



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

Loneliness, breast cancer, medically unexplained symptoms, and delivering babies

Loneliness. In recent years, a considerable body of research has shown that loneliness is associated with both mental and physical health conditions, as well as premature mortality. Like many countries across the developed world, Denmark has an ageing population and a Danish research team recently completed a GP-based survey to analyse the social relations of patients aged 65 years and over.¹ Across 12 practices, 461 patients completed their questionnaire. A total of 36.2% had a high, 45.5% had a medium, and 18.3% had a low social participation. Anxiety and depressive symptoms, living alone, and low social participation were the most important predictive variables for loneliness. Importantly, only 15.2% of lonely patients had talked to their GP about their loneliness. In my experience, GPs in the NHS almost always know which of their patients are lonely but rarely have effective local services to refer them to.

Breast cancer. Despite the implementation of a national screening programme, most breast cancers in the UK are still diagnosed through symptomatic presentations to primary care. Research in the last few decades has consistently shown that women from lower socioeconomic backgrounds are more likely to be diagnosed with advanced breast cancer at the time of diagnosis and have poorer survival. The causes of this socioeconomic inequality, though, have remained largely unclear. A Surrey research team recently explored this topic further by interviewing women from high and low educational backgrounds who had experienced one or more breast cancer symptoms.² They found that women from lower educational backgrounds attributed symptoms to trivial factors and were reluctant to use the word 'cancer'. Unlike women from high educational backgrounds, these women lacked confidence in interpreting their symptoms and experienced much uncertainty about seeking help.

Knowledge of breast cancer alone, the authors conclude, does not explain the socioeconomic differences in how women respond to breast symptoms.

Medically unexplained symptoms. As a GP, it can be enormously frustrating when you cannot explain physical symptoms by organic disease. This frustration is multiplied for the patient, and these so-called medically unexplained symptoms can cause significant suffering and grief. A team of researchers from Aberdeen recently sought to develop a taxonomy of explanations for patients with persistent physical symptoms, analysing explanations provided by five GPs to 38 patients.³ Three explanation components described the content of the explanation: Facts — generic statements about normal or dysfunctional processes; Causes — person-specific statements about causes for symptoms; and Mechanisms — processes by which symptoms arise in the individual. Although there is much further research needed in this field before it can widely influence practice, I have certainly picked up a few good tips from reading the quotes of GP explanations that the authors present in their manuscript.

Delivering babies. In most parts of the UK, GPs are only peripherally involved in the maternity care of their patients. There are, however, still some extraordinary rural GPs who provide wide-ranging obstetric care to their patient population. A recent research study in New Zealand sought to understand the factors that have enabled some GPs in the country to continue providing maternity care.⁴ They found that current and former GPs enjoyed being involved in the birth process and their decisions were framed by a philosophy of providing lifelong care to their patients. On-call commitments, underfunding, and feelings of professional isolation were all identified as major disincentives, and the authors conclude that policymakers should focus on solutions that promote shared-care arrangements, as these were more likely to encourage GPs to continue contributing to maternity care.

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