



Yonder: a diverse selection of primary care relevant research stories from beyond the mainstream biomedical literature

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Sleep quality, febrile seizures, interpreters, and doulas

Sleep quality. 'If I could just get a good night's sleep, doctor, everything would be so much better.' I hear this often and almost always agree. In fact, I often sense it myself when feeling unwell. A recent Spanish study sought to test it scientifically, investigating the association between sleep quality and low back pain in routine clinical practice.¹ A total of 461 patients with lower back pain were recruited from both primary and secondary care, and followed up after 3 months. Patients who had an improvement in sleep during the follow-up period also had improvements in lower back pain and disability. However, importantly, the quality of sleep at baseline did not predict improvements in pain or disability. Although association does not mean causation, a lack of association does of course make a causal relationship unlikely. So, it looks like poor sleep quality does not compromise low back pain recovery *per se*, although it may feel like it for many.

Febrile seizures. On a recent morning in my practice, I had a row of 10 consecutive consultations with feverish children! Perhaps it's just that time of year but it certainly feels like it's bread and butter general practice, and an important area to master. One of the main anxieties that parents often have is around febrile seizures, which was the topic of a recent Swedish study.² Through their interviews of parents who had witnessed one or more febrile seizures in their children, they found a number of key themes. These included emotional experiences, a need for control, need for acknowledgement, need for support, and need for comfort. Parents did not fully comprehend the events during a seizure and were unsure of what they could do. The authors highlight that clinicians must particularly focus on tackling misconceptions and providing practical advice during consultations.

Interpreters. Having worked in many practices where the need for an interpreter was virtually unheard of, I now work in an area where I sometimes call on one more than once in a day. I've found that

my consultations when using interpreters are dramatically different and often feel unsatisfactory. A recent Belgian study explored this, looking at the ways in which empathic communication is expressed in interpreter-mediated consultations.³ They analysed nine video-recorded consultations and found that empathic communication seemed to be subject to the interpreters' renditions of the patient's empathic opportunities. The interpreter's renditions, they suggest, might have an impact on the content and intensity of the patient's empathic opportunities and, by extension, on the level of empathy expressed by the doctor. The authors suggest medical curricula need to recognise this complexity and place a greater emphasis on intercultural communication. This should undoubtedly be a priority area when we finally move to longer GP specialty training in the UK.

Doulas. I first came across a doula as a junior doctor working in obstetrics and the idea has fascinated me since. In case you haven't heard of them, they are trained or experienced lay women who provide social, emotional, and practical support during pregnancy and birth, but do not provide any clinical care. Although the practice has ancient origins, the modern doula movement began in the US in the 1970s and private doulas, hired by mothers (often for extortionate prices), have been popular in certain parts of the UK for some time. A recent Oxford study focused instead on volunteer doulas, trained by third-sector organisations.⁴ After interviewing 19 doulas and 16 mothers who had received their support, the authors concluded that they can play an important role in improving women's birth experiences by offering continuous, empowering, female-focused support that complements the role of midwives, particularly where the mothers are disadvantaged. Perhaps it's not such a bad idea after all.

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