



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

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Virtual wards, gout, scalp cooling, and mosques

Virtual wards. The NHS seems to be obsessed with admissions avoidance interventions at the moment. This is perhaps unsurprising when you consider the 'black alert' winter crises we've been facing in recent years, and the fact that politicians seem to finally be recognising the importance of integrating health and social care in a meaningful way. Virtual wards are one of the more popular interventions of this type. They aim to provide multidisciplinary case management services using hospital systems and staffing to support people who have been identified as being at high risk for future emergency hospitalisation. In the North West of England, this system has been adapted to include a team of pharmacists and pharmacy technicians to provide dedicated medicines management support.

A recent focus group study evaluated the inclusion of this team to the virtual ward arrangement.¹ It highlighted that the team were able to address confusion about different medications, provide practical advice and aids, and help stop inappropriate medications. Unfortunately, the study focused exclusively on clinician (and not patient or carer) perspectives, and also lacked an economic evaluation. The 'further research needed' cliché most definitely applies here.

Gout. Our understanding of gout has changed considerably in recent times. During my training, I saw clinicians and patients approach it as an irritating and sporadic condition that causes pain only during times of gluttony. Of course, we now know that it's a chronic condition that needs to be proactively and carefully managed to prevent long-term problems. A team of North American researchers recently sought to understand the global barriers to effective gout care, undertaking a systematic review that synthesised 20 primary studies.² They identified significant knowledge gaps among healthcare providers, as well as system barriers that impede patients from taking chronic medications.

As is so often the case, consultation time was identified as a key issue. It's so easy to underestimate the time needed to have an honest and holistic discussion with patients

who are newly diagnosed with a complex long-term condition.

Scalp cooling. When I speak to patients who are due to have chemotherapy, alopecia often comes up. In an age of new media, snapshots, and soundbites, it has become part of the archetype of a frail cancer 'victim', and it is a source of anxiety for many. Although hair loss is almost always temporary, the distress can be significant, and this has prompted the development of scalp-cooling devices to minimise this adverse effect. An Australian study recently explored health professionals' views of this intervention, interviewing across five different oncology centres.³ They found that, although there was much interest in offering this service, more evidence about optimal treatment protocols is needed to support wider adoption of the technology. They identified training implications for all members of the healthcare team, and, in particular, nurse staffing adjustments were felt to be needed to manage the increased time and workload.

Mosques. As well as providing places for worship, mosques also offer education programmes, social activities, counselling services, wedding functions, funeral facilities, and often much more. Given their importance in Muslim communities, it has been hypothesised that they could serve as a promising setting for health interventions. A research team from Chicago sought to explore this, interviewing Muslim women recruited from local mosques.⁴ Participants felt that imams need health-related training to deliver advice successfully, and suggested peer educators should be respected women, educated in both religion and health. Sermons and group education classes were believed to be modalities that could reach a large portion of the community for discussions of women's health issues. The literature on religion and health in the US has been dominated by church-based interventions, and this study may provide impetus to broaden that approach to other population groups.

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