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Diabetes care, orofacial pain, screening tests, and pharmaceutical industry interactions

Diabetes. In recent years, improving care coordination and the interface between primary and secondary care have been particularly important targets for those designing diabetes services. A recent Australian study sought to investigate patients' experiences of two GP-led integrated diabetes care services in Brisbane.¹ They found that although patients listened to health professionals' advice, the extent to which they were able to adopt it was determined unavoidably by their life circumstances. The various new relationships with different health professionals that resulted from the new service were another aspect that patients often found challenging to negotiate. The authors conclude that the flexible and personalised approach of a GP-led service can achieve good clinical outcomes and quality of life, although they emphasise the importance of preserving mutual trust between clinicians and patients in order to achieve this.

Orofacial pain. Pain in the face, mouth, and jaw is a common presentation to both medical and dental services and when it becomes persistent with no organic cause or trauma, it is labelled chronic orofacial pain (COFP). Although psychological treatments have been promising in clinical trials, they are not being widely used. In order to understand how a psychological approach may be better implemented in practice, a research team from Manchester interviewed patients with COFP as well as medical and dental practitioners.² Although patients and clinicians recognised the importance of psychological factors as causes, they were largely focused on biomedical-management strategies. Dentists tended to view it as a non-dental problem, whereas GPs felt responsible to support patients using strategies adapted from other long-term conditions. The study suggests that improving the liaison between medical and dental services and increasing knowledge about the condition among GPs and dentists could help transform the care of this frustrating condition.

Screening tests. In recent years, there has been recognition from across the healthcare community that many clinical activities are ineffective and have the potential to cause physical and psychological harm. The Choosing Wisely campaign is an important part of the solution, highlighting ineffective tests and treatments that should be stopped or used less often. However, such strategies must include the views of patients and the public. A US team of researchers recently interviewed 50 individuals about what they thought of screening tests they'd been invited to take part in.³ Many participants could name no harms of screening and those that did, focused on harms of the screening test itself rather than those further along the management cascade. Benefits of screening, meanwhile, were easily identified and indeed, often overestimated. The study is a useful reminder that campaigns to save money or improve quality through disinvestment must focus on better communication with patients and the public.

Pharmaceutical industry interactions. The relationship between clinicians and the pharmaceutical industry has received considerable attention in the medical and lay press in recent years. Psychiatry has been a particularly high-profile discipline because of the nature of the drugs being prescribed. However, junior doctors in this specialty have yet to be investigated, prompting the European Federation of Psychiatric Trainees to survey trainee psychiatrists across 20 countries about their interactions with the pharmaceutical industry.⁴ The 62-item questionnaire was completed by over 1400 participants and demonstrated considerable variation across countries, with frequent interactions still taking place. The authors suggest creating alternative educational opportunities and specific training about the pharmaceutical industry to reduce the impact of industry marketing on psychiatric training. They also identify the importance of role models and encourage senior psychiatrists to reflect on the kind of examples they wish to set to their junior colleagues.

Ahmed Rashid,
NIHR Academic Clinical Fellow in General Practice,
University of Cambridge, Cambridge.

E-mail: mar74@medschl.cam.ac.uk
@Dr_A_Rashid

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REFERENCES

1. BurrIDGE LH, Foster MM, Donald M, *et al.* Making sense of change: patients' views of diabetes and GP-led integrated diabetes care. *Health Expect* 2015; DOI: 10.1111/hex.12331. [Epub ahead of print]
2. Peters S, Goldthorpe J, McElroy C, *et al.* Managing chronic orofacial pain: a qualitative study of patients', doctors', and dentists' experiences. *Br J Health Psychol* 2015; DOI: 10.1111/bjhp.12141. [Epub ahead of print]
3. Sutkowi-Hemstreet A, Vu M, Harris R, *et al.* Adult patients' perspectives on the benefits and harms of overused screening tests: a qualitative study. *J Gen Intern Med* 2015 Apr 14. [Epub ahead of print]
4. Riese F, Guloksuz S, Roventa C, *et al.* Pharmaceutical industry interactions of psychiatric trainees from 20 European countries. *Eur Psychiatry* 2015; **30**(2): 284–290.