



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

REFERENCES

1. Silverberg J, Silverberg N. Epidemiology and extracutaneous comorbidities of severe acne in adolescence: a U.S. population-based study. *Br J Dermatol* 2014; **170**(5): 1136–1142.
2. Holtermann A, Mork PJ, Nilsen TI. Hours lying down per day and mortality from all-causes and cardiovascular disease: the HUNT Study, Norway. *Eur J Epidemiol* 2014; **29**(8): 559–565.
3. Care Quality Commission. *Time to listen in NHS hospitals. Dignity and nutrition inspection programme 2012. Summary*. March 2013. http://www.cqc.org.uk/sites/default/files/documents/time_to_listen_-_nhs_hospitals_summary_tag.pdf [accessed 15 Sep 2014].
4. Watkinson-Powell A, Barnes S, Lovatt M, *et al*. Food provision for older people receiving home care from the perspectives of home-care workers. *Health Soc Care Community* 2014; **22**(5): 553–560.
5. Epiphaniou E, Shipman C, Harding R, *et al*. Coordination of end-of-life care for patients with lung cancer and those with advanced COPD: are there transferable lessons? A longitudinal qualitative study. *Prim Care Respir J* 2014; **23**(1): 46–51.

Acne, sedentary behaviour, malnutrition, and COPD

Acne. Despite *Acne vulgaris* being such a frequently encountered disorder in primary care, few recent studies have sought to investigate the epidemiology of the disease. Although once considered a largely cosmetic disorder, there is now a greater appreciation of the significant associated psychological comorbidity and hypotheses about associations with a variety of other diseases. Using the 2007 National Health Interview Survey, US researchers recently analysed questionnaire data from 9417 children aged 0–17 years. In their *British Journal of Dermatology* study, they describe their findings.¹ Severe acne is more prevalent in older children, increasing in a linear fashion from 11 to 17 years old. It is also commoner in white racial groups and is associated with higher prevalences of one or more sinopulmonary, gastrointestinal, and psychological comorbidities. Although the mechanism of association with these comorbid disorders is unknown, the authors suggest that GPs should consider closer surveillance of adolescents with severe acne.

Sedentary behaviour. Although opportunistic health promotion advice is often squeezed as pressures on services grow, few GPs would refute that it remains an important part of our civic duty. An important part of this advice relates to physical activity. It's long been established that a physically active lifestyle reduces the risk of chronic disease and death. Meanwhile, sedentary behaviours such as sitting have been associated with increased risk of cardiovascular disease and death, even in physically active individuals. This suggests that sedentary behaviours have adverse physiological consequences that cannot be reversed by exercise. In the *European Journal of Epidemiology*, a large Norwegian study that prospectively followed up 39 175 patients aged 20–79 years demonstrates that excessive hours lying down per day is also associated with increased all-cause and cardiovascular mortality.² Importantly, this relationship also exists in physically active individuals and it seems increasingly likely that exercise advice we deliver in the future will have to be more nuanced than encouragement to visit the gym.

Malnutrition. High-profile national reports have recently condemned poor nutritional care in hospitals and care homes and highlighted the considerable health and economic costs of malnutrition.³ However, there has been comparatively less focus on community settings, where the majority of the care of malnourished individuals takes place. In a study published in *Health & Social Care in the Community*, British researchers interviewed home care workers about the food provision of older adults in their local area.⁴ The participants felt unable to socially engage with service users at mealtimes due to time pressures, most often having to use ready meals. Their priorities were enabling choice rather than providing healthy diets but choice was in turn limited by food availability and reliance on families for shopping. Despite the central role that home carers play in food provision, they received little training and interacted very rarely with health professionals. Given the ominous consequences of malnutrition and the ongoing cuts to social care budgets, this may be an important area for clinicians and commissioners to consider.

COPD. It can be a real challenge to predict when patients are entering the terminal stage of chronic diseases with variable disease trajectories, such as COPD. In a recent *Primary Care Respiratory Journal* study, in-depth serial interviews were conducted with patients with lung cancer and COPD recruited from outpatient clinics in a London teaching hospital.⁵ Patients with lung cancer had good access to end-of-life services, enabled by the involvement of a keyworker. These keyworkers were able to coordinate care between settings, involve community palliative teams and help with financial and other practical issues. Patients with COPD, meanwhile, did not typically have access to a keyworker and had little continuity of care and poorer forward planning or access to services. Given this discrepancy, end-of-life COPD patients may warrant a similar keyworker model long term and greater attention from primary care teams in the shorter term.

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