



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

### REFERENCES

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## Medication adherence, Twitter, head and neck cancer, and knitting

**Medication adherence.** Although having a myocardial infarction (MI) can mean going from drug free to polypharmacy overnight, the counselling focus is often on cardiac rehabilitation, nutritional advice, and lifestyle change rather than the significant new medication burden. Recognising that patients often discontinue their medications after having a MI, raising their risk of further cardiac events by doing so, a research team from Israel recently explored the adherence behaviours of such patients.<sup>1</sup> Although 'inner self-determination' was considered important by participants, family members and healthcare professionals were felt to play an important role in strengthening this. The authors suggest that interventions targeting this group should be longer term, more comprehensive, better tailored to individual patient circumstances, and based on mutually agreed plans of care negotiated individually with patients.

**Twitter.** For people with chronic health conditions, Twitter has enabled them to share information, provide and receive support, raise awareness, challenge stigma, document their experiences, and self-advocate. Prominent examples include depression, heart disease, and cancer. A more surprising example, perhaps, is dementia. A research team from Exeter recently sought to identify how people with dementia use Twitter and examine the illness identities they create and promote online.<sup>2</sup>

Six themes were identified through the analysis: nothing about us without us, collective action, experts by experience, living with dementia not suffering from it, community, and stories of dementia. The findings suggest that some people with dementia are using Twitter to become visible and broadcast an activist and positive perspective on living with dementia to a wider audience. Given the 'social media bubble' and the cliquish nature of the medical community on Twitter, the challenge for doctors and medical educators may be to work out how these messages can be heard and understood within the profession.

**Head and neck cancer.** England has one of

the worst rates of survival from head and neck cancers in Europe, and the Netherlands has one of the best. In order to better understand some of the reasons for these differences, a research team recently compared the views of secondary care specialists in the two countries about their systems for referral.<sup>3</sup> The most common theme was communication between primary care and specialists. Surgeons in England identified this as the aspect most lacking under the English '2-week' rule, whereas Dutch specialists felt that the good communication in their system was one of its best points. Other themes included the educational needs of primary care practitioners, criticism of 'tick box' referrals in England, and too many patients referred who do not have cancer. The authors suggest a number of ways in which the English system could benefit from emulating aspects of the Dutch model, although recognise that a new system would need to be carefully piloted to ensure safety, effectiveness, and practicality.

**Knitting.** Knitting projects range from simple and routine to complex and challenging, accommodating vastly differing skill levels and fulfilling many creative needs. Traditional stereotypes about knitting are dissolving, and contemporary knitting culture has evolved partly due to blogs, video tutorials, and social media. There has also been much interest in the potential of knitting as an inexpensive and purposeful way of reducing stress and recovering from illness. A Canadian study recently sought to understand how passionate knitters felt their hobby contributed to their health and wellbeing.<sup>4</sup> Their findings capture how knitting 1) 'makes me happy', 2) is 'the mental challenge I need', 3) is 'a hobby that joins' through social connections and skill development, 4) sustains identity such that 'I can't imagine life without knitting', and 5) is a creative outlet 'reflecting my personality'.

The occupational therapist authors reflect on how the findings may influence their professional practice, and on how knitting and other creative leisure occupations could be used as '*direct interventions to achieve therapeutic goals*'.

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