



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

Obesity, pelvic inflammatory disease, falls prevention, and domestic violence

Obesity. Although it is undoubtedly better to adopt healthy behaviours early in life, improvements in diet and physical activity are still advantageous in later years. As older adults have more interactions with health services, there is much potential to deliver lifestyle counselling to these individuals. Researchers from the US recently sought to establish whether and how primary care physicians were discussing diet and physical activity during consultations with patients aged >65 years,¹ publishing their findings in *Patient Education and Counseling*. In total, 115 routine consultations were audiorecorded and analysed. Diet was mentioned in 67% of cases and physical activity in 72%. The average consultation time overall was 11.5 minutes and the average discussion about healthy behaviours lasted around 1.5 minutes. Discussions were more likely to be initiated by patients than doctors and advice was more likely to include broad encouragement than actionable recommendations. The authors shrewdly recognise that time may be an important barrier to the quality of this counselling.

Pelvic inflammatory disease. Pelvic pain in young women can be a 'heartsink' presentation for gynaecologists and GPs alike. In light of the difficult interplay of physical and psychological symptoms, much research has explored the psychosocial aspects of diseases like endometriosis. Pelvic inflammatory disease (PID) has similar symptomatology but the healthcare experiences of women have received less attention. In a study published in the *Journal of Health Psychology*, women with PID took part in telephone interviews lasting between 45 and 60 minutes.² The biggest health concern was about infertility and some viewed this as a certainty. Others were shocked that they had lost their previous flawless health and became hypervigilant about any unusual bodily signs. The researchers suggest that clinicians should strive to provide quality verbal and written information to reduce the psychological distress and confusion associated with this diagnosis.

Falls prevention. Those born in the 'baby boom' after the Second World War will be reaching retirement age in the next few years and improvements in care mean they will be more likely than ever to reach old age. Much has been said and written about the health, social, and economic costs of the ageing population, with alarmist tabloid headlines on the subject becoming increasingly regular. One important area of elderly care is falls prevention and a number of new technologies have emerged to proactively promote strength and balance in older people. A recent systematic review in the *International Journal of Medical Informatics* provides an overview of older adults' perceptions of these technologies.³ It identified intrinsic factors such as attitudes to control and independence, as well as extrinsic factors including usability and costs. The authors recommend that positive messages about increased social function should be emphasised in clinician-patient discussions and that developers should strive to ensure new products integrate well into the home.

Domestic violence. GPs are trustworthy and accessible points of contact for many people experiencing domestic violence and have the potential to provide emotional, medical and practical support. The RCGP has acknowledged this by choosing domestic violence as a clinical priority area from 2011 to 2014.⁴ In the academic world, theories about why individuals remain in abusive relationships vary from learned helplessness to a failure of the system to provide adequate resources for escape. In light of the relationship between poverty and recurrent domestic violence, schemes to provide financial, educational, and development accounts to survivors of domestic violence have recently been initiated in the US. In the *Journal of Social Service Research*, financial data were analysed from 125 women on such programmes.⁵ The results suggest promising savings and asset purchases can be achieved through these means. Although encouraging, it remains to be seen whether this economic stability leads to reductions in future experiences of domestic abuse.

REFERENCES

1. Bardach SH, Schoenberg NE. The content of diet and physical activity consultations with older adults in primary care. *Patient Educ Couns* 2014; **95**(3): 319–324.
2. Newton D, Bayly C, Fairley CK, et al. Women's experiences of pelvic inflammatory disease: implications for health-care professionals. *J Health Psychol* 2014; **19**(5): 618–628.
3. Hawley-Hague H, Boulton E, Hall A, et al. Older adults' perceptions of technologies aimed at falls prevention, detection or monitoring: a systematic review. *Int J Med Inform* 2014; **83**(6): 416–426.
4. Royal College of General Practitioners. *Clinical priorities*. <http://www.rcgp.org.uk/clinical-and-research/clinical-priorities.aspx> (accessed 11 Jun 2014).
5. Sanders CK. Savings for survivors: an individual development account program for survivors of intimate-partner violence. *J Soc Serv Res* 2014; **40**: 297–312.

Ahmed Rashid,
NIHR Academic Clinical Fellow in General Practice,
University of Cambridge, Cambridge.
E-mail: mar74@medschl.cam.ac.uk / @Dr_A_Rashid

DOI: 10.3399/bjgp14X681061