



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

Specialist discharge, child psychiatry, PIMs, and Facebook

Specialist discharge. Type 2 diabetes takes up much NHS funding and it remains an important condition in both primary and secondary care. One of the important transition points in the health system is when patients are discharged from hospital clinics back to their GP. An article in the *Canadian Journal of Diabetes* describes an interview study, which sought to elucidate patients' experiences of the discharge process from specialist clinics to primary care.¹ The participants had assumed, at the time of initial referral, that they would receive diabetic care from the hospital indefinitely and, generally, the specialist care had met or exceeded their expectations. However participants were not informed, were unclear, or made their own assumptions about the rationale for discharge. The few patients who understood the rationale spoke positively about their disease being 'back in control'. The authors suggest clinicians should psychologically prepare patients for discharge from the initial referral, informing them of the rationale for discharge and discuss concrete plans for primary care follow-up.

Child psychiatry. For some years, the internet has been an established platform for the provision of mental health interventions in adults, with a considerable body of evidence supporting their use. Most young people today have one or more internet-based devices and a number of studies have recently explored the use of these online interventions in children, youth, and young adults with anxiety and depression concerns. In a recent study in *BMC Health Services Research*, a team of Canadian researchers conducted a systematic review,² which identified seven such studies, reporting on 569 participants aged 7–25 years old. The meta-analysis was limited by the paucity and heterogeneity of studies but suggested that the interventions were effective in anxiety, although less so in depression. With a number of trials currently recruiting, many of which are specifically testing interventions in mobile devices, this is a space worth watching.

PIMs. The problem of polypharmacy continues to grow as quickly as the profit margins of the pharmaceutical industry

but, thankfully, the potential harms of overmedicalisation are increasingly on the medical radar. In a study in the *Australasian Journal on Ageing*, older patients who were being prescribed PIMs (Potentially Inappropriate Medications) were identified and their GPs invited to take part in interviews.³ Although most of the GPs were unaware of the Beers criteria (as was I until I read this article!), they felt confident about weighing up the harms and benefits of medications independently, particularly emphasising the importance of individualising assessments for each patient. There was also a view that, in older patients, symptomatic improvement, and quality-of-life considerations are more important factors than potentially serious but unlikely toxicities. The authors conclude that the complex biopsychosocial decisions made by GPs in relation to PIMs cannot be encapsulated in a dichotomous classification system. Hear, hear!

Facebook. With well over a billion users, the popularity of Facebook doesn't seem to be waning. As a group of researchers in the US write in the *International Journal of Eating Disorders*, Facebook represents a merging of two key social influences linked to risk for developing eating disorders: media and peers.⁴ Their article describes two studies. The first, a cross-sectional survey of 960 female college students, demonstrated that more frequent Facebook use was associated with greater disordered eating. The second involved randomising 84 of these students to either 20 minutes on Facebook or 20 minutes reading about rainforests on Wikipedia. They completed surveys before and after the 20-minute period and participants in both groups showed less preoccupation with their weight and less desire to exercise after the time spent online (reflecting the entertaining and 'feel good' power of the internet generally). However, this change was lesser in the Facebook group, leading the authors to suggest that it may contribute to disordered eating by maintaining risk for eating pathology and should be considered a potential target for intervention and prevention programmes.

Ahmed Rashid,
NIHR Academic Clinical Fellow in General Practice,
University of Cambridge, Cambridge.

E-mail: mar74@medschl.cam.ac.uk

DOI: 10.3399/bjgp14X681445

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