

PRESENTATION 1: Friday 28th September, 2007 THEME PAPER

09.30 – 10.00 h.

TITLE: Burnout in European FDs.

AUTHOR(S): Hakan Yaman, Radost Assenova, Zaida Azeredo, Francesco Carelli

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Background: The aim of this cross-sectional exploratory study was to determine the prevalence of burnout, and of associated factors, amongst family doctors (FDs) in European countries.

Research question: 1) What is the prevalence of burnout in FDs in Europe? 2)
Which factors are associated with high levels of burnout in European FDs?

Method: A cross-sectional survey of FDs was conducted using a custom-designed and validated questionnaire. The questionnaire incorporated the Maslach Burnout Inventory (MBI-HSS) as well as questions about demographic factors, working experience, health, lifestyle, and job satisfaction. MBI-HSS scores were analysed in the three dimensions of Emotional Exhaustion (EE), Depersonalisation (DP) and Personal Accomplishment (PA).

Results: Almost 3,500 questionnaires were distributed in 12 European countries, and 1,393 were returned to give a response rate of 41%. In terms of burnout, 43% of respondents scored high for EE burnout, 35% for DP, and 32% for PA, with 12% scoring high burnout in all three dimensions. Just over one third of doctors did not score high for burnout in any dimension. High burnout was found to be associated with several of the variables under study, especially those relative to respondents' country of residence and European region, workload indicators (volume, type and scheduling of work), age, male sex, marital status, number of children, further qualifications, income, sick leave utilisation, job satisfaction, intention to change job, and the (ab)use of alcohol, tobacco and psychotropic medication. Conclusions: Burnout seems to be a common problem in FDs across Europe, and is associated with personal and workload indicators, job satisfaction, intention to change job, and the (ab)use of alcohol, tobacco and psychotropic medication. The study questionnaire appears to be a valid tool to measure burnout in FDs. Recommendations for clinical practice and future research are made. Suggestions for improving the instrument are listed.

Points for discussion: 1. This is one of the most recent EGPRN collaborative research projects, and may act as a model for future projects 2. Shall EGPRN research into new models of burnout, and effective interventions? 3. Shall EGPRN make recommendations to Wonca Europe

PRESENTATION 2: Friday 28th September, 2007 THEME PAPER

10.00 – 10.30 h. Ongoing study with preliminary results

TITLE: Validity of the PSYCHLOPS in measuring outcomes of mental health interventions

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Background: Valid measurement of the effects of primary care mental health interventions is important. However, most instruments have found limited use in practice. A British general practice network (STaRNeT) has developed the PSYCHological Outcome Profiles (PSYCHLOPS) questionnaire. Not only is it easy to use, it also has greater sensitivity to change, presumably because of its unique patient-derived format. Our aim was to evaluate whether changes in the psychlops reflected changes in other outcomes in an RCT to evaluate effects of a Minimal Intervention for Stress-related mental disorders with Sick leave (MISS) versus usual care (UC). Design: validity study within cluster-randomised controlled educational trial.

Setting: Primary health-care practices in the Amsterdam area, The Netherlands. Participants: A total of 433 patients (MISS n = 227, usual care [UC] n = 206) with sick leave and self-reported elevated level of distress. Interventions: 46 primary care physicians were randomized to either receive training in the MISS or to provide UC. Eligible patients were screened by mail.

Outcome measures: Psychlops scores (problem #1, problem #2, functioning, well-being, 0-5), duration of sick leave until lasting full return to work, levels of self-reported distress, depression, anxiety, and somatisation, at six months.

Results: Baseline psychlops scores were high (i.e., problem #1 MISS 4.16, SD 0.98; UC 4.21, 0.90), and dropped to 2.73 (1.77) for MISS, and 2.58 (1.76) for the UC group, at six months, still high. No significant differences were found between MISS and UC groups at any time point, consistent with the lack of effect observed with other instruments.

Conclusions: The psychlops is a very useful tool to evaluate a primary mental health care intervention, both in the consulting room and in research. The next step may be to integrate this tool in care, as a means of monitoring improvement.

Points for discussion: - Validity of PSYCHLOPS for evaluating mental health interventions in primary care is good. - Chronicity of self-defined mental health problems is large.

PRESENTATION 3: Friday 28th September, 2007 THEME PAPER

11.00 – 11.30 h.

TITLE: GPs perceptions of structures, and care management for depressive patients.

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Background: Depression is an important health problem in developed countries. In France the situation seems to be different, with high drug consumption, and low referral to psychologists. The health care system is currently changing with more restrictive access to psychiatrists. In other countries with restricted access, GPs have stated that they do not have enough time to manage depressive patients

Research question: To survey Gps' perceptions and barriers to take care of depressed people. To check reasons for differences observed between French antidepressant's consumption and other European countries.

Method: A questionnaire, as close as possible to questionnaires used in similar on-going or past studies, in communication with our partners in Witten (Germany) and Sheffield (UK), has been translated and validated. It regards the management of patients GP consider as depressive. It has been sent to all GPs of 4 Northwest regions of France. Firstly, we'll assess and compare local differences, using "Epi- info" software. Secondly we will compare our results with those available for other countries. This study is supported by the French social security system

Results: 30 % of the Gps returned the questionnaire. First results show great difficulties to easy access to specialist treatment, not having enough time, and lack of feedback information. French GP agree with the facts they have easy access to antidepressant drugs and difficulties to refer to psychologists.

Conclusions: Paradoxically GP think increasing the number of psychiatrists will resolve this problem, ignoring their rate is the highest in Europe. Most results will be available in sept 2007.

Points for discussion: 1. Epidemiology & presentation of depressive patients may differs in those countries. 2. What consequences for the conclusions? 3. Do GPs have less difficulties in other countries with high referral to psychological care?

PRESENTATION 4: Friday 28th September, 2007 THEME PAPER

11.30 – 12.00 h.

TITLE: How do GP manage with patients with suicide ideation? A qualitative study.

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Background: In France, 11 000 deaths / year are due to suicide. Suicidal attempts are about 150 000 / year, half of which, managed by General Practitioners. Recommendations insist on targeting the severity of suicidal crisis elements, listening carefully to psychological pain and the importance of specialised follow-up. A lot of studies assessed suicidal risks, a few about its effective management, the effective use of the health care system, influences of practice place, patient's expectations, and real availability lived by GPs

Research question: Our aim is to explore GPs difficulties, coping with a patient with suicidal ideation, and choosing options to get through this difficult situation

Method: Four researchers run individual face to face comprehensive interviews, from rural and urban GPs from Paris suburbs and Normandy. The data were analysed independently for all interviews until saturation, then shared, coded, and finally discussed.

Results: First results confirm the high complexity of taking care of these patients in primary care. This consultation is an emotional one, difficulties seem to come more from patient's requests, physician's profile, rather than the place of practice and nearness of hospital emergency units. Physicians underline lack of efficient communication with secondary care services and psychiatrists. The stigmatisation of psychiatric wards by the patients is still present. Several patients don't want to go to emergency units or come back from them refusing hospitalisation. This situation obliges many times the physician to cope with those patients, alone.

Conclusions: Lowering stigmatisation of mental disorders among practitioners and patients is still a hard challenge. Further results will be available during the congress.

Points for discussion: Is such a study could be completed interviewing patients or psychiatrists?

PRESENTATION 5: Friday 28th September, 2007 THEME PAPER

12.00 – 12.30 h.

TITLE: Depression among the elderly Family Practice's patients with type 2 diabetes mellitus.

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Background: The clinical implications of the concomitant depression and type 2 diabetes tend to be often underrated among the elderly individuals. Late-life depression is estimated to affect approximately 5- 10% of the Primary Care patients, 2/3 of which still remains undetected. Meanwhile, the coexisting depression may severely impair metabolic control and increase the risk of both macro- and micro-vascular complications in subjects with type 2 diabetes.

Research question: -What is the severity of symptoms of depression among the elderly Primary Care individuals with type 2 diabetes based on the collaborative care model approach; -What is the impact of depression on diabetes-related physical outcomes. -What about applicability of Raskin Depression Scale as a screening tool among the elderly Family Practice's patients.

Method: 111 elderly Family Practice patients, aged ≥ 65 y and diagnosed with type 2 diabetes participated in the study (59 women). The following diagnostic procedures were administered: -Raskin Depression Scale, a general practitioner-rated evaluation scale. -On spot interview with a psychiatrist to confirm the presumptive diagnosis. -Physical examination and blood sampling to ascertain the fasting blood glucose concentration, BMI, blood pressure values and lipid profile.

Results: 20,7% of subjects, who tested positively towards depression (7 or more points according to Raskin Depression Scale) were referred to a psychiatrist. 82,1% of these had their diagnosis confirmed during the psychiatric interview. The association between the severity of depressive symptoms and both fasting blood glucose and LDL cholesterol values reached statistical significance only in women.

Conclusions: Raskin Depression Scale proved to be a reliable screening tool. A relationship observed between depression and metabolic control, particularly its impact on gender-related cardiac outcomes requires further investigations and urges broader screening for depression among the elderly Primary Care patients with type 2 diabetes.

Points for discussion: - Why was the presented impact of depression on metabolic control so strongly modified by gender? - What is the direction and the most feasible links in the cause-and-effect relationship between depression and type 2 diabetes? - Do other research

PRESENTATION 6: Friday 28th September, 2007 FREESTANDING PAPER

14.00 – 14.30 h.

TITLE: Family doctors perspectives on professional behaviour.

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Background: There are different approaches to ethics in medical practice and educational strategies in this area. Practising doctors' perspectives on this matter and the relations that they perceived between ethics and doctor patient-relationship have not been fully studied.

Research question: What are family doctors' opinions about the main components of the professional (ethical) behaviour? Which situations do they see as ethically "charged" What are the implications of family doctor's opinions and perceptions on this subject for their education?

Method: Eighty five Family physicians (FP) attending 7 workshops were invited using a semi-structured questionnaire to identify the requirements for an ethical practice and to describe one situation with a relevant ethical dimensions. Two raters classified the answers inductively and analyse the coherence between them. The result were analysed in relation with the literature.

Results: All FP answered the questionnaire. Mean of age: 46.3±4 .Average years of clinical practice: 20±5. 85% were trainers. Fifty different qualities or attributes were named in 333 statements. The majority (40%) were classified as general virtues (coherence, flexibility, honesty, diligence, humility, humanistic, sincerity, patience, prudence, tolerance,...), 30% as virtues related with doctor-patient relationship (empathy, respect, listening,...). Attributes regarding clinical competence were cited in 33 (10%) statements. Principles (justice, beneficence, patient autonomy) were highlights in 17 (6%) statements. The 85 described situations made reference to conflicts between patients' demands, needs and/or preferences and Health Service norms and procedures (34), clinical recommendations (21) and/or doctors' own interests and rights (19).

Conclusions: Doctors emphasize virtues and attitudes generally considered important for an ethical or virtuous professional behaviour (microethics). Most of them were related to doctor-patient communication. Nevertheless, they overlook them when identifying ethical situations in their practice. These situations were defined by conflicts between different interests and pressures. The education for professionalism should emphasized microethical dimensions of the clinical practice.

Points for discussion: Is there an incongruity between doctors proclaimed values and their ethical sensibility? Micro-ethics versus traditional principles and dues ethical approach? What are their relative merits and shortcomings?

PRESENTATION 7: Friday 28th September, 2007 FREESTANDING PAPER

14.30 – 15.00 h.

TITLE: Involving patients in clinical decision: a measurement proposal from primary care.

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Background: Physicians are encouraged to involve patients in clinical decisions (IPCD), but this does not seem to be well defined, particularly for some health problems and scenarios and its measurement faces problems

Research question: Based on a more suitable and realistic concept of IPCD for primary care, can we built a valid tool for assessing IPCD?

Method: We get the following steps: 1 revision of literature (on theoretical perspectives, patients and providers opinions and proposals for measurement) and opinions of our own doctors (focus groups). 2 We selected 14 items of our scale for measuring patient-centered approach (CICAA) and added new specific items to measure involvement. With this first 23 items instrument (CICAA-D - Decision) two raters in a 3 iterative cycles over a 3 months period evaluated 31 diverse clinical encounters modifying the scale and redefining the concept of patient involvement: 6 items were suppressed and 7 reformulated. 3. Two observers evaluated 160 interviews (41 providers-diabetics, 19 doctors-standardized chronic pain patient and 100 residents-new patients)

Results: In 31 (19.4%) interviews some kind of IPCD was observed. In 13 (42%) encounters this involvement was defined as “participated decision making” and in 18 (58%) as “shared decision making”, all the latter were interviews with diabetics (8) and musculoskeletal-chronic pain patient (10). Only in 5 interviews with residents participated decision making was detected.

Conclusions: The IPCD in PC seems to be poor. Nevertheless, the tools used until now for its measurement can't reflect how this process is carried out in consultations. Actually, we observed that the IPCD can take place at two different levels, the “participated” and the “shared” one, which would force to redefine the concept. The CICAA-D is a faced-validity scale and can be an useful instrument. Further validity and reliability studies should be carry out

Points for discussion: 1. What do we consider to involve patient in decision making? 2. Which are the main features to keep in mind for measuring participated decision making in primary care consultations?

PRESENTATION 8: Friday 28th September, 2007 FREESTANDING PAPER

15.00 – 15.30 h.

TITLE: Consensus about gut feelings in general practice.

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Points for discussion: Background: General practitioners sometimes base clinical decisions on gut feelings alone, even though there is little evidence of their diagnostic and prognostic value in daily practice. Research into the validation of the determinants and into test properties of gut feelings requires precise and valid descriptions of gut feelings in general practice, which can be used as a reliable measuring instrument.

Research question: Can we obtain consensus on descriptions of two types of gut feelings: a sense of alarm and a sense of reassurance, and their determinants?

Method: Qualitative research including a Delphi consensus procedure with a heterogeneous sample of 27 Dutch and Belgian GPs or ex-GPs involved in university educational or research programmes.

Results: After four rounds, we found 70% or greater agreement on seven of the eleven proposed statements. A “sense of alarm” is defined as an uneasy feeling perceived by a GP as he/she is concerned about a possible adverse outcome, even though specific indications are lacking: There’s something wrong here. This activates the diagnostic process by stimulating the GP to formulate and weigh up working hypotheses that might involve a serious outcome. A “sense of alarm” means that, if possible, the GP needs to initiate specific management to prevent serious health problems. A “sense of reassurance” is defined as a secure feeling perceived by a GP about the further management and course of a patient’s problem, even though he/she may not be certain about the diagnosis: Everything fits in.

Conclusions: The sense of alarm and the sense of reassurance are well-defined concepts. These descriptions enable us to operationalize the concept of gut feelings in further research

1) Can we generalize these descriptions and can they be applied in other countries? 2)
What research designs are suitable to validate the determinants of gut feelings?

PRESENTATION 9: Friday 28th September, 2007 FREESTANDING PAPER

14.00 – 14.30 h. Ongoing study with preliminary results

TITLE: Conditions for research in general practice.

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Background: Research in general practice (GPr) is notably different from medical research in university hospitals. GPr is the suitable place for monitoring and surveillance of population morbidity and a wealth of clinical studies. However, sound research requires a certain professionalisation of GPr. This leads to our research questions:

Research questions: 1. What conditions are necessary to develop research in general practice? 2. How have these conditions developed over time in European countries?

Method: Andrew Abbott formulated milestones for the assessment of the level of professionalisation. Based on his work, milestones for GPr research were extracted. Data on these milestones were collected for six European countries (United Kingdom, Netherlands, Belgium, France, Spain and Denmark) by email and personal contact with country experts.

Results: The milestones for research in GPr are: 1) Existence of professional associations and a vehicle for publication of research results; 2) Structural conditions that facilitate a non-selective view of health problems; 3) Integration of GPr in academic institutions and 4) Conditions regarding research opportunities for GPr like group-practices and financial support for research activities. UK started with a peer reviewed journal in 1954 and established the first chair in 1963. Spain is on the other side of the time frame, with a relative recent introduction of a peer reviewed journal (1984) and a GP chair (2001). France has a French peer reviewed journal (1982), but no GP chairs yet. Specific vocational training is present in all countries. Possibilities to obtain a doctorate are complex in Belgium and France. Financial support for research is possible in UK and the Netherlands. Structural conditions for research are most favourable in UK and the Netherlands and least in France and Spain.

Conclusions: The milestones extracted from the Abbott criteria are a good means to describe international differences in professionalisation of general practice.

Points for discussion: This is a six country study. We would like to extend our study to the rest of Europe. Therefore: 1) We would like to set up a European database with information on medical schools and chairs, which reflects not only the situation today.

PRESENTATION 10: Friday 28th September, 2007 FREESTANDING PAPER

14.30 – 15.00 h.

TITLE: General practitioners with specialist interest in the U.K.

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Background: As general practice as a speciality has developed over the years, now in the U.K, there is a trend towards general practitioners with a speciality interest. Potentially this could provide better care, and reduce the burden on an already, overstretched National Health Service. This would also help improve waiting times for specialist consultations, in the hospital.

Research question: Here we assess: 1. What proportion of general practitioners, have a speciality interest? 2. Is it beneficial for the patient?

Method: A postal questionnaire was sent to 250 general practitioners, asking about their speciality interests, qualifications, experience, any extra duties performed. Finally was it beneficial for the patients.

Results: From 250 questionnaires sent to general practitioners, 180 replied back: 102 (56.7%) declared a speciality interest. 78 (43.3%), did not have any specific interest.

Speciality interests were: 40 (22.2%) in general medicine, 35 (19.4%) in general surgery, 20 (11.1%) in obstetrics and gynaecology, 4 (2.2%) in E.N.T surgery and 3 (1.7%) in ophthalmology. Postgraduate qualifications: Overall, 105 (58.3%) - MRCP; 73 (40.6%) - MRCP; 17 (9.4%) - FRCS; 1 (0.6%) - FRCS(OTO); 14 (7.8%) - MRCS; 28 (15.6%) - other diplomas. 51 (28.3%) - performed extra duties and other procedures. Overall 122 (67.8%) of all general practitioners, felt it was beneficial to have a speciality interest.

Conclusions: In U.K, there are a great number of general practitioners, with a variety of specialist interests and qualifications. A number of whom provide extra duties and carry out procedures that previously, were only available in hospitals. This is of considerable benefit to patients.

Points for discussion: General practitioners with a specialist interest have a role to play in primary health care: 1. So in the future, should all trainees be encouraged for some specialisation? 2. Should it be part of the trainee curriculum? 3. With this in mind, maybe they

PRESENTATION 11: Friday 28th September, 2007 FREESTANDING PAPER

15.00 – 15.30 h.

TITLE: What measures could be implemented to persuade young doctors to establish a private practice?

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Background: In France, the establishment of doctors is considered a public problem that justifies a response focusing on the creation of regulatory methods regarding the provision of mobile medical care.

Research question: What measures could we implement in order to persuade young general practitioners to establish a private practice, particularly in areas of sociological or economic fragility?

Methods. The study was qualitative and involved semi-directed interviews conducted in two phases with three groups of people: interns in general medicine, substitutes, and young general practitioners in private practice. The initial phase of interviews aimed at gathering young doctors' opinions about available aid and conditions of establishment of a private practice. The measures suggested by the analysis of these interviews were then submitted to the same population for the second phase of interviews for verification and ranking.

Results: Young practitioners have no precise professional objective. Their own practice is in competition with many other options. The steps to be taken are personal and not necessarily logical: everything depends on the opportunities available. 1) Establishing a private practice is considered difficult. Administrative and managerial tasks, work organization and fear of isolation are some of the discouraging factors. 2) They have little say in how their work is organized. They criticize the current method of organization but they have little ability to mobilize. 3) Two measures seem to have a consensus. A marketing campaign to improve the public opinion of the importance of general practitioners and co-financed managerial aid. Two other measures appear promising to them: practice in groups in health facilities and implementing support groups to help young practitioners establish their practice.

Conclusions: The multiplicity of initiatives to help doctors establish their practice is not coherent and pertinent. Most of the initiatives are financial but young practitioners establishing problem is most of all sociological.

PRESENTATION 12: Friday 28th September, 2007 THEME PAPER

15.50 – 16.20 h.

TITLE: Improving Depression Care in Primary Health Care.

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Background: While improvements in primary depression care have been noted there is still considerable room for better quality. Collaborative care approaches are effective interventions in highly structured US Health Maintenance Organizations (HMO). However, little is known about the effectiveness of case management in settings like self-owned, small-size primary care practices. Research question: "PRimary care Monitoring for depressive Patients Trial" (PRoMPT) tests the effectiveness of a community-based case management for patients with Major Depression (MDD) in primary health care practices. Methods: Cluster-randomized-intervention-trial in 76 Primary care practices in Germany (1-2 General Practitioners, 1-2 Medical Assistants). 624 Patients with MDD (DSM IV): sex (female 75.6 %), age (50.3), education (74.1 % up to 10 years). Intervention: telephone monitoring by a trained practice-based Practice Nurse for 10 patients, to assess patient's self-reported depression symptoms, adherence, side effects of medication; and structured reports of the results to their General Practitioner for one year. Control: care as usual.

Results: Preliminary results show an improvement in depression symptoms after 6 months (PHQ-9 I= 17.23; C= 17.30 at baseline and I= 12.05; C=13.19), which differs significantly between intervention and control (adjusted for depression severity and cluster, $p < 0.05$). We will present 12 months data.

Conclusion: The community-based case management model exemplifies a system of care that supports both the primary care delivery system and patient-centered care. Although the positive effect is small, the study is of high clinical relevance because this care model can be applied to a large number of patients in a primary care setting.

Points for discussion: We would appreciate thoughts and suggestions from our international colleagues to better understand our results and consequences for primary depression care in different settings.

PRESENTATION 13: Friday 28th September, 2007 THEME PAPER

16.20 – 16.50 h. Ongoing study, no results yet

TITLE: The surveillance of new cases of depression in a Belgian network of sentinel family practices.

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Background: Depression is high on the agenda of policy makers and health care providers in Belgium as elsewhere. A Belgian guideline on the management of depression in family practice is nearly finished. On several occasions the members of the network suggested depression as a registration theme. Meanwhile the epidemiology of depression in Belgian family practice and characteristics of patients and practices are largely unknown. Therefore we set up a study on the feasibility of the registration of new cases of depression.

Research question: The registration aims to describe the incidence of depression and quality of care in family practice. Patient characteristics include symptoms, risk factors, incapacity to work and health services use. GP management of depression will be described in reference with the guideline. In our pilot study we asked to register 5 new cases of depression and to complete their follow-up forms afterwards. We also ask for comments on the registration and the completeness and clarity of instructions and registration forms.

Method: Using the Belgian guideline and a literature review, a research protocol and registration forms were developed and discussed with experts and the steering group. In April all the members of the sentinel network were asked to volunteer for the pilot. Mid June, participants received 5 registration forms, an instruction sheet and a questionnaire. They were asked to describe 1) prospectively 3 new cases between mid-June and mid-August and 2) retrospectively 2 new cases seen between March and April. After 2 months, they will receive follow-up forms. The follow-up covers 6 months for patients registered in March or April, and 2 months for patients registered between mid-June and mid-August.

Results: 98 of 170 eligible GPs volunteered for the pilot. The main results of the pilot will be presented.

Conclusions: Preliminary conclusions of the pilot will be presented.

Points for discussion: Feasibility of registration of patients with a new or repeated diagnosis of depression in family practice.

PRESENTATION 14: Friday 28th September, 2007 THEME PAPER

15.50 – 16.20 h.

TITLE: Estimating partner abuse in primary care.

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Background: Domestic violence, including child, elder and spousal abuse, is a serious health problem with physical and mental implications. It is related with psychosocial problems such as alcoholism, financial problems etc. Although routine screening of women patients for physical abuse by male partners is recommended in primary care internationally, there is a lack of data by GP's, in Greece.

Research question: To report on the domestic violence and identify patients at risk.

Method: 54 women, among the patients of the Health Centre of Chrisoupolis (HCC) reported sustained violence usually from their husband. A semi-structured questionnaire was applied, composed of demographics, medical history and chronic drug therapies. The Conflict Tactics Scale (CTS) for the violence assessment (form and heaviness) and the Symptoms Checklist-22 (SCL-22) for the anxiety, depression, somatization and low self-estimation evaluation were also performed. Moreover, the habits of the husband were investigated (alcohol consumption, drugs intake), the possible existence of psychiatric disorders and questions if they had reported previous violence occurrences to their GP.

Results: The mean age of the abused women was 26.7 (sd=4.3), 47 of whom were married. The most common type of violence was the verbal kind (48 women) and physical violence (37 women). 24 were repeatedly (more than 3 times) victims of violence and 16 sustained very serious physical injuries according to CTS. All 4 subscores of SCL-22 were increased in abused women; the most common symptoms after forced violence included stomachache – nausea (17/54), pain in the urogenital areas (15/54), dyspnea (13/54) and back pain (12/54) ($p<0.001$). Alcohol consumption, unemployment, and depression were found to be strongly related to abuse ($p<0.001$).

Conclusions: Violence in families seems to be common and GPs should be prepared to recognize abuse, and to be able to provide support for victims.

Points for discussion:

- The knowledge of risk situation justifies suspicion of abuse, for further enquiry by the GP.
 - The strong relation among family violence and psychosocial problems, may reflect to which extent these problems are under recognized by the GPs.

PRESENTATION 15: Friday 28th September, 2007 THEME PAPER

16.20 – 16.50 h.

TITLE: Effects of a group work intervention for women survivors of domestic violence.

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Background: The Women's Health Centre (WHC) in Maastricht developed in 2003-2006 a women survivors' group work programme for victims of partner violence. Screening of 63 female victims, referred by police and social services, resulted in the selection of 25 women suitable to participate in the 18-week group- work intervention and in the study. The intervention comprised both psycho-education, counselling, working through the trauma of partner violence and empowerment.

Research question: Profile of the group survivors of domestic violence. The effects of the group intervention on mental well-being, self confidence, self efficacy and sense of social support.

Method: Qualitative and quantitative methods (pre post patient controlled evaluation study design) were used to evaluate the effects in terms of psychopathology, level of post traumatic stress, self-confidence and social support. Validated scales were used like SCL-90 (Symptom checklist), PPS (Perceived Stress Scale), Self-esteem (Rosenberg) etc. Measurements and in- depth interviews were at baseline, halfway and at the end of the intervention.

Results: Profile: The women survivors -mean age 37 years- had a low level of education, no or low paid jobs and had mostly (young) children. 64% had stopped the relation with the violent partner, 36% did not. The women showed at baseline high levels of psychopathology (scores on SCL-90 were comparable with psychiatric patients) and high levels of stress. 50% of the group appeared to meet the criteria or PTSD (Post traumatic Stress). Effect of intervention: All symptoms of psychopathology and stress scores were reduced significantly. The percentage of women with PTSD was reduced from 50% to 13% (n=3). Levels of self esteem and self efficacy showed a significant increase after the intervention.

Conclusions: The group work intervention appeared to be effective in helping battered women to overcome their experiences of domestic violence and to move on with their lives.

Points for discussion: -What role can GP's play in the process of rehabilitation and support of female victims of domestic violence? How can Gp's stimulate implementation of effective social and emotional support for this group?

PRESENTATION 16: Saturday 29th September, 2007 THEME PAPER

09.30 – 10.00 h.

TITLE: Mental Suffering in general practice.

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Background: Mental suffering (MS) is a very large concept. It covers not only psychiatric diseases but often psychological or behavioural difficulties. In France, GPs receive almost 80 % of those patients and have to deal with an “unorganised illness” as Michael Balint said. GPs’ working patterns are not well known and seem mostly based on their professional experience. The research hypothesis was that GPs have to design operative and pragmatic patterns to care for MS.

Research question: What kind of operative and pragmatic knowledge do French GPs develop for caring of patients with mental suffering?

Methods: Qualitative study using participant observation during consultations with complementary interviews. Acceptance and coherence of the observations were assured by physicians who retrieved patients. Completeness was assured by triangulation of data, saturation was used to stop data recording. Notes and verbatim transcripts were analysed with content analysis.

Results: 68 cases were retrieved from 1100 consultations. After the perception of “suffering”, GPs first eliminated an organic etiology, then searched for an incident in the patient’s life. Medical proceeding included to calm the MS using patients’ expectations, personality, social context, professional context, and knowledge. Listening was the first action of GPs as a part of support psychotherapy and is found in every case. It was followed by drug prescription, sick leave certification, specialised exams and psychiatric exams. Drug prescription needed to be persuasive because patients did not want to use psychotropic drugs and are afraid of dependence.

Conclusions: GPs understood the causes of the PS by the identification of critical incidents in the patients life. Rather than putting a psychiatric diagnosis on MS they intend to calm it. Support psychotherapy was their tool to do so. All this requires a strong connection between GPs and patients.

Points for discussion: This is a short study it could be done at a larger scale. Will you be interested to do so? Do you know if that type of study has been done in other countries? And the results of those studies?

PRESENTATION 17: Saturday 29th September, 2007 THEME PAPER

10.00 – 10.30 h.

TITLE: Comparison of instruments to evaluate psychological treatment in primary care.

AUTHOR(S): Bettine Schreuders, Harm W.J. van Marwijk, P. van Oppen

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Background: Patient-generated outcome measurements about psychological problems stay close to how patients perceive their own problems, and focus less on disorder concepts, such as depression and anxiety. Although psychological problems are pervasive in primary care, we know little of how patients with psychological symptoms perceive their problems. As patient-generated instruments best describe the problems from the perspective of the patient, they may therefore also show higher sensitivity to change when used to evaluate treatment for mental health problems in primary care.

Methods: In a RCT with 100 participating patients, we evaluated a psychological intervention in primary care. Patients also filled in the Hospital Anxiety and Depression Scale (HADS) and also the 'Psychological Outcome Profiles' (PSYCHLOPS). To describe how patients report psychological problems and to explore whether these resemble depression and anxiety symptoms, answers to the 'open' questions of the PSYCHLOPS were categorized according to the International Classification of Primary Care (ICPC). To evaluate sensitivity to change, effect-sizes of PSYCHLOPS and the HADS were compared.

Results: Social problems were mentioned most frequently about relationships in the first place and about work in the second place. Depressive or anxious symptoms were seldom mentioned. The PSYCHLOPS showed a higher effect-size than the HADS (1.26 vs. 0.54).

Conclusions: Psychological problems were mostly perceived to be social issues. The PSYCHLOPS proved to be feasible, and more sensitive to change than the HADS. Therefore, this study supports further use of the PSYCHLOPS as a promising outcome instrument for both practical and research purposes. Conventional outcomes like the HADS give lower effect-sizes and may underestimate the effects of interventions.

Points for discussion: - How best to evaluate mental health interventions in primary care? - Is the Psychlops an alternative to current scales?

PRESENTATION 18: Saturday 29th September, 2007 THEME PAPER

10.30 – 11.00 h.

TITLE: Mental Health in the Transition Project.

AUTHOR(S): Jean Karl Soler, Inge M. Okkes

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Background: This study uses the Transition Project data to study the contribution of patients' reasons for encounter and doctors' interventions, including blood investigations, to the final diagnoses of mental health problems in family practice.

Research question: What is the relative contribution of patients' symptoms and complaints, and family doctors' interventions to the diagnoses of mental health problems made in family practice?

Method: The Transition Project database, collected from the electronic patient records of family doctor practices in six countries since the 1990's, was used to study the epidemiology of family medicine. The data on patients' reasons for encounter and doctors' interventions and diagnostic labels was captured, studied and analysed using the International Classification of Primary Care (version 2 electronic; ICPC-2-E) within an episode of care data structure model. Episodes of care were defined and coded by the family doctors using ICPC-2-E. The relationships between patients' reasons for encounter and doctors' interventions and diagnoses are. The statistical significance of these relationships was determined through probabilistic statistical methods using Bayesian techniques.

Results: The relationships between patients' reasons for encounter and doctors' interventions and the diagnosis within episodes of care of mental health problems, as coded in the doctors' EPR using ICPC-2-E, are described.

Conclusions: The epidemiology of mental health problems in family practice in six countries is studied, and specific conclusions are postulated.

Points for discussion: 1. Discussion of the use of the ICPC within EPR to study diagnosis within GP and FM. 2. Discussion of the methodology and statistical analysis. 3. Discussion on the potential to expand this project within EGPRN.

PRESENTATION 19: Saturday 29th September, 2007 THEME PAPER

09.30 – 10.00 h.

TITLE: Effects of case-finding of early detected persons with dementia and family caregivers.

AUTHOR(S): A. Jansen, Hein van Hout, G. Nijpels, W. Stalman, H. van Marwijk

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Background: General Practitioners (GPs) are frequently unaware of the presence of dementia in their older patients. Consequently, their family caregivers remain unnoticed by health care professionals often until they are at a point of crisis. By identifying patients with dementia symptoms and their caregivers earlier, managed care interventions may be offered to prevent adverse consequences.

Research question: To evaluate the effects of case management among early detected community-dwelling persons with dementia symptoms and their family caregivers.

Method: Randomized clinical trial with measurements at baseline and after 6 and 12 months among 99 pairs of community-dwelling older patients with dementia symptoms and their primary family caregivers, recruited by screening or GP's suspicion and subsequent cognitive testing among all persons aged 75 or older in 33 primary care practices in the Netherlands. Usual care was compared by Intervention pairs received case management by specialised district nurses during 12 months. Outcomes were caregiver's quality of life, sense of competence to care, psychological well-being, and care burden, and patient's quality of life, days of temporary institutionalization, days until permanent institutionalization, and days until death.

Results: 78 of 99 persons with dementia symptoms (mean MMSE score of 22) were previously unknown to their GP. Caregivers were mostly spouse (41%) or child (54%) and provided a median 9 hours per week informal care during a median 28 months. Participants reported relatively good quality of life and little care burden at baseline functioning. Clinically relevant differences were absent on all outcomes

Conclusions: A high number of previously unknown persons with dementia were detected. However, case- management may have been provided to early regarding relatively little distress and good sense of competence to care in caregivers, and little behavioural problems in patients.

Points for discussion: Was the intervention not relevant for this target group? Was the follow up time too short for this preventive intervention to demonstrate effects?

PRESENTATION 20: Saturday 29th September, 2007 THEME PAPER

10.00 – 10.30 h.

TITLE: Cost prediction for mental health-related morbidity in general practice -
a prospective cohort study.

AUTHOR(S): Marco Zoller¹⁾, Michael Peltenburg²⁾

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Background: Quantifying the impact of psychiatric diagnosis and morbidity on future cost in ambulatory medicine is challenging, but mandatory. Especially in remuneration systems based on capitation-fees a fair compensation including the degree of morbidity is essential.

Research question: To compare the power of DUSOI/WONCA Score, TMI (a swiss tool called Thurgauer Morbiditäts Index) and a classification using 51 diagnostic categories of ICPC-2 in predicting cost related to psychiatric morbidity in patients of GPs.

Method: 30 urban GPs participated in the prospective study. During eight months all patients of the largest Swiss insurance company were included; they filled in a patients' questionnaire containing SF-12 and items from the Interheart-questionnaire. After a specific training, physicians coded in their own tool 51 diagnostic categories of ICPC-2, biaxial TMI, a set of social items and DUSOI-WONCA Score. Statistical analysis used non-parametric methods, logarithmizing and dummy-coding, analyses were done in SAS or SPSS.

Results: We analysed complete data sets from 1903 patients, mean age was 52.6 +/- 20.4 years, 58% were female. Most frequently coded diseases were hypertension (25.6%), back pain (13.4%) and depressive disorders (11.9%). Frequency of other neuropsychiatric diagnoses ranged from 8.7 to 2.6 % for chronic substance abuse, anxiety disorders, fear of illness, other psychological disorders and dementia. Compared to the reference model the best of six multivariable mathematic models reached 94% of predictive value. Only few diagnostic categories like depressive disorders and chronic substance abuse contribute to explanation of cost variance with more than 2 %. Correlation between DUSOI and TMI reached $r=0.75$.

Conclusions: Depressive disorders and chronic substance abuse showed a relevant influence on future cost. Results allow to make propositions for improving the TMI-Tool

Points for discussion: 1. What is the practicability of the different tools? 2. Pro's and Contras compared to the ACG Case-mix System? 3. What are the possible benefits for daily practice?

PRESENTATION 21: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h.

TITLE: The prevalence of psychiatric disorder with Patient Health
Questionnaire (PHQ) in primary care population.

AUTHOR(S): Gintautas Daubaras, Jurgita Peleckiene

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Background: Psychiatric disorder is common in primary care, but it often goes unrecognized as most patient present only with somatic problems.

Research question: to determine the prevalence of psychiatric disorder with the Patient Health Questionnaire (PHQ) in primary care population and to evaluate it's connection with severity of somatic symptoms.

Method: Data of cross-sectional survey (two family medicine centers in Vilnius, Lithuania, n=447) was analyzed. Patients aged from 18 till 65 years (mean age 35), waiting for admission to their family doctor, had fulfilled the PHQ by themselves. Severity of somatic symptoms was evaluated according physical symptoms marked in questionnaire. Chi-squared test and logistic regression methods were used to investigate the associations.

Results: Psychiatric disorder was detected in 92 patients (20.6 %). 69 patients had only one psychiatric disorder, 23 of them presented with comorbid cases. Major depressive disorder was detected in 38 patients (8.5 %), panic disorder in 55 (12.3 %), generalized anxiety disorder in 26 (5.8 %) and bulimia in 8 patients (1.8 %). 70 patients presented with probable alcohol abuse (15.6 %). 30 patients (6.7 %) presented with high somatic symptoms severity and 20 of them (67 %) had psychiatric disorder. There was detected statistically significant link between severity of somatic symptoms and psychiatric diagnosis.

Conclusions: The study confirms the high prevalence of psychiatric disorder in primary care settings and demonstrates utility of the PHQ as a screening tool. The mood or anxiety disorders can be suspected according the severity of somatic symptoms.

PRESENTATION 22: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h.

TITLE: Psychological support for the patients with chronic diseases in general practice.

AUTHOR(S): Radost Asenova, Gergana Foreva

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Background: National Framework Contract obligates GPs to meet monthly patients on their lists with chronic diseases. These contacts can be used as an opportunity for psychological support and health education.

Research question: To explore patients' views how their GPs persuade them to follow the treatment regimen.

Method: Design: Posted structured questionnaire. Setting: Individual general practice – 2080 patients in the list. Participants: 153 patients with chronic diseases were identified in the electronic data base of the practice; 65 questionnaires were sent and 47 were received back. Main variables measured: Patients' evaluation on key GPs' communication skills related to patients' compliance, satisfaction and psychological supporting. Analysis: Alternative analysis. SPSS Version 15.0

Results: 66% of the investigated group is with chronic disease for more than 5 years. In more than 2/3 GP always listened to and encouraged patients. 51,1% feel comfortable enough to ask questions to GP and in 42,6% the physician always bears in mind the patient's opinion. 44,7% of the patient reported that they receive enough information about their health condition. 40,4% evaluated GPs' communication skills as very good and 38,3% as excellent. As a result, half of the patients strictly followed the GPs' recommendations. The satisfaction is 53,2% excellent, 29,8% very good, 14,9% - good and only 2,1% of the patients is dissatisfied.

Conclusions: The psychological support and appropriate education for self management is one of the strategies for improving both GP services and outcomes concerning chronic conditions.

PRESENTATION 23: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h.

TITLE: Patients' perception and help-seeking from general practitioners about psychological problems.

AUTHOR(S): Gergana Foreva, Radost Asenova

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Background: Family physicians are described by definition as doctors who are committed to the person rather than to a particular group of diseases or to special technique. General practice services did not exist for a long time in Bulgarian health care system. Traditionally both physicians and patients often ignore the psychological issues.

Research question: To explore patients' perceptions regarding GPs' role in treatment of psychological problems.

Method: Design: Cross-sectional study. Structured questionnaire; GAD-7 (generalized anxiety disorders scale) incorporated in. Setting: One working day in waiting rooms in two (individual and group practices (4 GPs)) in the city of Plovdiv, Bulgaria. Participants: 97 patients attending appointments. Main variables measured: patients' psychological condition value; trust, intention to share and discuss problems with GP; GAD-7 scale for diagnosing anxiety disorders; patients' psychological management by GP Analysis: Alternative analysis. SPSS Version 15.0

Results: 30,9% of the patients were determined with anxiety disorders by GAD-7 scale. 69,4 % of all patients evaluate their psychological condition as the most and very important in comparison with patients with high GAD-7 score – 83,3%. Only 14,3 % of the whole investigated group and 36,7% in the GAD-7 group reveal intention to share and discuss problems with GP. 67,3% of all respondents received psychological support, limited to listening and discussion, by GP and 18,4% were referred to specialists. Patients with anxiety were supported in 80% and were referred in 20%.

Conclusions: The GP role in providing a safe place where patients feel they are listened to and understood should not be underestimated. Further research is required in the present health care system.

PRESENTATION 24: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h. Ongoing study with preliminary results

TITLE: A Field Study: Frequency and related factors of mood disorders of women in Turkey, Eskisehir.

AUTHOR(S): Ahmet Keskin, İlhami Unluoglu, Cinar Yenilmez, Veysel Yilmaz
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Background: Frequent mood disorders in women have been topic in several studies. In most of these studies, mood disorders in women were two times more than males and frequency of mood disorders were related to age, education, socioeconomic status and marital status like socio-demographic variables.

Research question: What is the frequency of mood disorders in women and which socio-demographic variables affect this frequency?

Method: In our study, the frequency of mood disorders investigated in 543 women in Eskisehir city via PRIME MD scale. PRIME MD is an exactly configured interview scale that used to diagnose mood disorders, anxiety disorders, somatoform disorders and possible alcohol abuse like common psychological disorders in a short time and accurately. Scale improved by Spitzer et al. and validity-reliability study in Turkey has done by Abay et al., then it found beneficial and commonly used in researches. Additionally mood disorders and related factors interpreted with statistical techniques via socio-demographic data form. To evaluate obtained data chi-square and concordance analysis used.

Results: According to the obtained results, 245 (%45.1) of 543 women were at least one mood disorder, and 298 (%54.9) of them have not any mood disorder. Most observed diagnosis was major depressive disorder, and it was 178 (%32.8) of them. Minor depressive disorder 38 (%7.0), dysthymia 15 (%2.8), and the bipolar affective disorder was found in 11(%2.0) of women. Mood disorders were significantly related with marriage ($p=0.0004$), education ($p=0.0083$) and age ($p=0.0039$) with chi-square analysis. Besides, we determined that mood disorders are more common in between 20-29 ages, primary school or less educated ones and which have low income with concordance analysis.

Conclusions: Our study demonstrated that less educated and married women have high risk for mood disorders. Further studies with high numbers would help to show this topic more concrete, and would contribute new politics against risk groups.

Points for discussion: 1. What are alternative explanations to explain the high frequency of mood disorders in women? 2. Is it possible to have differences between countries in this topic? What can be reasons?

PRESENTATION 25: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h. Ongoing study, no results yet

TITLE: An Evaluation of the « Laennext » Electronic Stethoscope in
Measuring the Blood Pressure in General Practice.

AUTHOR(S): C. Brandt*, R. Gass**, M.S. Reichert**, T. Vogel*, E. Andres*

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**Alcatel-Lucent

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Background: Blood pressure (BP) measured by classical stethoscope (CS) is bad related with the real one measured by a 24 hours or a self blood pressure monitoring system (SBPMS). 15 to 26 % of the well- equilibrated patients with a CS are actually hypertensive patients. On the contrary, 20% of the patients present a false hypertension with the CS. LaennexT conceived a new digitalized stethoscope, screening, analysing, archiving and showing the sound on a scope. We made the hypothesis the Korotkoff sounds could be modified by the quality of the arterial walls, linked to the age or some pathologies.

Research question: 1) To compare the BP measured by the LS with this one measured by a validated SBPMS. 2) To describe and analyse the 5 Korotkoff sounds with the Laennext stethoscope (LS) in general practice among population with or without any pathology

Method: The LS will be used in the same time and at the same arm with a validated SBPMS. The population will be stratified into 3 categories: aged from 18 to 40 years old, from 41 to 75 and more than 76. We will compare the patients without any pathology with these presenting an hypertension and/or valvulopathy and/or arteriopathy and/or cardiovascular risk factors such as diabetes, hyperlipidemia or tobacco. Pregnant women and children will be excluded. We intended to include at least 100 patients of each groups at the beginning. After, we will revalue the sample according to the variation of the first results.

Results: 1) The precision of this device in measuring BP will be assessed in comparison with the SBPMS. 2) We hope to find graphic differences between the population without and with pathologies, analysing the Kortkoff sounds archived by the LS.

Conclusions: Further study could show new graphic symptoms of false hyper or normotension.

Points for discussion: We could discuss about the first records of the 5 Kortkoff sounds, if available.

PRESENTATION 26: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h.

TITLE: Primary care health professionals' knowledge, attitude and behavior regarding influenza immunization and 2006-2007 season adverse effect profile.

AUTHOR(S): Selcuk Mistik, Elcin Balci, Ferhan Elmali

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Background: Influenza causes a lot of morbidity and mortality throughout the world and health professionals are a target group for influenza vaccination.

Research question: Are primary care health professionals getting their influenza vaccine regularly, and what kind of adverse effects profile was observed for the 2006-2007 influenza vaccines?

Method: Of the 672 primary care health professionals in Kayseri, 552 (%82) completed a questionnaire comprised of 19 questions. The study was performed in March 2007 following a campaign of the Ministry of Health of Turkey for the influenza vaccination of primary health care workers.

Results: Of the health professionals, 67% (370) were women and 33% (182) were men. Overall, 420 (76.1%) (95% confidence interval (CI)) = (72.3-79.5) health professionals reported that they had influenza vaccine during the 2006-2007 influenza season. Adverse effects were reported by 157 (28.4%) health professionals. The adverse effects reported were fever (n=57, 13.5%), muscle pain (n=60, 14.2%), joint pain (n=40, 9.5%), loss of appetite (n=16, 3.8%), headache (n=41, 9.7%), cough (n=29, 6.9%), malaise (n=76, 18.0%), tiredness (n=41, 9.7%), stiff nose (n=49, 11.6%), sneezing (n=54, 12.8%), sore throat (n=33, 7.8%) and others (erythema, edema and abscess at the vaccination site and lymphadenopathy (n=14, 3.3%).

Conclusions: Our study demonstrated that primary care health professionals in our study group have been vaccinated with influenza vaccine with a reasonable percent. There were no severe or serious adverse effects of the vaccine, which may be used to encourage both health professionals and the patients of primary care.

Points for discussion: 1. Are primary care health professionals getting their influenza vaccination regularly? 2. Are adverse effects of influenza vaccine observed more than expected? 3. Are vaccination campaigns for influenza vaccine effective?

PRESENTATION 27: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h.

TITLE: Metabolic Syndrome: different prevalence using different definitions.

AUTHOR(S): Nicola Buono^{1,2,3}, Filippo D'Addio^{1,2,3}, Ferdinando Petrazzuoli^{1,2,3}
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Background: Since the initial description of the metabolic syndrome (MetS), several expert groups produced different definitions, leading to confusion and absence of comparability between studies. The MetS- associated increase in cardiovascular disease (CVD) risk may depend on the definition used. CVD prevalence was increased in presence of MetS irrespective of the definition used, and MetS prevalence is different using different definitions.

Research question: To investigate if the 3 recently proposed definitions of MetS [the National Cholesterol Education Program-Adult Treatment Panel-III, the International Diabetes Federation and the American Heart Association) are related to different numbers of subjects with MetS

Method: A cross-sectional study of a representative simple of adults (38,341). 651 of them were selected using a search key for hypercholesterolemia in the electronic clinical patient records of 20 GPs. The MetS prevalence was calculated using a cluster of diagnostic criteria included in all three MetS definitions.

Results: 90 subjects (13.8%) out of 651, had MetS. MetS prevalence, was, respectively 7.1%, 13.8%, 11.1%, with a positive relationship with BMI, Waist Circumference, Sex and Triglycerides.

Conclusions: The MetS definitions identify different numbers of subjects with the same cluster of cardiovascular risk. Current metabolic syndrome criteria should not be used as alternative to established charts for risk prediction for vascular disease. Measurements of BMI provide as much clinical insight as determinations of WC in identifying multiple CVD risk factors and the use of both indices would provide the most information

Points for discussion: Experience
in other Countries.

PRESENTATION 30: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h. Ongoing study with preliminary results

TITLE: Attitudes of primary care providers toward vocational retraining.

AUTHOR(S): Mustafa Kemal Alimoglu, Erol Gurpinar, Sumer Mamakli
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Background: Regarding rapid change of facts, knowledge and practice in Medicine, vocational retraining (VR) is a must for healthcare providers. However, there is not enough published material in the literature reporting the factors effective on the thoughts of health professionals on VR activities.

Research question: What affects the attitudes of primary care providers towards VR activities?

Method: A total of 585 primary care professionals (129 physicians, 115 nurses, 290 midwives and 51 health officers) working in the primary care centres of Antalya were asked to complete a personal form (20 items) and Training Attitudes Inventory (TAI). TAI was translated into Turkish by the researchers. The inventory consists of two parts: Part I) General attitude toward education and motivation to learn (20 items), Part II) Training benefits and motivation to transfer (21 items). Each item has 5-likert scale choices scored 1 (the worst) to 5 (the best).

Results: Participation rate was 76,3% and female/male ratio was 4.27. Reliability (alpha) scores for the whole inventory, part I and Part II were 0.88, 0.78 and 0.86 respectively. Overall mean score in the whole study group was 139.5 ± 17.1 . Mean total scores in physicians, nurses, midwives and health officers were 145.1 ± 18.0 , 138.4 ± 17.2 , 136.8 ± 15.9 and 143.5 ± 17.3 respectively. The occupation, income, satisfaction with the job, willingness for and satisfaction with prior VR experiences, currently receiving training for career, sparing time for education, probability of receiving future job assignments requiring more responsibility were found effective on the attitudes of primary care health workers toward VR activities.

Conclusions: Our study group obtained a moderate score from TAI. Their attitudes toward VR activities might be improved by increasing their motivation regarding the factors mentioned above in the results section.

Points for discussion: What can be done for health professionals to improve their motivation on training activities.

PRESENTATION 31: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h.

TITLE: Job satisfaction in nonphysician staff of akdeniz university hospital.

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Background: Job satisfaction (JS) is known to be protective against physical and psychological effects of long-term stress. Therefore, designing effective methods of intervention, research into both stress and job satisfaction is needed especially in service based occupations. Although previous studies on JS of medical staff including physicians, dentists, pharmacists, nurses, and midwives are available in the literature, there is little data to compare the JS of medical staff with that of the other members of health service teams such as secretaries, administrative staff, officers and other workers.

Research question: Is there any difference between job satisfaction levels of medical and non-medical staff of a hospital?

Method: A total of 832 participants (322 medical, 510 non-medical staff) working in Akdeniz University Hospital completed a demographic form and The Work Satisfaction Questionnaire (WSQ). WSQ includes 14 items and each item has a half-finished statement that can be completed by selecting one of five following choices ranging from "never satisfies me"=(1 point) to "highly satisfies me"=(5points). Medical staff includes dentists, nurses, pharmacists, psychologists, physiotherapists and dieticians) and non-medical staff includes personnel working in general, administrative, technical, and auxiliary services.

Results: Participation rate was 79.1%. Reliability (alpha) score for the WSQ was 0.90. Overall mean JS score in the whole study group was 38.2 ± 11.7 . Mean scores in medical and non-medical staff were 37.2 ± 10.8 and 38.7 ± 12.0 respectively. Although JS levels were found lower in medical staff, there was not a statistically significant difference ($p=0.064$).

Conclusions: JS levels in medical and non-medical staff in a hospital did not differ significantly from each other.

Points for discussion: What can be done to increase job satisfaction of medical and non-medical staff of hospitals?

PRESENTATION 32: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h.

TITLE: Evaluation Of Postgraduate Education Status of Family Physicians in Turkey.

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Research question: How do the Family Physicians receive postgraduate education in Turkey? What are the factors that facilitate or make it difficult to get postgraduate education? What do family physicians and residents think about problems of postgraduate education and what are their suggestions?

Method: An inquiry form containing 19 questions was prepared and sent to an e-mail group of family physicians, and to all known addresses.

Results: A total of 421 family medicine (%49.6), and residents (%50.4) (%53.2 females, %46.8 males, mean age: 34.5±6) participated in the study. The physicians had been performing their jobs for a mean of 11.1±6 years. All of the participants knew at least one foreign language. Of the participants, % 56.5 attended to congresses and % 61.3 attended to symposiums at least once in a year. The cost of the congresses or symposiums of %7.4 participants was sponsored by their institutions, % 75.3 participants received no economical or any other kind of support, % 52.5 could use internet as a source for postgraduate education easily, and %42.0 had a chance of limited use, %75.5 were affirmative about that they had an e-mail group in which medical subjects and problems were discussed and ideas were shared, and %41.1 thought that this e-mail group was used for educational. Mean number of journal membership per family physician was 0.27±0.75 for international journals, and 0.6±0.98 for national journals.

Conclusions: Most of the family physicians are aware of the need for continuous medical education. Family physicians were found to be reinforced for education. Local educational programs can be a solution to both economical and permission problems of the physicians. Postgraduate education via internet, followed by certification exams, can be a solution to many obstacles against education.

PRESENTATION 33: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h.

TITLE: Differences in referral rates to specialty care from four primary care health systems in Klaipeda, Lithuania.

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Background: There are currently four different systems working in parallel in Lithuanians primary health care (PHC), which offers the possibility to study their effect on referral rates for specialist consultation. Earlier studies in Lithuania have shown that the population listed to former polyclinics have the highest consumption of secondary health care. No studies in the former Eastern Europe have been performed after taking comorbidity into account

Research question: To study if there are differences in referral rates from different Lithuanian PHC systems in Klaipeda after adjustment for comorbidity.

Method: The population listed to 18 PHC institutions, serving 250 070 inhabitants in Klaipeda city and region. Four PHC institutions systems: rural family doctors practice, urban privately owned family doctors practice, state owned polyclinics and privately owned polyclinics. Information on listed patients and referrals during year 2005 from each PHC institution in Klaipeda was obtained from the Lithuanian Sick Fund database. The database records included information on age, sex, PHC institution, referrals and ICD 10 diagnoses. The John Hopkins Case-Mix system was used to study comorbidity. The referral rates from different PHC systems where studied using Poisson regression models.

Results: The referral rate from PHC doctors was shown increase in parallel with comorbidity in contrast to the number of self referrals, which were more common in individuals with lower comorbidity. Patients listed to state owned rural family doctor practices had a significantly lower referral rate to specialty care than the other three PHC systems. There were no significant differences in referral rates between the other PHC systems.

Conclusions: Small rural family doctor practices have shown the lowest referral rate to specialty care. There were no significant differences among the other PHC systems. Comorbidity was the most important factor to explain differences in referral rates but even PHC localization and doctors training were important.

Points for discussion: It remains unclear if it is a new family doctors training that influences referrals to consults or the other factors as closeness to specialists, communication among doctors or earlier habits.

PRESENTATION 34: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h. Ongoing study with preliminary results

TITLE: Education and Perception of the Menstruation among University Students.

AUTHOR(S): Aysegul Kul Uludag, Fatih Yuksel, Ilhami Unluoglu, Sinan Ozalp

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Background: Previous investigations showed that education of menstruation for women will help to have a better perception of themselves. Management of menstrual problems and changes will make teenagers conscious, far from stress. Resources and content of sexuality have to be ameliorated to reach sexually healthy community.

Research question: What “educated” university students think about menstruation and what are the sources of sexuality education in their life? What are knowledge differences between males and females? How it affects their life?

Method: This is a cross-sectional study using undergraduate students at two universities in Eskisehir, in mid- western Anatolia. Students selected from Faculty of Medicine, Faculty of Education, Faculty of Pharmacy, Faculty of Engineering and the Medical Services Vocational School. In our study we used a special questionnaire. Knowledge about menstruation, source of knowledge, satisfaction of education and ideas about necessity of education asked. Furthermore, school, phase, city, and age like some personal properties asked. Incomplete questionnaires eliminated. Results evaluated with Chi-square and other tests.

Results: There were 599 accepted questionnaire (57,3% girls, 42,7% boys). According to significant preliminary results; girls were taking knowledge more from mothers and boys were taking knowledge more from fathers, internet and other sources ($p<0,05$). Students who selected adequate knowledge were informed more from teachers or health institutions ($p<0,05$). Girls suggested more informing about menstruation regularity and family planning ($p<0,05$). Being aware of menstruation symptoms was more important for girls. Menstruation period was evoking more “femininity” for boys and “health” for girls ($p<0,05$). Paleness, fatigue, sensitive breast and sleep tendency changes realized more from girls as signs of menstruation ($p<0,05$).

Conclusions: Our preliminary comparison results determined that education of menstruation is necessary in community. Reliable sources should be determined and less awareness of boys about girls’ menstrual complaints should be improved. Wide investigations and satisfactory educations should be done.

Points for discussion: 1. What should be done to improve people’s education about sexual topics, especially menstruation? 2. Which education method is more reliable? 3. How menstruation affects mood of women every month and also mood of their boy friends/husbands.

PRESENTATION 35: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h.

TITLE: Relationship between perceived health and social classes.

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Background: Perceived health is based on individual's perception on his/her health condition and affected by different variables. Socioeconomic conditions might be effective on individual's perceptions of wellbeing

Research question: Is there any relationship between perceived health and social classes?

Method: Eight hundred and fifty outpatients over 30 years of age who applied to a primary care centre for several reasons were recruited in the study. Blood pressure, fasting blood glucose, serum cholesterol level were measured and Body mass index (BMI) was calculated in each participant to determine physical health status. The participants were divided into 8 social classes according to their income levels and orders, educational level, self employment and having labourers etc.: blue collars, white collars, qualified and unqualified workers, high and petty bourgeois, self employed and unemployed persons. Perceived health was measured by the question "which of the followings is appropriate to describe your health status in last 2 weeks?" There were five choices ranging from "excellent" to "poor".

Results: Perceived health in unemployed persons, unqualified workers and blue collars were found lower than that of people from other social classes. When the variables other than social classes were evaluated in logistic regression, poor educational levels, poor home conditions and low income were found to be more effective than the other factors.

Conclusions: Perceived health in low social classes is worse than those of other social classes.

PRESENTATION 36: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h.

TITLE: Assessment of diagnostic probability estimates of some common diagnoses among Hungarian family doctors.

AUTHOR(S): Peter Vajer, Agnes Szelvári, Peter Torzsa, Krisztian Voros
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Background: Patients expect doctors to estimate the diagnoses at the same probability when seen by different doctors. One study has demonstrated that probability of certain diagnoses based on a given standardised clinical setting shows extreme variation among 183 family doctors in Switzerland.

Research questions: 1. Is there difference between the probabilities of the same diagnoses given by Hungarian doctors, too? 2. If so, what are the factors that can be responsible for high variation?

Method: 348 Hungarian doctors (age: 51±11 years) specialized in family medicine filled out the questionnaire that had been used in Switzerland. This questionnaire asked for assessing the diagnostic variability of 6 common diseases (pulmonary embolism, myocardial infarction, COPD, giant cell arteriitis, influenza and congestive heart failure). In addition we registered the doctors' age, the length of time spent in family practice, the existence of other specialisations, especially internal medicine.

Mann-Whitney test and Spearman rank correlation were used for statistical analysis.

Results: The medians and 10-90% interquartile ranges of probabilities of all the six diagnoses were almost the same in both countries. The physicians' age correlated with time spent in practice strongly ($r=0.855$, $p<0.001$). The presence or lack of board specialisation in internal medicine had no effect on the estimates. Physicians in practice for ≥ 30 years estimated the probability of myocardial infarction higher ($73\pm 27\%$ vs. $60\pm 27\%$, $p=0.001$), whereas were less alert to COPD ($41\pm 27\%$ vs. $54\pm 27\%$, $p=0.002$) than younger colleagues.

Conclusion: There is a high variance of diagnostic estimates among Hungarian doctors. Alertness to myocardial infarction increases with experience. Older doctors pay less attention to COPD probably because their training is not up-to date in this field. These differences draw attention to issues on which postgraduate medical education should be focused.

Points for discussion: 1. Have there been such studies carried out in other countries? 2. Are family doctors also less alert to COPD in other countries?

PRESENTATION 37: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h. Ongoing study with preliminary results

TITLE: Gender and instant aging system.

AUTHOR(S): Christophe Attencourt, Pinar Topsever, Eva Hummers-Pradier
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Background: Instant aging has been developed by Leon Patalan in 1974. It was designed to develop empathy for nurse training. A preliminary study has found that there is a difference between male and female in the success of this training for medical students.

Research question: Is there a gender difference in the effects of instant aging system ?

Method: 5 European universities would like to do this interventional study, with undergraduate and postgraduate medical students. 15-20 in each group with 2 facilitators. Use of Spielberg's state plus trait anxiety scale. Pre intervention assessment (quantitative) fill the Spielberg's scale (with a nickname). Short brain storming (what is empathy, is empathy important in medicine, if yes why). Intervention : students in pairs will switch role (first role disabled person walking, climbing, reading a drug description, putting on and off shoes, listening radio, second role helper). Then in post intervention assessment (quantitative) fill in the Spielberg's scale with the same nickname and in post intervention qualitative assessment answer to the following questions : did this experience make a difference for you, if yes please describe it in one sentence. The first intervention with post graduate students has been done with 16 females and 6 males (difficulties to recruit half males and females) and a controlled group with 19 students (5 males, 14 females). Universities of Brest (France), Göttingen (Germany), Hamburg (Germany), Marmara (Turkey), Koceali (Turkey) are involved in this project.

Results: This experience seems to make a difference for postgraduate students. They think the workshop help them to have a better understanding for handicapped (qualitative assessment). Data analysis is ongoing. Not definitive results yet

Conclusions: ongoing study In Brest. Conclusions for the French team of the collaborative study will be given in Vilnius.

Points for discussion: Are those type of intervention usable and formable in medical education?

PRESENTATION 38: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h.

TITLE: Assessment of how successfully the reform in primary healthcare is implemented, according to patient satisfaction with the medical treatment efficiency.

AUTHOR(S): Violeta Vasic, Radmila Mihajlovic

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Research question: The introduction of the Project of Selected GP, within the reform in primary healthcare currently in progress in Serbia, has raised numerous questions both among patients and GPs alike. Is it possible to bring changes into the complex system which has been in operation for a long time for the benefit of all? Is the new method going to give better results of medical treatment, help establish a better relationship between patients and GPs and increase patient satisfaction?

Method: The research was done using the questionnaire produced by the General Medicine Section of Serbian Medical Association. It is comprised of two parts: the survey and the record of medical condition of patients with arterial hypertension and diabetes mellitus in the period of 12 months, in 2006.

Results: The study comprises 178 patients, 71 males and 107 females, most of whom aged 65-74, (100 of them), that is 56.2%. Most patients, 148, that is 83.1%, have visited their GP in the last two months due to chronic health condition. 120 patients, that is 60.6%, had an appointment. According to their medical records for the year 2006, 114, that is 64%, had glucose level 5.5 or lower. 108, that is 60.7%, patients had the systole blood pressure < 130mmHG and 138, that is 77.5%, patients had the diastole blood pressure < 85mmHg.

Conclusions: The findings showed that most patients were fully satisfied with their selected GP, both in terms of the GP's expertise and organisational aspects. That is the indicator of a successful implementation of the reform which is currently in progress in primary healthcare. The large number of satisfied patients proves a successful practice and is a strong encouragement for further improvements and introduction of new methods.

PRESENTATION 39: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h.

TITLE: Gender related knowledge between male last year medical students.

AUTHOR(S): Tamer Edirne, Siddik Keskin

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Background: It is claimed that disregard for women's health in the medical curriculum exists and that the male is considered as the norm or reference point for all courses and women are regarded as exceptions to the male. Teaching of basic clinical skills such as physical examination in women is thought to be neglected especially in countries with strong religious communities resulting in gender-insensitive physicians.

Research questions: Are there gender inequalities in medical education and can investigating knowledge of last year students show this?

Method: A questionnaire asking satisfaction about undergraduate medical education and a 5-point Likert scale ranging from a possible 1 (very high) to 5 (very low) was designed to investigate self-perception of knowledge of last year medical students. Topics were selected on a gender basis equally distributed between two sexes. Additional questions about male and female health regarding well-known topics were asked. Data analysis was performed to determine significant mean differences using Wilcoxon test.

Results: A total of 24 male interns with a mean age of 25.4 years (min.23, max.30) completed the questionnaire. Satisfaction about undergraduate medical education was answered with "no" by 32% of students and 32% noted not being sure. Theoretical knowledge about female health topics was statistically meaningful higher compared with knowledge about male health topics ($p=0.050$). Knowledge compared with practice showed that male students think having fewer skills in both male and female specific physical examination and interventions ($p=0.000$).

Conclusions: Male students could have difficulties in obtaining skills with the female body examination in our medical school. Although they have more knowledge about female health problems, skills needed to evaluate them seems to be lacking. The same deficit exists in male related evaluating methods.

Points for discussion: Which gender is more neglected? Is gender related medical education possible?

PRESENTATION 40: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h.

TITLE: Are blood pressure and cholesterol monitored as closely in people with serious mental illness (SMI) as in the general population?

AUTHOR(S): David Khavia, Karena Hanley, John Sheeran

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Background: Patients with a history of psychosis have been shown to be particularly health compromised with a higher risk of developing many physical illnesses and a higher risk of developing complications from these illnesses compared to the general population. Evidence suggests they receive poorer reactive health care. There has been little research into whether they receive poorer preventive health care.

Research question: In comparing the monitoring of two key cardiovascular risk factors, blood pressure and cholesterol levels, is there a difference in the frequency of measurement of these in people with serious mental illness compared with the general population?

Method: This is a retrospective cohort survey in a single large urban practice over a three year period. 26 patients diagnosed with serious mental illness (SMI), were matched blindly for age, SE status and comorbidities with 26 patients from the general population. Data was collected on the total number of visits, the number of BP measurements and the number of cholesterol measurements over this period. The student's t test was used to test the significance of differences and the chi square used to test the degree of association.

Results: While those with SMI had more frequent visits (563 Vs 458), a significantly smaller proportion of these visits resulted in either a BP measurement being recorded (38% Vs 46%, t test, $p < 0.0001$) or a cholesterol test recorded (16.5% Vs 6.2%, t test, $p < 0.0017$).

Conclusions: Primary care providers monitor the blood pressure and cholesterol of patients with serious mental illness significantly less frequently compared with the general population. This supports previous evidence that there is a deficiency in the care of physical health offered to the patient group with serious mental illness compared to the general population

Points for discussion: Greater physical morbidity also exists in the population who suffer serious mental illness. As health care providers we may need to increase awareness of the possibility of prejudice in the quality of health care provided for those with serious mental

PRESENTATION 41: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h.

TITLE: Alzheimer disease in general practice do GP's have all the diagnosis criteria in hand?

AUTHOR(S): Sebastien Cadier, A. Gentric. P. Bail, Eva Hummers-Pradier
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Background: Alzheimer disease hits around 18% of the persons older than seventy five years in France. The French high health authority recommends explicit criteria for the diagnosis, and to use cholinesterase inhibitors and Memantine only in case of probable Alzheimer disease. However, only one third of the patients are treated. The research hypothesis is that, given the frequency of unwanted effects and the controversy efficacy, therapy are stopped, after hospital discharge, because a lack of transmission of the diagnostic's determinants to general practitioners leads to diagnostic uncertainty. We want to study this in the population of Lanmeur nursing home, a long time care facility where medical service is provided by the local GPs.

Research question: Do GPs have all the recommended diagnostic criteria of Alzheimer disease when patients with dementia are referred to Lanmeur's nursing home?

Methods: A computerized Lanmeur's nursing home has electronic patient's records which contain ICD coded diagnoses since 1989. From this database we sampled all patients with a diagnosis of dementia or Alzheimer disease. 24 diagnostic criteria were extracted from admission letters and their presence was noted (without detailed results). These criteria are: cognitive function troubles and their evolution, family antecedents of Alzheimer disease, alcoholism antecedents, Instrumental Activity of Daily Living, depression, neurological abnormalities, MMSE, simple and advanced cognitive tests' battery, TSH, hemoglobin's rate, natremia, calcemia, glycemia, brain imagery, serology of syphilis and HIV, folats' and cobalamin's blood rates, prothrombin time, analysis of cerebrospinal fluid, Electroencephalography and specialized opinion. The data are seized and descriptive analyses done thanks to the software Epi Data. The results are compared to the French High Health authority's guidelines.

Results: 276 patients have been included. The analysis of the data is ongoing, further results will be published at Vilnius congress.

Conclusions: ongoing study.

Points for discussion: 1. GP's are send away from the beginning of treatment in Alzheimer disease in France. Is it the same thing in other countries? 2. Do the EGPRN would like to support studies on this subject to see if the actual chemical treatments are useless or useful?

PRESENTATION 42: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h. Ongoing study with preliminary results

TITLE: Use of sleep medications and benzodiazepines: analysis of prescriptions filled in one district in Israel, 2006.

AUTHOR(S): Shlomo Vinker

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Background: Insomnia is a very common complaint. It is more common in the elderly, and pharmacotherapy remains the main modality of treatment. Most family physicians prescribe chronic benzodiazepines and benzodiazepine-like agents (BBLA), although it is known that chronic use cause habituation and dependence.

Research question: To describe patient characteristics and patterns of BBLA used in the adult population of our district.

Methods: Study population: All members of the Clalit Health Services in the Central District aged 26-95 in 2006 (about 274,000 members). Data extraction: All community pharmacies in use by the HMO are computerized and report to a central repository. All prescriptions of BBLA, which were filled in 2006, were documented. We retrieved socio-demographics for all the district adult population. Main outcome measure: Socio-demographic characteristics of BBLA users.

Results: In 2006, 11.7% of the population (33,075 patients) used BBLA, 91% used benzodiazepines. A total of 7,645,775 pills had been purchased (average of 231 pills per patient per year). In every age group women used more BBLA than men. At the age group 36-45, 3.7% of women and 3% of men used BBLA, the rate raised to 30.3% and 20% at the age of 66-75 and was 65.4% and 57.6% at the age of 86-95. Patients from low socio-economic status used BBLA significantly more then the others (24.7% vs. 9.2%). New immigrants and patients living in villages tended to use more BBLA.

Conclusion: Many patients use benzodiazepines and benzodiazepine-like agents, most of them on a chronic basis. The question is raised, should we reduce the use of BBLA, especially in the elderly and do we have the skills and time to do it.

Points for discussion: 1. Should we try to reduce the use of benzodiazepines and benzodiazepine-like agents. 2. Should we try to move patients from benzodiazepines to benzodiazepine-like agents.

PRESENTATION 43: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h. Ongoing study, no results yet

TITLE: Presenting the Position Paper: Depression and Primary Care.

AUTHOR(S): Diederik Aarendonk¹⁾, Margaret Maxwell²⁾

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Background: An example of the methods used by the European Forum for Primary Care to collect and disseminate information. In 2006 the EFPC produced 3 Position Papers on the topics Self Care, Diabetes and Mental Health. This year there are five new topics among which depression is one.

Research question: What are the best practises in the Primary Care approach towards depression in Europe and beyond?

Methods: The aim of the position paper is to provide policymakers in the WHO, EU and the member states with evidence and arguments which allow them to support and promote Mental Health care in the PC setting. In addition the aim of the position paper is to facilitate the exchange of evidence and experience for the benefits of supporting psychiatric patients from different countries. A draft will be presented and comments will be administered for a final version at the end of 2007.

Results: The knowledge, skills, positive attitudes and change in clinical practice behaviour that those working in primary care across Europe need, as a contribution to the WHO and EU policy in supporting the Mental Health care in PC across Europe. Strengthening Primary Care is an important strategy to offer comprehensive community based services: preventive, curative and care, including social support. The performance and approaches of Primary Care in addressing depression is promising. In view of the observed increase of depression, reliable information on effective interventions at the Primary level will help to identify good practices.

Conclusion: Active sharing of information on PC sub-themes and between different professions is needed to prepare stand-points towards policy makers within the European health care services.

Points for discussion: - Medicalization of mental health problems versus self-care -
Depression treated at Primary Care level: what are the organizational options? -
Prescribing of psychofarmaca at Primary Care level: who does what?

PRESENTATION 44: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h.

TITLE: Cooperation between general practitioners and mental health care specialists: a consensus regarding depression and suicide prevention.

AUTHOR(S): Leo Pas, Lutgart De Deken, Edward van Rossen

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Background: That cooperation is needed between general practitioners and mental health care specialists (especially psychologists and psychiatrists) in order to tackle the challenge of treating depressive patients and preventing suicides, is widely accepted. However, a lot of hindering factors and differences in opinion remain to be overcome before this goal can be achieved to everyone's satisfaction, and scientific literature on the matter is very scarce.

Research question: 1. On what topics is there a consensus? 2. What are the most important hindering factors? 3. How could these be overcome?

Method: Delphi consensus method with a purposive sample of Flemish GPs, independent psychologists, and representatives (mostly psychologists and psychiatrists) of various specialised care units. Round 1: collection of answers to research questions 2 and 3. Round 2: consensus scores in terms of acceptability as well as suggestions for changes. Round 3: final consensus scores in terms of acceptability and feasibility. Statements were accepted as consensus if they were supported by at least 75% of GPs as well as 75% or more of the other professions.

Results: Respondents (136 in round 1, 88 in round 2, 79 in round 3) were evenly distributed between the different professions. The most important hindering factors refer to task descriptions, accessibility, and (too little) communication. Reported minimum tasks of GPs include specific attention for detection and diagnosis, context exploration, informing patients, and motivating them for non-medicinal therapy. Crucial factors for suicide risk assessment and essential communication topics for referrals were also defined. Agreement was reached on what information should be provided to patients, when to seek external advice, how to support family, and what to communicate during and after specialised treatment. Finally, suggestions were made to stimulate regional cooperation.

Points for discussion: - similar studies? - similarities & differences in your country?

PRESENTATION 45: Saturday 29th September, 2007 POSTER

11.30 – 13.00 h. Ongoing study with preliminary results

TITLE: Complementary and Alternative Medicine (CAM) Survey in Eastern Turkey.

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Background: The use of complementary and alternative medicine has grown in popularity both among the patients and practitioners. The exploration of such a need to consume and practice non-proven modalities needs to be investigated as a whole including consumers, practitioners, and educators.

Research question: What are the types of CAM modalities used most frequently in Eastern Turkey? What are the perceptions of groups involved in CAM?

Method: This study is planned prospective for 1 year to cover 1) All medical students and 2) All residents at the Research Hospital and 3) All cancer patients recorded to the Department of Oncology and 4) All primary care physicians working in the city of Van in Turkey. A main questionnaire with key questions focused on ten core modalities including prayer and folklore was developed based on existing prevalence studies.

Results: (Preliminary): Sixty-four second year students participated in the survey. Forty-nine students (76.6%) notified consuming any method of CAM at least once. Students believe that CAM use in the population has a high prevalence (frequent 68.8%, occasionally 26.6%, rare 4.7%). 71.9% of them believe that CAM is sometimes useful in alleviating illnesses and in 76.6% sometimes useful in promoting good health. All of the students reported having insufficient knowledge about CAM and 59.4% of them wanted CAM becoming part of the curriculum. Herbal products, massage, and prayer (20.7%, 18.8% and 16.9% respectively) were the most modalities consumed by students.

Conclusions: CAM consume between second years students is high in the east of Turkey. Prayer is more used compared with the western world. Students believe that CAM is sometimes useful. Students are aware of their lack in knowledge about CAM but only the waste majority (59.4%) find it necessary becoming a part of the curriculum.

Points for discussion: How much is CAM consumed and accepted by health personnel? Does culture has an effect on CAM use?

PRESENTATION 46: Saturday 29th September, 2007 ONE SLIDE/FIVE MINUTES

15.00 –15.10 h.

TITLE: How to save the mental health of General Practice?

AUTHOR(S): Nevenka Radosavljevic, Dragica Nikolic

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Background: A GP represents the first point of contact, so besides examining the patient he/she needs to notice: risk factors, damaging habits, the mental framework, family and workplace relationships. A GP also needs to keep detailed and minute medical records. The demands placed on the GP are great – to be omniscient, infallible, and self-assured.

Research question: Assess the burden laid on the GP in terms of medical examinations, as well as the administrative burden.

Method: Numerical analysis of a six-month period of work of four doctors in an ambulance. The elements analysed: first examinations, control visits, prescribed medication receipts, diagnostic analyses, time used for keeping medical records.

Results: The doctors, during a six-month period, examined 13811 patients – an average of 2302 monthly; they have written 26225 receipts, or 1,9 receipt per patient, they have prescribed 917 ampulas, prescribed lab analyses for 1902 patients, or 13%, prescribed ultrasound for 553 patients, or 4%, and X-ray examinations for 582 patients, or 4,2%. 319 patients were sent to hospital treatment, i.e. 2,2%. For each 10 minutes of examination time, there are 3 to 6 minutes of administrative work, or 30 to 60%. For writing receipts 45-60 seconds, filling forms - 15-25 seconds, filling out medical documentation 60- 120 seconds.

Conclusions: The time allotted to patients is not sufficient. A GP doesn't use his knowledge enough, is tired and dissatisfied with his own work. We use unwarranted diagnostic procedures and consultative examinations, which raise the costs of health insurance. Cutting down of administrative obligations for doctors and leaving more time per patient would bring improvements in the quality and cost of treatment.

Points for discussion: How much time does a GP have to examine a patient in your country, and how big is the administrative burden?

PRESENTATION 47: Saturday 29th September, 2007 ONE SLIDE/FIVE MINUTES

15.10 –15.20 h. Study proposal / idea

TITLE: Can family meetings prevent anxiety and depression in family caregivers of demented patients? Design of the study.

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Background: Dementia is a major public health problem with enormous costs to society and devastating consequences for both patients and their relatives. Family members of persons with dementia provide much of the care for older adults with dementia in the community. Caring for a demented relative is not easy and fraught with emotional strain, distress, and physical exhaustion. Family caregivers of dementia patients have an extremely high risk developing affective disorders such as major depression and anxiety disorder. Family meetings appear to be among the most powerful psychosocial interventions to reduce affective disorders in caregivers.

Research question: Are structured family meetings more effective than usual care in preventing family caregivers for developing depression or anxiety disorders?

Method: In this randomized controlled trial comparing usual care with and without family meetings is evaluated in dyads of patients and their primary caregiver over two years. Four family meetings will be organized with the family of and close friends of the primary family caregiver of a community dwelling patient with a clinical diagnosis of dementia. The main outcome measure is the incidence of anxiety and depressive disorders assessed with the Mini-International Neuropsychiatric Interview (MINI telephone version). The severity of anxiety and depressive symptoms is measured by validated self report instruments: the Geriatric Depression Scale (GDS) and the Symptom Checklist (SCL-90, depression, agoraphobia and anxiety subscales).

Points for discussion: 1. Should the patient be present at the family meetings? 2. How should we analyze the data?

PRESENTATION 48: Saturday 29th September, 2007 ONE SLIDE/FIVE MINUTES

15.20 –15.30 h. Study proposal / idea

TITLE: Anxiety-Depression Comorbidity: Prevalence and Socioeconomic Context.

AUTHOR(S): A.S. Albergaria, Maria Luisa Leite, C. Mendes, J.J. Soares

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Background: Evidence suggests that the anxiety-depression comorbidity is common and related to a higher incapacity than each of the entities isolated. Existent studies indicate that socioeconomic context influences the prevalence of the anxiety-depression comorbidity. The data concerning this theme is rare although the health resources' impact is apparently high. This study intends to answer some of the existing questions.

Research question: Which is the prevalence, demographic distribution and socioeconomic context of anxiety-depression comorbidity in attending patients of four portuguese general practitioners?

Method: The study will be an observational study: descriptive, correlational, cross-section of study, observation based. The studied population will include the attending adult (>19 years old) patients of four general practitioners. The participant selection will be randomized and representative of the studied population. A questionnaire will be developed and applied by the general practitioners in order to characterize the demography and the socioeconomic context of each participant and diagnose the anxiety-depression comorbidity cases. The questionnaire will be based on the Graffard and HAD scales. The following variables will be studied: sex; age; socioeconomic context; anxiety-depression comorbidity. The data will be registered and analysed using SPSS. Descriptive statistic and inferencial statistic results will be determined. Chi-square test will be used to relate proportions. The level of significance will be 0,05.

Points for discussion: -

Background - Relevance of the study - Validity of the study

PRESENTATION 49: Saturday 29th September, 2007 ONE SLIDE/FIVE MINUTES

15.30 –15.40 h. Ongoing study with preliminary results

TITLE: Panic syndrome (PS) and other anxiety syndrome (OAS).

AUTHOR(S): Janez Rifel, Igor Švab, Danica Rotar-Pavlič, M. King

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Background: Anxiety disorders and/or elevated anxiety symptoms are common among primary care patients, and they induce psychosocial impairment and disability comparable to chronic somatic diseases but mostly they are underrecognized and undertreated. Previous research showed that anxiety disorders have chronic course and recovery is low. There is a lack of longitudinal cohort studies evaluating broad spectrum of presumed risk factors for panic disorder and generalized anxiety disorder in primary care setting.

Research question: I propose a longitudinal cohort study in primary care in Slovenia to assess prevalence and incidence of panic syndrome and other anxiety syndrome. Study will also determine associations of broad spectrum of presumed risk factors with occurrence and maintenance of panic syndrome and other anxiety syndrome with the method of multivariate logistic regression.

Method: 1119 randomly selected general practice attendees were recruited and re-interviewed after 6 and after 24 months for presence of panic syndrome and other anxiety syndrome and presence of large selection of presumed risk factors. Prevalence and incidence rates of panic syndrome and other anxiety syndrome are going to be evaluated. Associations of presumed risk factors with presence and maintenance of panic syndrome and other anxiety syndrome is going to be evaluated with the use of logistic regression.

Results: I expect to show chronic course of both panic syndrome and other anxiety syndrome in primary care settings in Slovenia and that multiple factors are correlated with occurrence and maintenance of panic syndrome and other anxiety syndrome.

Conclusions: As general practitioner/family physician deals with health problems in their physical, psychological, social, cultural and existential dimensions of patients' life, the results of my thesis would help practitioners to use their knowledge of the patients' circumstances to diagnose present anxiety syndromes and prevent future episodes of anxiety.

PRESENTATION 50: Saturday 29th September, 2007 ONE SLIDE/FIVE MINUTES

15.00 –15.10 h. Study proposal / idea

TITLE: Use of psychotropic drugs in a coastal community of Central Portugal.

AUTHOR(S): Tiago Villanueva, Rita Lopes, Haunara Caldas, Lidia Lupascu

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Background: Prescription of psychotropic drugs is common in primary care. Previous studies have found higher levels of use among female and elderly patients. There are few studies in Portugal exploring the use of psychotropic drugs at national, regional and local level. Furthermore, there are no regional or local studies focusing on the area of influence of two primary health care centres located in a coastal community of Central Portugal.

Research question: What are the social-demographic factors related to the use of psychotropic drugs in a coastal community of Central Portugal

Method: In this observational, cross-sectional study, the health records belonging to the patient lists of four family doctors (in total, n = 6739) working in two Portuguese coastal primary health care centres in Central Portugal were analysed for this purpose. In each list, 10% of the total number of patients aged 10 and over were selected using a stratified randomized sample, and the corresponding health records consulted for the following variables: current use of psychotropic drugs, type and number of psychotropic drugs used, sex, age, type of family, Graftard Scale, Duvall life cycle, addictive behaviours, previous use of psychotropic drugs, current use of psychotropic drugs in another member of the family, chronic diseases, chronic diseases in other family members. The Chi-square test was used to investigate the association between the use of psychotropic drugs and the aforementioned social-demographic factors.

Points for discussion: -Social-demographic factors related to the use of psychotropic drugs.
-Importance of conducting national, regional and local studies for the professional development of Portuguese GP trainees and the build-up of a national research capacity.

PRESENTATION 51: Saturday 29th September, 2007 ONE SLIDE/FIVE MINUTES

15.10 –15.20 h. Ongoing study, no results yet

TITLE: Patients adherence to polypharmacy.

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Background: The number of patients treated with >5drugs/d is increasing. Adherence and congruence are key aspects in the care of these patients. Congruence is the extent to which doctor and patient agree on the same medication scheme. Literature shows that a relevant discrepancy in congruence exists, especially in those receiving a polypharmacotherapy. Despite the impact of poor congruence on the individual therapy, few interventions aim to reduce the amount of incongruence in daily practice.

Research question: Is a multifaceted intervention at practice level successful in improving congruence among doctors and patients with polymedication?

Method: We are planning a randomised, controlled, practice based intervention study. Participating GP (n=20) will be randomised to an intervention or control group. 16 patients with a polymedication will be randomly chosen from each practice. In both groups, the actual medication will be assessed by standardized interviews (patients and doctors) before and after the intervention. The control group will receive no further conditioning, while the intervention consists of 1) patient information (Stressing the benefits of adherence, information on interaction of over-the-counter medication, comprehensive medication plan [including diagnosis, allergies] 2) educational outreach visits (giving the GP feedback on some of his patients with polymedication) 3) case management by/ empowerment of practice nurses (telephone follow-up for patients on polymedication/organisation and control of refills).

Results: The degree of congruence before and after the intervention will be assessed using the Brief Medication Questionnaire. Furthermore the data will allow us to appraise the medication with regard to the appropriateness according to predefined pharmacological criteria. Besides the study will show the feasibility and effectiveness of a multifaceted intervention. Do the GPs accept individual feedback regarding their prescribing behaviour?

Points for discussion: - What other interventions might be useful in enhancing congruence - How to choose patients (receiving polypharmacotherapy) randomly from a practice - What is the best way for giving general practitioners feedback on their prescriptions

PRESENTATION 52: Saturday 29th September, 2007 ONE SLIDE/FIVE MINUTES

15.20 –15.30 h. Study proposal / idea

TITLE: Career planning of general practitioners in Europe

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Background: WONCA and the World Health Organisation emphasize the central role of general practice in the European Health care systems. However many countries will be soon confronted with a shortage of GPs. Several intrinsic and extrinsic factors may limit the attractiveness of General Practice. Also often regarded in the context to feminisation of GP, finding a work life balance is an issue for all GPs. The aim of the study is to find a positive role model that can help GPs in their work-life balance and that can contribute to keep GPs in the profession and to help students to make a positive choice for general practice.

Research question: The aim of the study is to describe and compare female and male GPs concepts for a good work-life balance, and to identify characteristics associated with a high level of satisfaction and persistence in the profession. Which policies could be suggested to guarantee an efficient future allocation of the GP workforce? Which educating system could promote general practice at the university?

Method: This study will be a collaborative project with different European countries and this implicates first of all a comparison of relevant aspects of the health care and social system, which may influence the particular situation of general practice in each of the participating countries. Depending of the resources and manpower we will do a qualitative study with interviews in each country to make an inventory of all factors contributing to professional well-being and a positively perceived work-life balance for GPs. Afterwards we send a survey to a random sample of GPs until ten years after graduating.

Results: We want to invite especially Mediterranean and East-European countries to collaborate to this project

Points for discussion: We want to discuss the research question, the feasibility and best research methodology in this short presentation.

PRESENTATION 53: Saturday 29th September, 2007 ONE SLIDE/FIVE MINUTES

15.30 –15.40 h. Study proposal / idea

TITLE: Weight reduction in obese patients: the use of “Motivational Interviewing” technique.

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Background: Obesity is a wide spread problem and is often related to unhealthy behaviours. A transient loss of weight in obese patients is not so difficult to obtain yet much more difficult is to keep this reduction of weight over the years. Motivational interviewing (MI) is a style of patient-centred counselling developed to facilitate change in health-related behaviours. The core principle of the approach is negotiation rather than conflict.

Research question: Is the use of MI in General Practice in Mediterranean Countries more effective than traditional methods in terms of weight reduction and maintenance in obese patients?

Method: An educational approach will be adopted to teach 30 GPs of two Mediterranean Countries, Italy and Malta about the Motivational Interviewing technique. After three months, each of these 30 GP will randomly enrol 10 obese patients and he will apply the technique of MI. 30 other motivated GPs (the control group) will deal with 10 obese patients randomly selected for each GP, with traditional methods. These variables will be considered: age, sex, body mass index, cultural level: data will be stored in an Excel file and analysed by using SPSS 11. Bivariate distribution tables and odds ratio with its confidence interval will be used to assess the association between variables. Inferential statistic will include chi square test (X²) to assess the significance of the difference in proportions. Unconditional logistic regress will be used to avoid confounders or effect modifiers (interaction).

Results: Data will be compared after 3 years to find out if this technique is effective or not in our contest.

Conclusion: Motivational interviewing has been reward as an effective tool to deal with unhealthy behaviours. The use of this technique has never been tested in Primary Care to treat obesity in Italy and Malta.

Points for discussion:

1. Research methods
2. Relevance of this proposed study.

PRESENTATION 54: Saturday 29th September, 2007 THEME PAPER

16.10 –16.40 h. Ongoing study with preliminary results

TITLE: Depression and co-morbidity in family practice.

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Background: Depression has become one of the most prevalent mental disorders in family practice (FP). Depression in FP is commonly co-morbid with somatic diseases, and is associated with high use of medical care and disability.

Research question: How does depression influence the patients' consultation rate in FP? Which concomitant somatic diseases are associated with depression? What kind of impact does depression exert on the patients' ability to work?

Method: Current study is part of the PREDICT study carried out in 2003-2005 in 23 FPs across Estonia. The study group consisted of 1100 consecutive patients, aged 18-75 years, attending FP to consult the family doctor (FD). Occurrence of depression was estimated using the Composite International Diagnostic Interview (CIDI) at baseline, at 6 months and at 12 months. The medical records of all patients were analysed concerning concomitant diseases and number of visits to FD s and disability, and the corresponding characteristics of the depressed and the non-depressed patients were compared.

Results: In 2003-2005 the depressed patients visited FD s 14 ± 11 times and the non-depressed patients visited FD s 12 ± 11 times ($p=0.019$). The mean number of different diagnoses per depressive patient was 3.7 ± 2.6 and per non-depressive patient 3.1 ± 2.5 ($p=0.014$). The depressed patients had significantly more other psychiatric problems (F00-F99) ($p=0.000$) and different symptoms, not classified elsewhere (R00-R99) ($p=0.028$), compared with the non-depressed patients. The depressed patients had 24 ± 42 disability days and the patients without depression had 15 ± 30 disability days ($p<0.001$).

Conclusions: Depressed patients have more concomitant diseases than non-depressed patients. They use more health care and have more disability days, and hence need more time and attention from FD.

Points for discussion: 1. Depression and co-morbidity in family practice.

PRESENTATION 55: Saturday 29th September, 2007 FREESTANDING PAPER

16.40 –17.10 h.

TITLE: Quality of life in unknown coronary heart disease patients.

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Background: Quality of life (QoL) is known to be reduced in patients with coronary heart disease (CHD). However, there is no study investigating QoL of CHD patients who has not been diagnosed, therefore unaware of their diseases yet. Research question: Is quality of life reduced in unknown coronary heart disease patients who have not been diagnosed yet?

Method: Eight hundred and fifty outpatients over 30 years of age who applied to a primary care centre for several reasons except for cardiac complaints were recruited in the study. All participants were face-to-face interviewed to complete a personal demographic data form, SF-36 for measuring QoL, and Rose questionnaire to detect unknown CHD cases. In addition to medical history and physical examination, ECG was performed to all participants. and medical history were obtained by face-to- face interview. All suspected CHD cases were sent to regional hospital to confirm the diagnosis of CHD.

Results: CHD was determined in 126 (14.8%) of the participants who were unaware that they had such a health problem. Mean scores of CHD and non CHD cases in 8 main parts of SF-36 were as follows: 1. Physical functioning 74.7±20.2 vs. 87.7±20.1., social functioning 64.5 ± 22.7 vs. 72.9±21.3, bodily pain 55.1± 25.1 vs. 70.7±25.9, vitality 49.5±17.3 vs. 54.3±17.9, role emotional 51.0 ± 46.3 vs. 70.3 ± 45.1, role physical 51.8 ± 46.9 vs. 78.1 ± 39.1, mental health 50.6 ± 16.1 vs. 54.8 ± 17.8, and general health 44.9 ± 25.9 vs. 57.2 ± 28.8 (p<0.05, t-test).

Conclusions: Quality of life is reduced in unknown CHD patients.