



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

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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 role of OTs, few referred patients to them. The authors suggest that 'more localised and ongoing personal connections' are needed between GPs and OTs to bridge this gap. For example, they propose that OTs should use opportunities to report back to GPs about any of their patients who have received falls-prevention interventions, whether or not the GP initiated the referral.

Hormonal contraception. Unintended

pregnancy remains an important issue globally, and has considerable personal and societal consequences. In this context, contraceptive service availability is crucial. In many parts of the world, women do not need a prescription to acquire hormonal contraceptives, and it has been proposed that this approach could help to improve accessibility across Europe. In a Belgian study, gynaecologists, GPs, and pharmacists were asked what they thought of this strategy.³ Although pharmacists were highly supportive of the idea and expressed a desire to receive further training in the area, GPs and gynaecologists had a more mixed response. Although many were happy with the idea of pharmacists extending prescriptions, there was hesitation about initiation, with concerns especially about risk factor assessment and management.

With increasing numbers of pharmacists working in general practice, expect to see much more research about their role in delivering primary health care in the next few years.

Laughter therapy. Laughter Yoga (LY) is a type of group-based laughter exercise created by Dr Madan Kataria in India in 1995. It involves simulated laughter, gentle stretching, rhythmic breathing, and meditation. It has become increasingly popular worldwide and is now promoted as a low-cost, low-risk intervention to improve wellbeing. Although experimental studies have shown that simulated laughter can reduce cortisol levels, there is a lack of evidence about whether LY is effective in managing mental illness.

A recent Hong Kong-based study tested the feasibility of a group-based laughter yoga intervention as an adjunctive treatment for residual symptoms of depression, anxiety, and stress.⁴ Participants liked the stress relief, the opportunity to exercise without restrictions, and the opportunity to laugh in a group. Others, though, found it childish, difficult to practise outside the group, and some even felt that the fictitious laughing worsened their cardio-respiratory symptoms. Still, nice idea.

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