Injectable contraception, back pain, family-centred care, and diet soft drinks

Injectable contraception. Although teenage pregnancy rates generally seem to be declining across Europe, many deprived communities still report significant birth rates among adolescents and young adults. While poverty, family problems, and other psychosocial issues are all contributory factors, access to effective contraception is also important. One of the core strategies has been to increase the use of longer-acting reversible contraceptive methods, including Depo-Provera, which is administered by injection every 3 months. In a recent US study, researchers tested a text messaging reminder system designed to improve appointment attendance among female patients aged 13–21 years) using Depo-Provera. Participants were largely from low-income households and were followed up for three injection cycles. Participants in the intervention group returned closer to their scheduled appointments than those in the control group for the first appointment but not the second or third. As smartphones continue to become more powerful, their use in healthcare settings will invariably grow. However, as this study demonstrates, careful evaluations are needed to establish how they can best be utilised.

Back pain. Back pain is a common primary care presentation that has a major societal impact in health and productivity terms. A recent study by Keele-based researchers sought to investigate the effect of sick notes on clinical and cost outcomes in low back pain, analysing medical records and linked questionnaires from 806 low back patients in eight UK general practices. They found no clear evidence of difference in clinical outcomes between patients issued sick notes compared to those that had not. However, sick certification had resulted in higher healthcare utilisation and considerably greater costs in work absenteeism. The authors acknowledge that their study cannot fully consider the complexity of providing sick notes for low back pain but they make a compelling case for a broader societal focus when developing future policy on back disability.

Family-centred care. Cultural and gender norms are often cited as reasons why older men are less likely to disclose depressive symptoms. Family engagement has been identified as a promising strategy to reduce under-treatment in this group and a recent primary care study in California sought to describe the roles of family members in the treatment of depression in older men.3 Interviewing men with depression aged >60 years and primary care physicians, they found that family members have the potential to promote as well as impede care. Greater awareness of family roles may assist clinicians in tailoring interventions more effectively, either by engaging their interest and commitment or addressing any negative impact. In many parts of the world, GPs are known as family doctors and this study demonstrates that indeed, truly holistic care is often as ‘family-centred’ as it is ‘patient-centred’.

Diet soft drinks. After decades of illustrious advertising campaigns, diet soft drinks have become powerful brands appealing to a variety of consumers including those wanting to lose weight. Concerns about their health effects, though, have long existed and caused much uncertainty. In order to evaluate the relationship between diet drink intake and cardiovascular events, a US-based research team recently analysed data from the Women’s Health Initiative Observational Study. Nearly 60 000 post-menopausal women were included in their analysis, which demonstrated a significant association between high diet drink intake (two or more per day) and cardiovascular outcomes and mortality. The researchers highlight that these results are supported by other observational data but acknowledge that this association does not necessarily translate to causality. Possible explanatory mechanisms suggested by the authors include the role of artificial sweeteners in increasing the desire for sugar-sweetened, energy-dense foods and alterations in the reward processing of sweet taste.

REFERENCES


Ahmed Rashid, NIHR Academic Clinical Fellow in General Practice, University of Cambridge, Cambridge. E-mail: mar74@mdschl.cam.ac.uk @Dr_A_Rashid DOI: 10.3399/bjgp16X683689