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Discharge letters, mobile health vans, VBAC, and remarriage

Discharge letters. Every day, many thousands of hospital discharge letters reach practices across the country. These letters are designed to facilitate an effective transition of patients, and shortcomings in their quality can therefore be both unsafe and frustrating. Researchers from Australia sought to determine the frequency of abbreviations in such hospital discharge letters, as well as GPs' understanding of them.¹

After retrospectively analysing 200 discharge letters, a survey was produced using the 10 commonest abbreviations. Six abbreviations (SNT — soft non-tender, TTE — trans-thoracic echocardiogram, EST — exercise stress test, NKDA — no known drug allergies, CTPA — computed tomography pulmonary angiogram, ORIF — open reduction internal fixation) were misinterpreted by more than one-quarter of GPs. The authors suggest hospitals could consider banning abbreviations or issuing a list of approved terms.

Mobile health vans. Like many health systems around the world, Germany is threatened by a lack of doctors and a growing burden of chronic disease and multimorbidity. One response to this has been the development of a mobile medical care vehicle called 'Rollende Arztpraxis' (rolling medical practice) that delivers the full medical care of a GP to increase medical care supply in rural areas.² A pilot service covered six communities for a period of 14 months. There were a total of 501 visits, most of which were older patients with multiple conditions. As GPs were responsible for all organisational work themselves, they tended to be able to see only 10–12 patients a day.

Surveyed patients were generally satisfied with the service and, although the GPs did not seem to encounter any major problems, many considered the service to be a 'political instrument'. The study states that the mobile care unit has been shown to be a technically feasible model, although acknowledges that legal and financial questions remain.

Vaginal birth after caesarean section. The decision about whether to attempt a VBAC (vaginal birth after caesarean section) or opt for an ERCS (elective repeat caesarean section) can be a complex one for couples and their health professionals to negotiate. They each carry differing risk profiles but are deemed acceptable options overall. Given the increasing importance of the internet in informing health-related decisions, a team of researchers from Aberdeen sought to explore the content of internet-based health information in this area.³ Google searches helped identify 10 popular sites, which were analysed qualitatively. All sites compared the advantages and disadvantages of the two management options. Of note, sites funded by government bodies presented referenced clinical information in a factual manner, whereas commercially funded sites contained 'pop-ups', social media forum links, and hyperlinks to third-party sites, risking the perception of endorsements of either VBAC or ERCS, whether intended or otherwise. The authors suggest clinicians should therefore actively promote trusted resources.

Remarriage and male depression. Married men have lower rates of depression than single men, widely attributed to mutual care, emotional reward, increasing living standards, and engagement in healthier lifestyles. A team of Swedish researchers recently sought to understand whether remarriage compared with remaining divorced is also associated with a reduced depression risk.⁴

They found that risk of depression (identified by pharmaceutically treated depression) was actually higher in men who remarried compared with those who remained divorced. This suggests that the interpersonal or financial complexities that result from remarriage can outweigh the benefits of marriage. The study suggests future research should examine relationship quality and living arrangements in order to help elucidate mechanisms linking marriage and depression.

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