



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

Traumatic brain injury, lung cancer, bariatric surgery, and screen time

Traumatic brain injury. In the last century, our understanding of traumatic brain injury (TBI) has increased considerably. Advances in neurosurgery, in particular, have improved outcomes, and have prompted the need for rehabilitation services. However, in the years following TBI, affected patients continue to have considerable healthcare needs and high service use. An Australian study recently sought to explore the care experiences of people with TBI and their family members in the first 4 years after injury.¹ Despite the fact that all the participants in the study had severe TBI, no patient or family member reported having access to a care coordinator. Participants had problems accessing services, found the timing and appropriateness of services to be highly variable, and felt there was an absence of regular progress evaluations. The authors suggest that, given the complexity and long-term nature of TBI recovery, more effective care coordination is urgently needed for these patients.

Lung cancer. A persistent cough in a smoker is a red flag for lung cancer that every GP knows. But what if that smoker happens to have COPD — a condition that is itself characterised by chronic cough? Clearly, it would be disproportionate and irresponsible to investigate for cancer every time one saw a COPD exacerbation, and yet a proportion of patients with COPD will have a concomitant diagnosis of cancer. This clinical conundrum is troubling, and was the topic of a recent Glasgow-based study that investigated how the experience of COPD influences symptom appraisal and help seeking for potential lung cancer symptoms.²

They interviewed patients with COPD between the ages of 40 and 83, who said that they attributed all respiratory symptoms to their COPD without considering any other cause. Given that the incidence of lung cancer is four times higher in people with COPD compared with the general population, the authors suggest a dedicated information campaign would be worthwhile.

Bariatric surgery. As the evidence base

supporting bariatric surgery as a treatment for obesity continues to strengthen, the numbers of operations performed worldwide look set to continue to rise in the years and decades to come. However, following surgery, patients can experience procedure-specific problems, weight regain, and a range of clinical presentations related to comorbidities. Attendance rates for longer-term follow-up appointments are low, and non-attendance is associated with poor outcomes. A recent UK study synthesised the available published literature on patient experiences on clinician follow-up from 12 months after bariatric surgery.³ They found a clear need for improved nutritional and psychological support. Patients were more likely to engage if clinicians had non-judgemental attitudes, were knowledgeable, and were able to offer continuity of care. The review authors argue that, given the complexity of issues, an array of services and types of support are likely to be needed.

Screen time. Whether they were sat on a supermarket trolley, in the back of their parents' cars, or even in your consultation room chair, the likelihood is that it hasn't been long since you've seen a child sat transfixed to a mobile or tablet screen a few inches from their eyes. Researchers from London recently set out to systematically examine the evidence of harms and benefits relating to time spent on screens for children and young people's health and wellbeing.⁴ They found evidence that higher levels of screen time are associated with a variety of health harms for children, with evidence strongest for adiposity, unhealthy diet, depressive symptoms, and quality of life. There was additionally weaker evidence for associations of screen time with behaviour problems, anxiety, hyperactivity and inattention, poorer self-esteem, poorer wellbeing and poorer psychosocial health, metabolic syndrome, poorer cardiorespiratory fitness, lower educational attainments, and poor sleep outcomes. Policy action to limit screen time for children and young people is clearly needed.

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REFERENCES

1. Braaf S, Ameratunga S, Christie N, *et al.* Care coordination experiences of people with traumatic brain injury and their family members in the 4-years after injury: a qualitative analysis. *Brain Inj* 2019; DOI: 10.1080/02699052.2019.1566835. [Epub ahead of print].
2. Cunningham Y, Wyke S, Blyth KG, *et al.* Lung cancer symptom appraisal among people with Chronic Obstructive Pulmonary Disease: a qualitative interview study. *Psychooncology* 2019; DOI: 10.1002/pon.5005. [Epub ahead of print].
3. Parretti HM, Hughes CA, Jones LL. 'The rollercoaster of follow-up care' after bariatric surgery: a rapid review and qualitative synthesis. *Obesity Rev* 2019; **20**(1): 88–107.
4. Stiglic N, Viner RM. Effects of screentime on the health and well-being of children and adolescents: a systematic review of reviews. *BMJ Open* 2019; **9**(1): e023191.