patients with PSP related to specific chronic diseases or conditions (e.g., cancer, HIV, diabetes, substance use disorder or psychiatric disorders), as it can be assumed that GPs are more likely to ask about PSP if they know of an existing disease. In line with the characteristics of a scoping review, this review will consider not only quantitative study designs for inclusion (e.g., cohort studies, case control studies and cross-sectional studies) but also qualitative studies and mixed methods studies. We will include full-text publications in English, Spanish, French and German without time restrictions.

	Inclusion	Exclusion
<b>Population</b>	- Adolescent or adult patients in general practices, with PSP in general or specific social problems (e.g., social problems according to ICPC-2, Section Z <sup>1</sup> ) (39)	- Patients with disease-specific PSP related to e.g. cancer, HIV, diabetes, substance use disorder, or psychiatric disorders

<sup>1</sup>Poverty/financial problem (Z01), Food/water problem (Z02), Housing/neighborhood problem (Z03), Social cultural problem (Z04), Work problem (Z05), Unemployment problem (Z06), Education problem (Z07), Social welfare problem (Z08), Legal problem (Z09), Health care system problem (Z10), Compliance/being ill problem (Z11), Relationship problem with partner (Z12), Partner’s behavior problem (Z13), Partner illness problem (Z14), Loss/death of partner problem (Z15), Relationship problem with child (Z16), Illness problem with child

<b>Concept</b>	- Any kind of identification instrument (e.g., questionnaire, interview) and reporting formats (e.g., self-reported, clinical examination) for PSP	
<b>Context</b>	- Studies with samples from developed countries, developing countries and countries in transition - Studies conducted in general practice settings	
<b>Type of studies</b>	- Quantitative study designs (e.g., cross-sectional studies, cohort studies, case control studies), qualitative studies, mixed methods studies	- Study protocols - Reviews - Author replies/comments
<b>Type of publications</b>	Full-text publications according to the EQUATOR Network (59) guidelines	
<b>Language, Time</b>	- English - French - Spanish - German - No time restrictions	- All other languages
EQUATOR: Enhancing the QUALity and Transparency Of health Research PSP: psychosocial problems		

Table 1: Inclusion and exclusion criteria for eligible studies

### Information sources and search strategy

We developed a search strategy for MEDLINE (Ovid) (see Table 1 in the supplementary file) and will adapt this strategy to the databases PsycInfo, the Cochrane Library and the Web of Science Core Collection. We will hand-search and screen reference lists of included studies to identify other potential studies that meet the inclusion criteria. We will screen the reference lists of systematic reviews and scoping reviews which examined studies potentially fitting our inclusion criteria. We will screen the reference lists of these reviews for further relevant studies. Search results will be downloaded and imported into the reference management tool EndNote X9. After elimination of duplicates, the remaining references will be uploaded and screened in Rayyan (60).

### Study selection process

With our research team consisting of a sociologist, a psychologist, a general practitioner, a physician and a methodologist, we follow the multidisciplinary team approach as proposed by Levac et al. (61). In the first step of selection process, two reviewers will independently screen titles and abstracts and select studies that meet the inclusion criteria (Table 1). This step is followed by full-text screening of these potentially relevant studies. Disagreements will be solved by discussion between the two reviewers until consensus is obtained or a third reviewer will be consulted. The process of study selection will be presented in a PRISMA flow chart, including the results from the search, elimination of duplicates,

(Z18), Loss/death of child problem (Z19), Relationship problem parent/family (Z20), Behavior problem parent/family (Z21), Illness problem parent/family (Z22), Loss/death parent/family member (Z23), Relationship problem friend (Z24), Assault/harmful event problem (Z25), Fear of a social problem (Z27), Limited function/disability (Z28)

phases of studies selection, reasons for exclusion after full-text read and final number of included studies. We will provide a list of all potentially relevant studies that were read in full-text form, but excluded from the review and justify the exclusion.

### Data extraction process

A data extraction form has been developed specifically for this scoping review (Table 2). Data extraction will be piloted on five studies by two independent reviewers and the form modified if necessary. Afterwards, two reviewers will independently extract data from selected studies. Any discussion between the reviewers will be resolved by discussion or a third reviewer will be consulted. If study results are reported in more than one publication, we will summarize the information of both publications. In case of conflicting results, the first full-text publication will be the main data source.

The extraction form contains detailed information on:

General information	Study name
	References of the publication(s)
	Objective(s) as stated
	Study design as described
	Years of study execution
	Sample size of included and analyzed participants or practices
	Definition of PSP as described (with reference)
	Components of PSP examined
	Prevalence of patients with PSP reported (e.g., number of patients per week/month/year or study period)
Population	Age (years)
	Gender
	Ethnicity
	Specific characteristics (e.g. geriatric patients, pregnant women)
	Other comorbidities
Context	Country of origin
	General practice setting
Concept	Name of identification instrument with reference
	Type of identification instrument (e.g., questionnaire, interview)
	Description of identification instrument

	Type of reporting format (e.g., self-reported, clinical examination)
	Identification instrument administered by (e.g., physician, nurse, patient, other professionals)
	Time to complete (minutes)
	Components examined (e.g., social factors, environmental factors)
	Identification instrument scored by (e.g., physician, nurse, patient)
	Conclusion stated by authors

Table 2: Items of data extraction

A quality and risk of bias assessment of the included studies will not be performed as this is not the aim of a scoping review (56, 58).

### **Collating, summarizing and reporting data**

Our search results will be reported by using a flow diagram to clearly detail the review decision process. We will map the characteristics of the included studies and the evidence found on different identification instruments in a structured tabular form. A clear narrative summary related to the objective of the scoping review will follow. Aggregated findings will provide an overview of the research that has been conducted on the use of instruments to identify patients with PSP in general practice, highlight knowledge gaps and inform the direction of further research activities.

### **Patient and public involvement**

No patients or public were involved in the development of this protocol.

### **Ethics and dissemination**

As we will synthesize information from publicly available publications and will not collect personal, sensitive, or confidential information from participants, ethical approval is not required. Dissemination activities will consist of reporting results of the scoping review by submitting an article for publication to a scientific journal and presenting results at relevant conferences.

### **Contributorship statement**

Schwenker R has developed the concept, inclusion criteria, search strategy, written the draft and revision of this protocol, and submitted the protocol.

Kroeber ES contributed to the development of the concept, critically read, commented on the draft and provided expertise from a medical perspective.

Deutsch T contributed to the inclusion criteria, critically read and commented on the draft.

Frese T critically read, commented on the draft and provided expertise from primary care.

1  
2  
3 Unverzagt S has expertise in systematic reviews and is the guarantor of the methodological quality of  
4 this scoping review, has developed the concept, search strategy and contributed to the draft.  
5  
6

### 7 **Competing interest statement**

8 None.  
9

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1	((psychosocial or social or mental or psychological or emotional) adj3 (problem* or strain* or stress* or distress* or burden* or issue* or pressure* or suffer* or struggle* or difficult*).ti,ab.
2	((poverty or financial or food or water or housing or neighbo*hood or work or unemployment or education or legal) adj problem*).ti,ab.
3	((social adj cultural) or (social adj welfare) or (health adj care adj system) or (compliance) or (being adj ill) or (partner* adj behavio*r) or (partner* adj illness*) or ((loss or death) adj3 partner*) or ((loss or death) adj3 child*) or ((assault or harmful) adj event)) adj (problem*).ti,ab.
4	((relationship* adj problem* adj2 partner*) or (relationship* adj problem* adj2 child*) or (illness adj problem* adj2 child*) or (relationship* adj problem* adj (parent* or family)) or (behavio* adj problem* adj (parent* or family)) or (illness adj problem* adj (parent* or family)) or ((loss or death) adj (parent* or family) adj member*) or (relationship* adj problem* adj friend*) or (fear adj2 social adj problem*) or (limited adj (function or disability))).ti.
5	exp life change events/
6	(complex adj3 health adj3 social).ti,ab.
7	exp psychosocial deprivation/
8	or/1-7
9	exp patient health questionnaire/
10	(identifi* or detect* or screen* or recogni* or discover*).ti.
11	((tool* or instrument* or questionnaire* or interview*) or (medical adj interview*) or (history adj taking)).ti,ab.
12	exp mass screening/
13	biopsychosocial*.ti,ab.
14	or/9-13
15	exp family practice/
16	Physicians, Family/
17	exp general practice/
18	exp family health/
19	((general or family) adj (practi* or physician* or doctor* or clinician* or medicine*)) or (nurse* adj practition*).ti,ab.
20	or/14-19
21	8 and 14 and 20

Table 1: Search strategy in MEDLINE (Ovid)