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

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Grandparenthood, rural health, diabetes, & perinatal psychiatry

Grandparenthood: In many parts of the world, general practice is known as family medicine, reflecting the wonderful closeness we enjoy with different generations of our local communities. We encounter a variety of domestic setups and get a fascinating window into the households of our patients. Among the different family dynamics we see, the role of grandparents is very variable. A recent paper in the *European Journal of Ageing* sought to explore how care of grandchildren influenced the wellbeing of grandparents over the age of 50 across 14 countries.[1] They noted the varying expectations of grandparenthood, higher in Mediterranean than Scandinavian countries, for example. Overall, providing care for grandchildren related to higher quality of life and the authors suggest this may help counter the loneliness of old age. Policymakers, they suggest, should be encouraged to offer greater flexibility to families to ease the provision of caring for grandchildren and make it more attractive and comfortable for children, parents, and crucially, grandparents.

Rural health: Although recruiting and retaining GPs is an issue nationally, it is particularly acute in rural areas. The inception of the RCGP Rural Forum Steering Group echoes a growing trend internationally, with the WHO launching a programme to improve access to rural health workers. Australia is particularly affected and in 1999, responded by establishing the James Cook University Medical School 1400 km away from the nearest city of Brisbane.

In a recent study in *Rural and Remote Health*, the practice locations of the first seven cohorts of medical graduates from a university were analysed.[2] These graduates were more likely to have hometown locations from rural areas than the general Australian population and more likely to go on to work in remote and rural areas. Their promising data suggests the medical school is meeting its mission of improving the local workforce and supports the case to increase investment in rural and regional medical education, increase rural internships, and target the selection of medical students from rural areas.

Diabetes: The UKPDS study[3] comprehensively demonstrated the importance of tight blood pressure control in diabetics and this has since become an established clinical target in this population. Although many interventions have shown impressive short-term results, there has been concern about whether these are sustained long term. In a recent study in *Chronic Illness*, US researchers analysed data from 458 diabetic patients with persistent hypertension who were enrolled onto a programme led by pharmacists trained in motivational interviewing.[4] While almost 90% of the cohort achieved target blood pressure levels by the end of the intervention, only 28% were able to maintain these levels at the 9-month follow-up. Having less than a high school education, being female, and being African–American were all independently associated with not sustaining blood pressure improvements. The authors recommend that these groups should be the targets of maintenance programmes after initial interventions, which they suggest may be best achieved by telephone or other health information technology outreach.

Perinatal psychiatry: In recent decades, maternal mental health problems have been shown to be associated with adverse outcomes for women, their children, and their families and as such, specialist perinatal psychiatric services have been established across the world. In 2008, a national action plan for perinatal mental health was established in Australia, prompting a new referral pathway in NSW to a service staffed by nurses, psychologists, social workers, and psychiatrists. In a study published in *Health and Social Care in the Community*, women who had accessed and been discharged from two such services in the area were interviewed.[5] The participants were overwhelmingly positive describing the service as a 'lifeline', valuing the close relationship developed with 'their' clinician. Importantly, they felt desperate and alone prior to referral, describing hesitancy to request or accept help. When services ceased prematurely, women felt 'stranded' and isolated. The UK Department of Health has recognised the importance of this clinical area and in 2013, pledged to increase the number of mental health midwives in the NHS by 2017. [6]

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