Practice nurses, Ehlers-Danlos syndrome, fitness to drive, and Balint groups

**Practice nurses.** In the UK, much like the rest of the world, a huge proportion of patients with mental health conditions are managed exclusively in primary care, with no specialist psychiatric input. Practice nurses make up a substantial part of the primary care workforce and are increasingly involved in managing long-term conditions. Traditionally, however, mental health has not often been part of their remit and training opportunities have been rare. In a recent study, a primary care mental health expert developed a programme of education designed specifically for practice nurses.1 The ‘train the trainer’ model was used to prepare 24 mental health nurses in North London to deliver the teaching. Both the practice nurses and mental health nurses felt their clinical practice would improve as a result of taking part. As we move to more integrated models of mental healthcare delivery, these collaborations could prove invaluable.

**Ehlers-Danlos syndrome.** An inherited, lifelong connective tissue disorder characterised by joint hypermobility and a number of possible systemic features, Ehlers-Danlos syndrome (EDS) can have a significant impact on many aspects of patients’ lives. Given the complexity of the condition, frequency of chronic pain, and absence of objective physical signs, individuals with EDS are often referred for psychiatric assessment. Researchers from Sweden recently sought to identify levels of anxiety in EDS patients using postal questionnaires.2 The 250 individuals that responded had considerably higher levels of anxiety than a Swedish general population group. They also had significantly lower health-related quality of life. As studies reported effects (for example, psychosocial self-efficacy, and reduced burnout) only after long-term participation, the authors highlight the importance of著者们将这些发现归纳为：

**Fitness to drive.** Driving allows people to work, socialise, and maintain self-confidence and independence. Stopping driving can have negative health and social effects, although clearly can be easy to identify as the condition may vary. GP nurses make up a substantial part of the primary care workforce and are increasingly involved in managing long-term conditions. Traditionally, however, mental health has not often been part of their remit and training opportunities have been rare. In a recent study, a primary care mental health expert developed a programme of education designed specifically for practice nurses.1 The ‘train the trainer’ model was used to prepare 24 mental health nurses in North London to deliver the teaching. Both the practice nurses and mental health nurses felt their clinical practice would improve as a result of taking part. As we move to more integrated models of mental healthcare delivery, these collaborations could prove invaluable.

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**REFERENCES**


