



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

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Informal carers, paramedics, chronic pain, and Twitter

Informal carers. GPs regularly encounter informal carers who, despite their legal rights to support, find it difficult to access the help available to them and receive little or no assistance. Increasing attention is being given to 'hidden' carers, who seem particularly unlikely to access support. These include ethnic minority carers, young carers, and working-age carers in paid employment. To explore the role of adult social care departments in improving the uptake of services among underserved carer populations, UK researchers interviewed various stakeholders including carers, funders, and voluntary organisations, publishing in *Health and Social Care in the Community*.¹

Although it is important to ensure informal carers recognise themselves as carers, it is unclear how they are identified and managed by others, particularly social workers. Councils, the authors suggest, should seek to strike a balance between providing information to carers in their locality and providing resources for carers who qualify for social care support.

Paramedics. As efforts to reduce hospital attendances and admissions intensify across the NHS, the role of paramedics is evolving and they are increasingly working with other members of the health system, including GPs. In light of the patient safety challenges in this area, there has been a focus on the critical decisions that paramedics make in complex environments in the community.

Many emergency calls are for non-threatening conditions and the decision not to convey a patient to hospital in this scenario is therefore a vital one to get right. In a *Journal of Health Services Research & Policy* study of three NHS ambulance service trusts, researchers observed 57 paramedic staff across 34 shifts.² They highlight the increased complexity of paramedic decisions and the multilevel system influences that can increase risk. They discuss the implications including developing an appropriately skilled paramedic workforce and ensuring easy access to alternative patient care pathways where hospital attendance is not needed.

Chronic pain. The relationship between chronic pain and psychological conditions

such as depression and anxiety is extremely complex and can be difficult to untangle, even for the most skilled clinicians. In particular, social factors are intrinsically linked to these conditions and can differ considerably across different cultures. An article in the *International Journal of Health System and Disaster Management* reports on a study conducted in a pain clinic in a Malaysian hospital.³

In total, 37 patients with chronic pain were interviewed and the findings demonstrate that patients interpret low mood to be closely linked with uncertainty of pain duration, loss of physical function, and poor response to medical treatment. Anxiety, meanwhile, was linked to worrying about the future, stress, nervousness, and the fear of losing family members. The researchers suggest that educating patients with chronic pain about psychological comorbidities may improve their quality of life and should be implemented in future interventions.

Twitter. In the social media era we find ourselves in, Twitter has been one of the most successful platforms of them all, now boasting over 500 million users across the world, including many NHS GPs. There has naturally been much interest in the exchange of health information that occurs through this platform among clinicians, patients, and members of the public. In a *Journal of Health Communication* study, cancer-related Twitter communication was examined.⁴

Researchers extracted data across two calendar months, studying 1000 users who posted cancer-related messages and their online relationships. After detailed analyses, they found two distinct health communities: core and visiting. The core group tweeted more persistently, usually regarding a specific cancer type. Interestingly, the activity hubs were not health professionals but rather individuals and small websites on specific cancers. The visiting community, meanwhile, had much less activity and represented those interested in health issues more broadly. Health campaigners are encouraged to recognise these distinct patterns and target health-related messages accordingly.

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