



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

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Nasal sprays, obstetric ultrasound, binge eating disorder, and emergency departments

Nasal sprays. The mainstay of respiratory tract infection (RTI) prevention approaches has been to either reduce the likelihood of becoming infected (for example, via social distancing and face masks), or improve individuals' immune responses (for example, via vaccination and improved lifestyle). However, prevention approaches can also intervene at early stages of infection by targeting the nose and mouth as entry points for viruses. Given that nasal sprays are emerging as one such potential intervention, a recent study from Southampton examined what the general public thought of them.¹ They found that various factors might influence nasal spray use including: high motivation to avoid RTIs, particularly during the COVID-19 pandemic; fatalistic views about RTIs; beliefs about alternative prevention methods; the importance of personal recommendation; perceived complexity and familiarity of nasal sprays; personal experiences of spray success or failure; tolerable and off-putting side effects; concerns about medicines; and the nose as unpleasant and unhygienic. Overall, many considered it useful, and some even a 'game changer'.

Obstetric ultrasound. Although antenatal care now plays a vanishingly small role in the work of UK general practice, it remains an important part of the care provided by primary care clinicians around the world. Specifically, ultrasound plays a significant role in the surveillance and management of high-risk pregnancies, although coverage in resource-limited settings remains low. A recent study explored the facilitators and barriers to introducing obstetric ultrasound in primary healthcare facilities in Ethiopia.² The study found that high workload and staff shortages were the main health system barriers for the use of limited obstetrics ultrasound. When trained clinicians were absent from work or transferred to other locations, the ultrasound examination service was interrupted. Unsurprising, but disappointing, nonetheless.

Binge eating disorder (BED). BED is characterised by recurrent binge episodes

in which an objectively large amount of food is eaten in a discrete time and is associated with feelings of loss of control, distress, guilt, and shame, but without compensatory purging behaviour. It has shown to be commoner in people with type 2 diabetes, prompting a research team in Boston, MA to interview a sample of adult women with both diagnoses.³ Helpful treatment was experienced when clinicians demonstrated a person-centred approach by providing adequate diabetes education, individualised care, and non-judgemental attitudes. Unhelpful treatment, meanwhile, occurred when clinicians clearly did not understand BED and offered simplistic advice or expressed judgemental attitudes, leading to low self-efficacy, diminished trust, and feelings of guilt, shame, and failure.

Emergency departments (EDs). Although patient experience in EDs has been widely examined, there is limited evidence about patients' specific experiences with primary care services located in or alongside EDs. A Welsh research team recently sought to identify theories about patient experience and acceptability of being streamed to a primary care clinician in an ED.⁴ Clinicians and patients reported that patients generally found primary care streaming acceptable if they felt their complaint was dealt with suitably, in a timely manner, and when clinicians clearly communicated the need for investigations, and how these contributed to decision making and treatment plans.

Podcast of the month. If, like me, you have a complicated, love-hate relationship with reality TV, check out *Unreal: A Critical History of Reality TV*: <https://www.bbc.co.uk/programmes/p0c5w0zm>.

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DOI: <https://doi.org/10.3399/bjgp22X720377>