Editorial

Clinical evidence and the experience of illness in family medicine

The contributions in this issue of the Middle East Journal of Family Medicine examine childhood obesity, dementia assessment, restless legs syndrome, persistent symptoms following nasal trauma, and concerns about artificial intelligence and social media. They approach these subjects through clinical reviews, a retrospective cohort study, personal experience, and commentary. Reading them together calls for attention to both the evidence supporting a clinical explanation and the effects of illness on everyday life.

The retrospective cohort study from Qatar examines overweight and obesity among children and adolescents attending Primary Health Care Corporation health centres between January 2017 and July 2021. The authors report 160,209 participants aged 2–18 years, with obesity increasing from 5.6% in 2017 to 16.3% in 2021 and overweight increasing from 6.4% to 15.5%. These findings document a substantial increase within the population studied. However, the rise was already apparent before the pandemic. Although the authors discuss restrictions on activity, school closures, and changes in daily routines as possible contributors, the observational design does not establish how much of the increase was caused by COVID-19 preventive measures. Their proposal for coordinated prevention involving families, schools, and health services addresses a problem that preceded the restrictions and continued during them.

A. Abyad's review of neuroimaging in dementia examines what different imaging methods can contribute to diagnosis, prognosis, and treatment monitoring. Structural, functional, and molecular examinations answer different questions. The review stresses that an imaging abnormality must be interpreted alongside the cognitive presentation, functional impairment, disease course, and accompanying conditions. The presence of amyloid pathology, for example, does not establish that it explains every cognitive symptom. For family physicians involved in assessment and continuing care, the article offers a framework for understanding both the information a scan provides and the uncertainty that can remain after testing.

Nadiya Zainab Rizvi and Eman Azhari Bramble Adam examine restless legs syndrome from a primary care perspective. Their review describes the characteristic urge to move the legs, worsening during rest, relief with movement, and evening or night predominance. It also addresses conditions that can mimic the disorder, iron status, associated illnesses, and medicines that may aggravate symptoms. The discussion of augmentation, in which symptoms worsen during dopaminergic treatment, gives particular attention to the need to reassess a changing symptom pattern. Throughout the review, disrupted sleep and impaired daytime functioning provide the clinical context for diagnosis and management.

Ebtisam Elghblawi's personal narrative describes persistent nasal symptoms after an e-bike collision, septal fracture, and subsequent surgery. Nasal obstruction, secretions, crusting, and disturbed sleep are accompanied by frustration over unanswered questions and the absence of a satisfactory explanation. The author considers structural, mucosal, and neural mechanisms while acknowledging that the precise cause of her continuing symptoms remains uncertain. This individual account cannot establish a general mechanism or estimate the outcomes of nasal surgery. It does, however, describe in detail how prolonged symptoms and unsatisfactory communication can affect a patient's experience of care.

Lesley's contribution raises concerns about social media, artificial intelligence, and psychological harm. The supplied summary expresses particular concern about interactions between vulnerable people and AI systems, including experiences described as "AI psychosis." These concerns require careful examination of individual circumstances and the evidence behind proposed causal links. Reports of disturbing interactions should be distinguished from established diagnoses and from conclusions about how frequently harm occurs. In introducing this discussion, the journal provides space to examine questions that the full contribution will need to support with documented evidence.

Across these contributions, clinical interpretation remains a matter of matching conclusions to the evidence available. Population data can describe a trend without isolating its cause; an imaging result can identify pathology without explaining an entire clinical presentation; and a personal narrative can describe suffering while leaving its mechanism unresolved. Family medicine encounters each of these situations. Care depends on explaining what is known, acknowledging what remains uncertain, and continuing to attend to the patient's symptoms and daily functioning.

Warm regards,
Dr. Abdulrazak Abyad
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