



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

Varicose veins, first-episode psychosis, pulmonary rehabilitation, and anonymity online

Varicose veins. In an era of economic austerity, suboptimal healthcare funding, and squeezed clinical budgets, it can be easy to dismiss conditions like varicose veins (VV). Of course, in the grand scheme of things, it is less serious than many other diseases, and of course the NHS may not be able to fund all treatments for all patients, but that should not detract from the fact that, for some patients, it can be far more than just the ‘nuisance’ that it is often framed as.

In a recent systematic review, researchers from Sheffield synthesised research investigating patient experiences of living with VV.¹ Heaviness, itching, pain, swelling, and sleep problems were all commonly cited, as were psychological problems such as worry and self-consciousness, and impacts on social functioning including relationships. An important overarching finding was the extent to which patients make adaptations in order to cope with VV, which may actually mask the full impact of their condition.

First-episode psychosis. The early phase of psychosis is recognised as a distinct, and particularly challenging, period of time, and specialised Early Intervention in Psychosis services have been established to meet the needs of this population.

A team of researchers from Manchester recently sought to understand the sources of distress in this group, completing a systematic review of studies containing first-person accounts of first-episode psychosis.² They found that distress was both intrapersonal — including conflicts and dilemmas, disrupted sense of identity, and unwanted behaviours — and interpersonal — including abuse and traumatic life experiences, conflicts with clinicians, personal relationships, and stigma.

Given the diversity of possible sources of distress, the authors conclude that clinicians who maintain a stance of genuine curiosity are likely to be the ones perceived as more helpful to these patients.

Pulmonary rehabilitation. In the most recent NICE guidelines on COPD, published at the end of 2018, pulmonary rehabilitation (PR) was reaffirmed as an important part of management that is both clinically valuable and highly cost-effective. One of the challenges of research into PR is that there is a lack of consensus about outcomes that should be measured.

A recent Portuguese study sought to gain clarity on this by exploring the views of various stakeholders, including clinicians, patients, and carers.³ Five important themes emerged: having a healthy mind in a healthy body; I can’t do it; feeling fulfilled; knowing more; avoiding doctors and expenses. Interestingly, some outcomes were valued only by clinicians, such as pulmonary function, and others were valued only by patients and carers, such as quality of sleep. The authors argue that PR assessment should be comprehensive, and integrate outcomes that matter to all relevant stakeholders.

Anonymity online. Digital solutions are all the rage, and you can see why. It is undoubtedly appealing to use the greater connectivity we now enjoy to drive improved outcomes, including in health care. Many conditions can impair social participation and lead to isolation and loneliness, and online solutions are often proposed in these circumstances. One such condition is multiple sclerosis, and researchers recently sought to analyse the relationship between honesty, anonymity, and happiness in 440 individuals diagnosed with this condition who used online social networks.⁴

The participants in the study felt they could be more honest in face-to-face interactions than with online contacts, regardless of whether they were anonymous or identifiable. Happiness was associated with honesty or authenticity in in-person interactions. The authors conclude that anonymity may not improve happiness, and that, in the case of multiple sclerosis at least, we should refocus on addressing structural barriers to improve in-person interactions.

Ahmed Rashid,
GP and Senior Clinical Teaching Fellow, UCL Medical School, UCL, London.

Email: ahmed.rashid@ucl.ac.uk
@Dr_A_Rashid

DOI: <https://doi.org/10.3399/bjgp19X703961>

REFERENCES

- Lumley E, Phillips P, Aber A, *et al*. Experiences of living with varicose veins: a systematic review of qualitative research. *J Clin Nurs* 2019; **28(7-8)**: 1085-1099.
- Griffiths R, Mansell W, Edge D, Tai S. Sources of distress in first-episode psychosis: a systematic review and qualitative metasynthesis. *Qual Heal Res* 2019; **29(1)**: 107-123.
- Souto-Miranda S, Marques A. Triangulated perspectives on outcomes of pulmonary rehabilitation in patients with COPD: a qualitative study to inform a core outcome set. *Clin Rehabil* 2019; **33(4)**: 805-814.
- Eijkholt M, Sparling A. Health, honesty and happiness: authenticity and anonymity in social media participation of individuals with multiple sclerosis. *Mult Scler Relat Disord* 2019; **27**: 121-126.