



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

Gestational diabetes, older drinkers, spirituality, and dance therapy

Gestational diabetes. Women are getting pregnant later in life and rates of obesity are rising, which are some of the factors thought to explain the growing rates of gestational diabetes mellitus (GDM) in many parts of the world. A recent systematic review from Australia synthesised papers looking at the psychosocial experiences associated with GDM.¹ The identified benefits of a GDM diagnosis were largely behavioural and included an opportunity to make healthy eating changes. The identified harms were emotional, financial, and cultural. Women commented about the added responsibility (eating regimens, appointments), financial constraints (expensive food, medical bills), and conflicts with their cultural practices (alternative eating, lack of information about traditional food). Some women reported living in fear of risking the health of their baby and conducted extreme behaviours such as purging and starving themselves. The authors conclude that women with GDM need consistent evidence-based information and ongoing psychological and social support.

Older drinkers. Although alcohol consumption is commonly associated with pleasure, celebration, and leisure, it of course has the potential to lead to an array of medical, psychological, and social harms. As a potentially problematic practice, drinking alcohol, especially if construable as excessive, becomes something to be justified and rationalised. A research team from York recently examined how older drinkers make sense of their drinking practices, including how they seek to normalise their consumption when talking about it.² Four key approaches were used: strategic vagueness; reinforcing responsible restraint; self-serving comparisons; and downplaying drinking as mundane practice. Interviewees made concerted efforts to present themselves as good citizens: displaying self-regulation, emphasising moderation, and decrying excess and dependence in others. Interestingly, despite apparently clear guidance on 'safe' drinking levels, there was a lack of clarity

around the notion of 'moderation' in terms of actual amount consumed.

Spirituality. Although the importance of spirituality in mental health contexts is increasingly being recognised, it has been suggested that a 'religiosity gap' still exists in the difference in value placed on spirituality and religion by professionals compared with service users. A recent systematic review from a Nottingham research team synthesised the experiences of spirituality among adults with mental health conditions.³ It found that spirituality is core to many participants' identity and often reported as vital in helping them to cope with their distress and even preventing suicide. It is important therefore that mental health services and professionals are aware of and actively prepared to address and support this dimension, a recommendation that was made in nearly all of the 34 individual studies included in this review.

Dance therapy. Following a stroke, challenges related to community participation not only often go beyond the physical capacity to perform activities, but also span the feeling of belonging and the ability to participate socially. A variety of physical activity programmes have been shown to be beneficial in this group. As dance programmes have proven to be effective in Parkinson's disease, a recent Canadian study examined whether they could be adapted for use in people following stroke.⁴ Participants in the study identified that the single most important factor is the communication skills and flexibility of the dance instructor, who needs to adapt to the needs of an individual or group. Creating a safe and inviting environment was also considered important, including both the physical and emotional aspects of environment facilitating individuals to create connections with others and feel more confident in themselves. This is a potentially valuable intervention in an important patient group, but more robust evidence is nevertheless needed before it can be widely implemented.

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