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### Oral cancer, PSA, dizziness, and vaginal health

**Oral cancer.** Although many people opt to see their dentist when they develop oral symptoms, it is also a common reason for presentation to general practice. Given the rising incidence and poor survival of oral cancer in the UK, a team of researchers from Brighton sought to investigate the role of GPs in the identification and referral of affected patients.<sup>1</sup> A total of 161 patients responded to their survey, of which 56% had been referred to secondary care by their GP and 32% by their dentist. The commonest presenting symptoms were mouth ulcer, lump in the mouth or face, and mouth soreness.

Worryingly, 15% of patients delayed presentation for more than 3 months. Although the National Screening Committee of the UK does not support population screening for oral cancer, the authors suggest that opportunistic screening could potentially enable earlier diagnosis.

**Prostate-specific antigen (PSA).** Prostate cancer is another cancer where there is no national screening programme. Men aged >50 years can request a PSA test from their GP, although it is widely recognised that there are considerable limitations to using this as a screening test and there is vast potential for it to lead to both false reassurance and overdiagnosis. In order to investigate the rates of PSA testing in English general practice, a group of researchers obtained data from the Clinical Practice Research Datalink (CPRD) for men aged 45–84 years who had a PSA test during 2010–2011.<sup>2</sup>

Overall rates of PSA testing in England were higher than previous estimates (9.45 per 100 person years in 2011). Rates increased with age and decreased with higher levels of deprivation. They also found that, of men with raised PSA according to age-specific guidelines, only 22.4% were referred to secondary care within 14 days. Many men were having their PSA level retested prior to referral and the authors suggest the reasons for this need exploration in future research.

**Dizziness.** One of the big challenges in general practice is that lots of symptoms

can accompany both harmless and very serious conditions. Dizziness in older people is a prime example of this and has a wide differential diagnosis that includes some potentially life-threatening conditions that no doctor wants to miss. A group of primary care and geriatric researchers from the Netherlands recently completed a study of GPs' management of dizziness in older patients using medical records from 46 Dutch general practices.<sup>3</sup> Among the 2812 patients (aged 65 years and over) who were reviewed, the most frequent management strategies were wait-and-see (28.4%) and education and advice (28.0%). Additional tests were organised for 26.8% of patients and 19.0% were referred to secondary care.

Overall, 87.2% of the patients reviewed were on at least one drug that increases falls risk, although in only 11.7% of cases were the medications adjusted. The authors make a strong case that medication review and adjustment are being underused and should be completed much more routinely in this scenario.

**Vaginal health.** Adolescence is associated with menarche and the onset of sexual activity, and, as such, female adolescents are likely to hold unique and personal views about their vagina. This was the basis for a New York-based study involving interviews with 22 sexually experienced, predominantly Hispanic females between the ages of 15 and 20.<sup>4</sup>

The vagina was described by these young women as a space that needs to be healthy for sexual partners and future fertility. A variety of practices were used to maintain vaginal health, including showering 1–5 times a day and using soaps specifically for the intimate area. The authors urge clinicians to focus on the normalcy of the vagina when initiating conversations about vaginal hygiene, and product designers to consider safety and purpose when developing vaginally placed products.

**Ahmed Rashid,**  
NIHR Academic Clinical Fellow in General Practice,  
University of Cambridge, Cambridge.  
E-mail: [mar74@medschl.cam.ac.uk](mailto:mar74@medschl.cam.ac.uk)  
@Dr\_A\_Rashid

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#### REFERENCES

1. Crossman T, Warburton F, Richards MA, *et al.* Role of general practice in the diagnosis of oral cancer. *Br J Oral Maxillofac Surg* 2016; **54**(2): 208–2012.
2. Moss S, Melia J, Sutton J, *et al.* Prostate-specific antigen testing rates and referral patterns from general practice data in England. *Int J Clin Pract* 2016; **70**(4): 312–318.
3. Stam H, Harting T, Sluijs MV, *et al.* Usual care and management of fall risk increasing drugs in older dizzy patients in Dutch general practice. *Scand J Prim Health Care* 2016; **34**(2): 165–171.
4. Francis JK, Fraiz LD, Catallozzi M, Rosenthal SL. Qualitative analysis of sexually experienced female adolescents: attitudes about vaginal health. *J Pediatr Adolesc Gynecol* 2016; **29**(5): 496–500.