

GPs rather distant from engagement in commissioning.

Most of us acquire non-clinical skills over time, mostly on an *ad hoc* basis. There needs to be a robust system to hone such skills. Working together in an integrated system of delivery is a wonderful concept in this resource-limited environment, but continuity of care must not be compromised. Continuity of care not only gives the patient a better experience but is also associated with better clinical outcomes. Further discussion is needed on the issues highlighted in this article.

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Maternal depression and primary healthcare use for children

In the article on maternal depression and primary healthcare use for children by Lyngsøe *et al*¹ we suggest that the severity of depression could have been included within the categories measured. The ICD-10 defines depression as mild, moderate, and severe, as within each of these categories there is a drastic variation in the presentation and severity of the symptoms. This could have had an effect on the likelihood and frequency of mothers requiring healthcare services for their child and would allow for a useful comparison between severity of mental state and use of primary healthcare services.

Second, we think that physical comorbidities should have been considered as a covariate. Physical illness could be a confounding factor for two reasons: the mother's physical health could have affected the child's, and also that acutely unwell mothers may have discussed their child's health at their own consultation. These factors would have affected the number of

contacts recorded and help to explain the higher rate of positive tests in these children.

Lastly, we feel that it is important to explore whether the findings and trends persist after the first 6 years of life before being able to generalise to all children in Denmark.

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Gatekeeper functions of general practices regarding behavioural addiction

The World Health Organization will classify video game addiction (VGA) as a mental disorder in their 11th revision of ICD, so this new disorder's significance and the great need for prevention by health care must be pointed out.¹ Playing video games can be interpreted as a non-financial version of gambling,² so the same dimensions should be considered with both. More and more studies emphasise VGA's spreading tendencies and seriousness in public

health. Though only 5–10% of the population reaches the level of diagnosability, this is not a realistic representation of the ones who are at the subclinical level.³ Because of its economic development, Germany is the most threatened country in Central Europe, with fast and expanded internet access and high-tech digital devices in households.⁴ In the US, 99% of 2–17-year-old boys and 94% of girls regularly play video games, and are at high risk of developing addiction.⁵ Moreover, the new generation's Maslow pyramid might have changed, as at the bottom of it biological needs have been replaced by non-stop online presence as the most important basic need. A great plan to increase prevention comes from the US too. The legislation called 'SMART Act' (Social Media Addiction Reduction Technology) would force social media companies to take action and try to reduce the risks of internet addiction and psychological exploitation.⁶

It is necessary to use standardised questionnaires to detect all behavioural addiction. GPs can make a lot of difference to help the population maintain their mental health and wellbeing by screening patients to detect symptoms of behavioural addiction.

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