Out of Hours

Yonder

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

Obese young people, fertility education, carers, and home visits

Obese young people. The global problem of obesity in childhood and adolescence has been hotly debated and there is no consensus about the exact role that primary care services should play in tackling it. A recent Dutch study sought to identify health profiles of underweight, overweight, and obese young people attending general practice and compare them with normal-weight youth.[1] The study included 683 young people aged between 14 and 24 years of age. They found that GPs were consulted more often by overweight and obese youth, although the reasons for consultation were no different than their normal-weight peers.

The reason for presentation, interestingly, was seldom a weight issue. The authors argue that, as obese young people regularly utilise primary care services, it is the ideal setting for weight management interventions. However, given the high workload and fragility of current general practice services, GPs may argue that policymakers should instead be focusing their efforts further upstream.

Fertility education. Infertility is common around the world and it has long been suggested that women's poor understanding of the menstrual cycle is a contributory factor. A group of Australian researchers recently explored whether fertility awareness education could be delivered in primary care.[2] They interviewed 11 GPs and 20 practice nurses from three socioculturally diverse areas in Victoria. Unsurprisingly, the biggest barriers to fertility awareness education were short consultations and time constraints faced by GPs together with a lack of patient educational materials and remuneration to support its delivery.

A collaborative, interdisciplinary approach led by practice nurses and supported by adequate training and materials is suggested by the authors as a possible solution.

Carers. Although care at the end of life is typically provided to the dying person by a complex network of family and friends, carers who provide care in the same household are particularly prone to poor health outcomes.

A recent British study sought to understand the health impact of caring over the latter stages of a terminal illness and into bereavement in non-cancer diseases.[3] They conducted a retrospective cohort study using a UK primary care database of 13 693 bereaved cohabitees. They found that the recording of carers of terminally ill people was suboptimal and that GPs may underestimate the number of family and other close persons caring for a dying person.

The authors state that although clinicians may acknowledge and support carers, this work is not acknowledged by services and policymakers unless it is properly coded.

Home visits. Home visits are part of the bread and butter of general practice, although individual surgeries seem to vary widely in their approaches to managing them. With a struggling acute hospital network and a policy focus on reducing avoidable hospital admissions, there has been recent interest in the role of preventive home visits.

A Finnish research team recently completed a systematic review of randomised controlled trials reporting use and/or costs of home visits on older people with multimorbidities.[4] Although six studies suggested that they may decrease nursing home admissions and/or hospital days, and seven studies showed some favourable effect on quality of life or mortality, no studies were able to show significant differences in total costs between intervention and control groups.

Further economic studies are needed, the authors suggest, before widespread preventive home visiting programmes can be justified.

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DOI: https://doi.org/10.3399/bjgp17X689233

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