



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

### REFERENCES

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## Suicide, rhinosinusitis, urgent care centres, and favourite patients

**Suicide.** Suicide continues to be a frequent and tragic cause of death across the world that can be devastating for families and loved ones. Given that suicide is commoner in those with physical and mental health problems, it would be reasonable to suggest that suicide attempts may be preceded by contact with primary care services, thus providing opportunities for intervention.

A research team from Northern Ireland recently sought to examine predictors of contact with healthcare services in the 12-month period prior to suicide.<sup>1</sup> They retrospectively analysed deaths recorded as suicide by the Northern Ireland Coroner's Office, linking with data from GP records. They found that, in 87% of cases, there had been contact with GPs in the year prior to suicide, with frequency of contact particularly high in those with psychiatric conditions and substance misuse issues.

However, they also found that, for 40% of individuals, there was no history of mental health conditions and suggest that GP alertness to suicide may perhaps be too narrowly focused.

**Rhinosinusitis.** In addition to nasal symptoms, chronic rhinosinusitis is associated with reduced quality of life because of the impact on sleep quality, work productivity and mental health. In order to explore the experiences of patients with this condition, researchers from Norwich interviewed 21 adult patients that were recruited in an ENT clinic.<sup>2</sup> Participants described a wide range of symptom patterns and treatment-seeking behaviours.

There was much frustration with the treatment options on offer, both in primary and secondary care, with referral to a hospital clinic often not leading to the improvements that had been anticipated.

Although the impact on daily living was variable, some participants felt the condition impacted on every sphere of their lives. The authors suggest that closer adherence to guidelines and improving patient pathways would help tackle the dissatisfaction with treatment that exists with this common condition.

**Urgent care centres.** An urgent care centre (UCC) can mean different things to different people. Although they invariably provide walk-in care by primary care clinicians (medical and nursing) outside of usual office hours, their precise design and facilities vary across the world and, indeed, even within the NHS. One important area for policymakers has been whether they should be co-located with hospital emergency departments, with little published evidence available on this relationship.

A team of researchers from Imperial College London recently analysed attendance data from co-located UCCs in Northwest London from 2009 to 2012.<sup>3</sup> Of 243 042 included attendances, the majority (74.1%), were managed solely within the UCCs without referral to emergency departments or hospital specialties. The authors recognise, though, that co-location of services is sensitive to the local context and therefore further research is needed across the country in order to inform national policy decisions.

**Favourite patients.** In our social circles, friendships, and romantic relationships, we like some individuals more than others. As doctors, does it follow then that we should like some patients more than others? Although the medical literature has considered experiences such as 'heartsink' patients that doctors struggle with, there has been far less about whether they have favourite patients.

A team of US researchers recently sought to explore this area, interviewing 25 primary care physicians.<sup>4</sup> They found that the term 'favourite' patients raised concerns about boundaries and favouritism among the participants, although a large majority (22/25) admitted to having favourites. These tended to be those patients who were most sick or those they had known for a long time. Importantly, this favourite patient bond had a positive effect on physicians as well as patients, and the authors suggest a better understanding of how favourite patients affect primary care physicians could help inform and improve relationships with all patients.

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DOI: 10.3399/bjgp16X686845