



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

### Parkinson's disease, dietary education, antipsychotic medications, and genomic results

*Parkinson's disease.* Clinical symptoms of Parkinson's disease (PD) typically occur several years before a diagnosis is made, suggesting that efforts are needed to facilitate earlier diagnosis. A recent study based in London sought to develop and validate a prediction model for diagnosis of PD based on presentations in primary care.<sup>1</sup> Using data from over 8000 patients in UK primary care, they demonstrated that presentations independently and significantly associated with later diagnosis of PD were tremor, constipation, depression or anxiety, fatigue, dizziness, urinary dysfunction, balance problems, memory problems and cognitive decline, hypotension, rigidity, and hypersalivation. They developed a risk model for diagnosis of PD within 5 years following the first presentation with possible prediagnostic features. The authors highlight that, as well as having the potential to improve monitoring and early referral, the tool could also help identify individuals for recruitment to future PD studies.

*Dietary education.* Wellness, wellbeing, lifestyle, and nutrition are all buzzwords in medicine at the moment. A common argument that has emerged from the new lifestyle medicine movement relates to the need for dietary education to be incorporated into undergraduate and postgraduate medical curricula. The counterargument, of course, is that we already have a dedicated dietician workforce that could be expanded to meet such a need. A recent New York-based study assessed the basic nutritional knowledge, self-reported attitudes, and practices of 248 internal medicine and cardiology physicians via an anonymous survey.<sup>2</sup> Nutrition knowledge was described as 'fair', although the majority (78%) agreed that additional training would allow them to provide better clinical care. Given the inherent limitations of nutritional research methodologies and the fierce debate about the evidence supporting different dietary approaches, the next question is: who should decide what this training will cover?

*Antipsychotic medication.* People with severe mental illness (SMI) die considerably younger

than the general population. This excess mortality is largely explained by premature CVD, and the metabolic side effects of antipsychotic medications are one of many explanatory factors. Policymakers have attempted to ameliorate this by introducing dedicated preventive health programmes for these individuals, but clinician engagement has been low. A recent US study investigated the attitudes of primary care and psychiatry clinicians towards metabolic monitoring (MM) and treatment in patients with SMI.<sup>3</sup> Findings suggest a sizable disconnect between where, and by whom, clinicians believe MM should be done and where, and by whom, treatment should be initiated. Despite endorsing the practicality of psychiatrists monitoring metabolic abnormalities, a majority of clinicians in both groups believed that the treatment of metabolic dysfunctions is the role of the primary care clinician exclusively. Although we would hope that the UK NHS is a more joined-up system in this regard, elements of this disconnect are undoubtedly paralleled on this side of the Atlantic.

*Genomics.* We are living in the medical future. Our patients are receiving results about disease risk from genomic testing, often without medical indication through research or direct-to-consumer services. Positive results can be unexpected, especially when not associated with symptoms or family history. As generalists, and not geneticists, what are GPs supposed to do with this information, and to what extent should we be responsible for following up on positive findings? A US research team recently investigated primary care physicians' perspectives on this,<sup>4</sup> finding a great deal of concern about anticipated workflow issues, as well as worries about potential harm to patients, including anxiety, false reassurance, and clinical disutility. Interestingly, participants disagreed about who was responsible for responding to such results. Having just received a home genetic-testing kit for my birthday, I'm already anxious at the thought of a 'positive' result, and concerned about the plethora of tests and referrals it could possibly lead to. Welcome to the future.

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