Difficult patients, falls prevention, hormonal contraception, and laughter therapy

Difficult patients. Although we’d probably struggle to justify it to those outside of the medical profession, most doctors will have, at some time or another, referred to a patient as ‘difficult’. It’s one of those professional senses that can’t easily be articulated, and reflects a deep frustration at not being able to produce a positive outcome for doctor and/or patient.

A group of researchers from Germany recently tried to understand what it is that makes some patients seem apparently difficult.1 They selected a primary care cohort of patients with type 2 diabetes and asked GPs to rate each one in terms of clinical data, and also of subjective attributes, including ‘patient difficulty’. The following groups were found to have associations with increased difficulty: male patients with male GPs, unmarried men, men with non-German nationality, patients with higher BMI and HbA1c values, and patients perceived as being less health literate. All in all, it makes for quite uncomfortable reading, and perhaps challenges us to think carefully about the real causes of our perceived sense of difficulty.

Falls prevention. A staggering proportion of older people fall regularly, and all the statistics we have are likely to be gross underestimates, as many falls go unreported. Falls prevention is one of the ‘giants’ of geriatric medicine, but, as population demographics change, more of this work will be done in primary care. In a recent UK study, a team of occupational therapy (OT) researchers surveyed 152 GPs and found that only a third were implementing UK guidelines for falls risk screening.2

Although most GPs were aware of the importance of falls prevention, referral to occupational therapists. Br J Occup Ther 2019; 82(2): 71-79.


REFERENCES


