



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

REFERENCES

1. Hayes J, McCabe R, Ford T, *et al.* 'Not at the diagnosis point': dealing with contradiction in autism assessment teams. *Soc Sci Med* 2020; **268**: 113462.
2. Sagi D, Spitzer-Shohat S, Schuster M, *et al.* Learning social determinants of health through a home visiting course in the clinical years. *Patient Educ Couns* 2020; DOI: 10.1016/j.pec.2020.05.002.
3. Devendorf AR, McManimen SL, Jason LA. Suicidal ideation in non-depressed individuals: the effects of a chronic, misunderstood illness. *J Health Psychol* 2020; **25(13-14)**: 2106–2117.
4. Steffen EM, Timotijevic L, Coyle A. A qualitative analysis of psychosocial needs and support impacts in families affected by young sudden cardiac death: the role of community and peer support. *Eur J Cardiovasc Nurs* 2020; **19(8)**: 681–690.

Autism, home visits, suicidal ideation, and young sudden cardiac death

Autism. Social scientists have long recognised that diagnosis is not as straightforward as us medics might think, but is rather an interactive process that is imbued with uncertainty and contradiction. A UK research team recently sought to examine the 'process of resolving contradiction' in autism diagnosis for adults and adolescents.¹ They analysed audio recordings of 18 specialist clinical assessment meetings in four teams in England covering 88 cases in total. They identified a three-part interactional pattern, which allows clinicians to forward evidence for and against a diagnosis. Pragmatism was found to operate as a strategy to help assign diagnosis. Resolution of contradiction from different aspects of the assessment, the authors conclude, serves to create a narratively-coherent, intelligible clinical 'entity' that is autism.

Home visits. It is crucial that doctors of the future have a deep understanding of the social determinants of health (SDoH) and how they underpin health disparities. An Israeli study evaluated a new experience-based educational programme aiming to teach SDoH and health disparities through a post-discharge home-visit conducted with patients recruited in hospital.² In total, 105 clinical medical students visited 177 patients living in disadvantaged circumstances. The authors found that encountering patients at home, where patients could retain their autonomy and control, led students to understand the challenges and barriers that patients face in the community, especially after discharge from hospital. This provides welcome validation for primary care educators in the UK, who have been using similar educational approaches for decades.

Suicidal ideation. Although the majority of people who die by suicide have underlying psychiatric conditions, some do not. In particular, some have chronic physical conditions, such as myalgic encephalomyelitis (ME) and chronic fatigue syndrome (CFS). A recent study from

Chicago analysed data from 29 patients with these two conditions who endorsed suicidal ideation but did not meet depression criteria.³ Participants emphasised that they were not depressed — they desired to participate in life — but they felt trapped by their hopeless circumstances. This feeling was produced by unsatisfying interactions with healthcare providers, feeling powerless, and a lack of treatment. The authors suggest that doctors should consider asking patients with ME and CFS about suicidal ideation and feelings of hopelessness, and be mindful that hopelessness may be due to circumstances rather than psychiatric illness.

Young sudden cardiac death. Young sudden cardiac death (YSCD) is devastating for affected families, often occurring in healthy and active young people without prior symptoms. The cause of death is frequently uncertain or associated with genetic heart diseases, suggesting possible future risks for relatives. A recent UK study sought to identify how YSCD-affected families experience dedicated community and peer support.⁴ They found that community support can facilitate meaningful re-engagement with life through helping prevent YSCD, and through memorialisation and legacy-building to maintain a continuing bond with the deceased. The authors suggest clinicians should help families seek out peer-to-peer support groups and networks as community structures themselves are experienced as healing.

Podcast of the month. Whether or not you're a loyal *More or Less* listener, Tim Harford's new *How To Vaccinate The World* BBC Radio 4 show is available as a podcast and is well worth checking out: <https://www.bbc.co.uk/programmes/m000py6s>.

Ahmed Rashid,
GP and Clinical Associate Professor, UCL Medical School, UCL, London.

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

DOI: <https://doi.org/10.3399/bjgp21X715145>