



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

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Hearing aids, postpartum depression, acute asthma, and online records

Hearing aids. Despite technological advancements, hearing aids continue to be the most common intervention for hearing loss. However, for a variety of practical and psychological reasons, people fitted with hearing aids often stop using them. In the UK, volunteers who often wear hearing aids themselves have supported NHS patients' use of hearing aids and a Bristol research team recently sought to describe encounters between these volunteers and audiology patients.¹ Their observational data show that the volunteers provided information about the devices themselves and local services but did not discuss hearing loss. Their role therefore fits with that of a 'volunteer expert', extending healthcare capacity in the community and bridging the gap between community and specialist audiology services. The authors suggest that, in order for their value to be realised, volunteers would benefit from clearer management, support, and supervision, and should have an unhindered channel to communicate patients' needs to audiology services.

Postpartum depression. Postpartum depression is increasingly recognised as an important public health problem right around the world, with recognition of the potential for harm to both mother and baby. A number of health professionals may be in a good position to diagnose and support, including midwives, health visitors, nurses, obstetricians, paediatricians, and family doctors. A recent Israeli study sought to explore attitudes and practice regarding maternal mental health among paediatric and primary care doctors.² Reassuringly, almost all of the respondents to their questionnaire recognised the importance of identifying postpartum depression. However, there was much less consensus on the willingness to act on it and get involved in management. Paediatricians were much less likely to ask about mental health symptoms than family doctors, which may seem unsurprising. However, according to

the study authors, improving the role of paediatric services should be a target for future education and policy initiatives.

Acute asthma. Acute asthma exacerbations are common in emergency departments, and current guidelines suggest follow-up in primary care. However, this link to primary care is often delayed or absent. There is controversy about how suitable emergency departments are as settings to deliver education on asthma, and a recent systematic review sought to assess whether educational interventions in this setting improve follow-up with primary care after asthma exacerbations.³ They identified five relevant studies that included 825 participants in total. Their meta-analysis demonstrates that educational interventions targeting either patients or primary care providers lead to a greater likelihood of primary care follow-up following emergency department discharge. However, importantly, their impact on health-related outcomes such as relapse and re-attendance remain unclear.

Online records. Patient access to online medical records has been an important policy target in the UK in recent years and has caused much debate. Although the benefits of increasing patient involvement and convenience seem obvious, there have been professional concerns, particularly about workload and privacy. There are also concerns about the impact of this access on the number of primary care visits, which prompted a US research team to evaluate whether use of patient internet portals to access medical records was associated with increased primary care utilisation.⁴ Their study, based in a rural Pennsylvania practice and an academic Boston practice, found that patients turned to the portals following primary care visits but use of the portal in itself did not increase visits. Many important research questions remain — notably, whether online access to records can improve self-management and contribute to improved health outcomes.

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DOI: 10.3399/bjgp16X684049