Yonder

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

PTSD, piles, Pharma visits, and parkrun

PTSD. The health of refugees from conflict regions is heavily influenced by both premigration traumatic events and the inevitable stressors that occur during and after migration, including resettlement. Post-traumatic stress disorder (PTSD) is common and can cause an array of psychological, physical, functional, and social features. As therapies have traditionally focused on psychological symptoms, it has been suggested that there is a need for new treatments to help tackle the physical symptoms, which include hyperarousal, chronic muscle contraction, and problematic body postures. Since 2013, the University of Vienna has been developing a sport and exercise therapy for war and torture survivors, designed specifically as an adjunct to conventional psychotherapy for PTSD. The intervention, which lasts for 3 months and includes an individualised option of modified sports, games, exercises, and dances, was the topic of a recent study.[1] The paper found that the focus on bodily movements led to improvements in body awareness and coping behaviours, while the focus on playing improved performance, presence, and mastery experiences.

Piles. Nobody knows exactly how common piles really are, but it's safe to say it's one of the commonest conditions detected in adults, and a common presentation in primary care. Although few individuals experience major complications such as strangulation or haemorrhage, minor local symptoms such as pain and itching are common, and often prove difficult to treat. A recent review article from the US highlights that current opinion is moving away from operative treatment and towards a greater focus on conservative management.[2] Increased straining, prolonged time while defaecating, and increased stool frequency have all been shown to be associated with disease progression. The paper recommends, therefore, that the advice should be to aim to limit the time spent defaecating to no more than 3–5 minutes once a day, with no straining, and with sufficient fibre and fluid intake to facilitate and support bowel regularity. Easier said, perhaps?

Pharma visits. Where have all the drug reps gone? I'm ashamed to say that, as a medical student, I naïvely scoffed many a free lunch but, in the decade since I graduated, reps have slowly disappeared from hospitals and practices, and are now seen so rarely that you wonder what they're doing with their time instead. Plotting something sinister, perhaps? It's easy to forget, though, that this isn't the case for everyone in the world, as demonstrated by a recent Norwegian primary care study.[3] The study used an electronic survey, which was sent to fifth-year medical students on their primary care rotations, and was a follow-up to a similar survey done in 2001. Although the proportion of visits that included free samples and free gifts was less than in 2001, the quality of information was actually worse, with infrequent discussion about patient safety and prescribing issues. The authors dejectedly conclude that little has changed in 15 years and suggest that there is still much room for improvement.

Parkrun. Starting in a single location in 2004 in the UK, parkrun events have rapidly grown in number and now take place in nearly 1000 locations around the world. These free, timed 5 km runs (distinct from 'races') take place every Saturday morning in public parks and are open to individuals of all ages and abilities. I spend my Saturdays seeing patients in an NHS walk-in centre so am yet to join one, but have heard lots of positive stories from family and friends, often through social media. A recent UK study involved interviews with a geographically diverse sample of previously inactive parkrun participants.[4] It found that parkrun enables newly active participants to negotiate discourses of embodied risk to reconcile the otherwise paradoxical experience of being an 'unfit-runner'. Clearly, the sense of being 'all in this together' is a powerful antidote to the otherwise individualising effects of health responsibilisation.

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