



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

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Rosacea, youth mental health, diagnosing arthritis, and telephone triage

Rosacea. Rosacea is a common, chronic skin condition in adults. As it predominantly affects the face, it has the potential to cause significant psychological and social distress. The internet has provided opportunities for patients to access information as well as interact with peers and experts. A US research team recently analysed posts on an online rosacea support forum to obtain insights into patients' educational needs.¹ They found that patients primarily sought advice about treatments, triggers, diet, and skin care. Perhaps unsurprisingly, there were also a large number of queries about the efficacy and adverse effects of therapies.

The authors suggest that doctors should make more attempts to include patients in their rosacea care and suggest that one way of doing this is to have them take pictures to track progress and keep a diary of potential triggers. They also suggest that proactively providing resources could help reduce confusion about the disease and treatments.

Youth mental health. Youth mental health is increasingly recognised as a priority area in health systems around the world. In particular, there has recently been an increased focus on early intervention and an Irish research team recently sought to examine the role of the GP in providing early treatment in this population.²

They combined a national survey of GPs with interviews of both health professionals and young people. They found that GPs were largely unsatisfied with their postgraduate training in child mental health and substance misuse. Access to services and youth workers were cited as key facilitators to improve care. Much like in the NHS, it seems an increase in funding for mental health services is also acutely needed in the Irish health system.

Diagnosing arthritis. Progress in rheumatoid arthritis management in recent years has meant that starting treatment early is more important than ever. However, this naturally

relies on early identification and a Dutch rheumatology team recently examined the signs, symptoms, and investigations that GPs use in the diagnosis of inflammatory arthritis, analysing medical records.³ They used records from 16 practices and found 126 patients with new diagnoses of inflammatory arthritis. Information about classic inflammatory symptoms (pain, swelling, warmth, redness, reduced function) was frequently documented but items that they record as being routinely checked in secondary care (morning stiffness, family history and squeeze-test) were rarely used. In the UK, the increasing use of referral proformas with checklists may already have mostly ameliorated this issue.

Telephone triage. Practices are increasingly using telephone triage to manage patient flow but there are many unanswered questions about its effectiveness and safety. In the Netherlands, telephone triage in the daytime is done by practice assistants who generally have followed an intermediate vocational medical education of 3 years. A recent Dutch study sought to examine the adequacy of this triage, conducting a web-based survey asking practice assistants to assess the required type of care of written case scenarios with varying health problems and levels of urgency.⁴ They found that the required care was assessed adequately in 63.6% of cases, was over-estimated in 19.3%, and under-estimated in 17.1% and predictably, more experienced assistants and assistants with fixed daily work meetings with the GP performed better.

The authors conclude that telephone triage by general practice assistants is efficient, but potentially unsafe in highly urgent cases and suggest improved training is the key solution. As for NHS general practice, it seems increasingly likely that there will be more multidisciplinary working in years to come and this paper provides some insights into the kind of challenges (and opportunities) this may bring.

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