

EUROPEAN GENERAL PRACTICE



RESEARCH NETWORK

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WONCA Region Europe - ESGP/FM*

**85th Meeting
of the
European General Practice Research Network**

Abstract Book

19 - 22 October 2017

Dublin - Ireland

www.egprn.org

This EGPRN Meeting has been made possible thanks to the unconditional support of the following sponsors:



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COLOPHON

Abstract Book of the 85th EGPRN Meeting
Dublin-Ireland, 19-22 October 2017
Published: November 14th, 2018

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ISBN 978-90-829673-2-6

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Foreward

“Mental Health in Primary Care - Increasing Public and Patient Involvement in Health Research”

Céad Míle Fáilte! Welcome!

On behalf of the Executive Board of the EGPRN, the Irish College of General Practitioners (ICGP) and the Academic Department of General Practice UCD, I welcome you to the 85th EGPRN meeting. This conference will highlight the central role of primary care in the field of mental health and advances our commitment to ensuring best practice throughout general practice for patients with mental health needs.

A record number of abstracts were submitted for this conference and it was a difficult selection for the reviewers. Those selected gives you a flavour of the topics and approaches as well as the issues faced in primary care research across Europe and we trust you will find these informative and stimulating.

I am delighted that Minister McGrath could join us to open the conference along with Dr. Brennan from the ICGP and Professor Bury of UCD.

I would like to extend sincere appreciation to Professor Amanda Howe, WONCA World President and to Professor Andrew Murphy NUIG for giving our keynote speeches and to our sponsors.

Thank you for joining us in Dublin for this conference. I hope that you will enjoy it both professionally and socially and leave wanting to organise one of the next EGPRN conferences.



Claire Collins
ICGP Director of Research & Innovation
Member of the EGPRN Executive Board

"Mental Health in primary care. Increasing Public and Patient Involvement in Health Research".

Dear doctors, researchers, and colleagues,

The theme of the Dublin EGPRN conference, being hosted by the ICGP in conjunction with UCD Academic General Practice, is **Mental Health in Primary Care: Public and Patient Involvement in Research**. Both the ICGP and UCD have a track record of service programmes and research projects in the area of mental health and related areas and have chosen this topic for the conference in order to further highlight the central role of primary care within the field of mental health, which is a global phenomenon with policy makers actively encouraging primary care to take a lead role in developing mental health services. They are collaborating currently on a longitudinal study of people with enduring mental health to investigate and improve their physical health and its monitoring. Previous research in this area includes topics such as schizophrenia in general practice and mental health consultations in out of hours.

Mental disorders are widespread with an estimated 25% of people experiencing such problems at some point in their lives and approximately 10% of the adult population experiencing a mental disorder at a given point in time (WHO 2001). Research suggests that morbidity and mortality rates are higher among individuals with serious mental health issues (Dixon 1999; Lambert et al. 2003; Osborne et al. 2003, 2007a, 2007b; Robson 2007; Wahlbeck et al. 2011; De Hert et al. 2011). The economic impact of mental health problems is considerable. Within mental health, depression affects approximately 5% to 10% of people and is the third most common reason for consultation in general practice (Singleton et al. 2001). By 2020, depression will be the second most common cause of disability worldwide (Murray and Lopez 1997). One study from England estimated the total costs of adult depression alone to be £15.46 billion; treatment costs accounted for £636 million, with the majority of additional costs being due to lost employment because of absenteeism and premature mortality (Thomas and Morris 2003).

For those with a diagnosed mental health issue/illness, structural and systemic health disparities impact on access to and utilisation of health care. Mental illness acts as barrier to accessing and obtaining effective medical care (Lambert et al. 2003). The majority of those who do receive treatment do so in primary care with only a small minority consulting more specialised mental health services (European Commission 2006).

However, there is unanimous consensus from the international literature that general practice has a central role in the provision of medical treatment and preventative health care to people with a severe mental illness (Victoria Government 2008). The central role of primary care within the field of mental health is a global phenomenon with policy makers actively encouraging primary care to take a lead role in developing and delivering mental health services (Rogers and Pilgrim 2003).

"Involving patients actively in research represents a significant culture change and requires a number of barriers to be addressed including people's attitudes and levels of awareness." (European Science Foundation, 2010). PPI describes a whole variety of ways that researchers engage with people for whom their research holds relevance. PPI:

- Plays an important role in ensuring that patients are informed about research that is relevant to them. This is likely to result in increased patient support for research and the improved likelihood of patient involvement in the case of clinical research.
- Is an important step in ensuring that the real life experiences of patients are considered in decision making processes around research.
- Is key to ensuring that patients and their families have the opportunity to express the questions and needs that matter most to them, which is likely to improve the relevance of research.

It is important to put PPI in research in the wider context of PPI in all aspects of health policy. In recent years there have been a number of significant developments in this regard. The World Health Organisation

Declaration of Alma Ata "People have the right of duty to participate individually and collectively in the planning and implementation of their healthcare" (http://www.who.int/publications/almaata_declaration_en.pdf).

There is a need to avoid overly prescriptive or narrow definitions of PPI. The challenge is to mainstream PPI in all aspects of research and health policy and structures going forward, which will require significant political leadership and a new overall strategy.

The conference will be opened by the Irish Minister of State for Mental Health and Older People, Jim Daly and keynote speeches will be delivered by Prof Amanda Howe, UEA & President of WONCA and Prof Andrew Murphy, NUI Galway.

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- Ms. Carol White (ICGP)
- Ms. Mairead Egan (UCD)
- Ms Sally Anne O'Neill (ICGP).

Pre-Conference Workshops

How to Plan and Report Research that Editors will want to Publish

Trish Groves, Director of academic outreach, BMJ and Editor-in-Chief, BMJ Open

Thursday, 19th October 2017 10:00 - Room: AS 684

In this workshop Dr. Groves will focus on developing research questions that are relevant to primary care, writing high quality protocols and research papers, observing publication ethics, and succeeding in peer review. She will base her talk on materials from the BMJ Research to Publication elearning programme.

Objectives: The objectives of the workshop will be to help health researchers to:

- write up their studies with clarity and integrity
- ensure that their studies' research questions and methods are reported fully
- understand how to partner with patients in publishing research
- understand what editors are looking for when they select papers to peer review
- publish in international, regional, and local journals; including high impact journals

Public and Patient Involvement in Primary Care Research (including clinical trials): getting started

Edel Murphy Nuig

Thursday, 19th October 2017 14:00 - Room: AS 684

The public and patients already take part in research, but mainly as research participants. Public and patient involvement takes a different approach: it aims to create an active and equal partnership between the public or patient and researchers, with the lay voice contributing throughout the research process.

The public and patients always have the potential to offer unique, invaluable insights to help plan and conduct, and to analyse and communicate the results of, healthcare research. But how can primary care researchers tap into this potential, to improve the relevance of research questions, the quality, acceptability and feasibility of research conduct, and the likelihood of uptake of research outputs?

This workshop will explore the challenge of getting started with PPI, in the context of primary care research, including clinical trials. There are many challenges: what lay people to include and how many, what ground work is required before starting, where to start recruiting and how to recruit, what process and criteria to use to decide on suitability. When you have identified and recruited lay partners: where to meet, when to meet, who should attend, how to communicate with lay partners beforehand, how much do lay contributors need to know about research, how to structure and organise meetings? Participants at the workshop will identify strategies to help address some of these questions. The aim of the workshop is that participants will leave the workshop with some strategies appropriate for primary care that can be used on the PPI journey in their own research.

Keynotes

Increasing Public and Patient Involvement in Research –methods, motivations, and the particular issues for mental health projects

Professor Amanda Howe

Friday, 20th October 2017, 08:45 - Hogan Mezzanine Suite (Blue Room)

'More research is needed' – this is the age old cry of academics and decision makers. The last 50 years has seen the emergence of health services research alongside laboratory and disease based studies, with increasing involvement of staff and patients from community settings. We have also seen in many countries an increasing expectation both of strict ethical frameworks and a voice for patients who are the participants in research. While commendable in principle, these requirements can be in tension with recruitment and delivery of projects, appearing to impose new layers of bureaucracy. There is evidence that many researchers, while fulfilling the 'letter of the law', struggle to gain and sustain meaningful patient and public involvement (PPI) in their studies. Some also question whether one or two patients on a research project committee can genuinely represent the broader society, especially when the research project may relate to experiences outside their experience – for example, psychological and mental health issues.

This talk will draw on the speaker's experience of setting up structures which have underpinned successful PPI in her region, and discuss the broader context of mental health research and the particular challenges it may pose. She will reflect on the international context and whether PPI as yet has meaning for global research. She will also outline opportunities arising through the World Organization of Family Doctors (www.globalfamilydoctor.com) for sharing and further development of good practice in this area.

New developments in Ireland with regard to the clinical trial network for primary care

Professor Andrew Murphy Nuig

Saturday, 21st October 2017, 08:30 - Hogan Mezzanine Suite (Blue Room)

In 2015 the Health Research Board (HRB) – the main funder of Irish health research – awarded € 2.5 million each to four trial networks. One of these was in primary care. In this presentation, the international background, general role and development of research networks in primary care will be reviewed. The context, vision and progress to date of the HRB Clinical Trial Network Primary Care Ireland will be outlined. Consideration of the challenges and opportunities facing international primary care research networks will occur. An invitation to international colleagues to collaborate with the Irish network will be warmly issued.

Theme Paper / Almost finished study

Clients views on primary health care after detoxification for alcohol use disorders

Lodewijk Pas, Trudy Bekkering, Evelien Lenaerts, Cathy Mathei, Bert Aertgeerts

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Background:

To develop an experimental care pathway for alcohol dependent patients we systematically reviewed the literature for continuing care models, defined indicators for quality of care after detoxification through a Delphi study and finally have run focus groups to define principles for good quality aftercare. The systematic review and indicators have been described elsewhere. Eight focus groups (FG) were run to define barriers and facilitators for success of aftercare, two of which were held with lay people, the others with professional care providers.

Research questions:

What according to lay people are the mayor barriers and facilitators for effective aftercare?

Method:

A mixed female and male opportunity sample was constituted for two FG of patients in aftercare in one location but with experience from different treatment facilities, some with their spouses. A moderator favored discussion between participants according to a pre-established guidebook assisted by an observer to register the group process. The FG were audio-taped and transcribed verbatim, independently coded by two researchers and analyzed with NVIVO software based on consensus and using a constant comparative approach.

Results:

Factors favoring success of continuing care indicated by patients and their spouses are :

1. Increasing insight of patients in the longstanding need for support early in care
2. Openness in a continued experiences oriented peer group process facilitated by a professional care provider
3. Availability of continued professional individual support during the aftercare peer group process
4. Information and involvement of the general practitioners before and early during aftercare in mental health facilities
5. Specific attention and -if possible- involvement of spouse or surroundings
6. Specific attention to underlying problems leading to alcohol use

Conclusions:

According to alcohol dependent patients more active involvement of GP and surroundings in collaborative care is required and attention to the long lasting character of Alcohol Use Disorders, and underlying societal, relational and individual problems.

Points for discussion:

How should the role of GP to be defined in relation to patients' expectations?

How to develop a collaborative care model between general practice and mental health care for AUD?

Are such models available or planned to be tested in your country?

Theme Paper / Finished study**What factors are associated with anti-depressant and benzodiazepine prescribing to people with type two diabetes mellitus?**

Jane O' Doherty, Jennifer Gettings, Raymond O'connor, Ailish Hannigan, Walter Cullen, Louise Hickey, Andrew O'regan

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Background:

General practitioners (GPs) are responsible for diagnosing and treating people with type 2 diabetes mellitus (T2DM) and co-morbid depression and anxiety. The prevalence of depression in T2DM is estimated to be 10-15% but there is no data on the proportion of people with T2DM that are prescribed antidepressant or benzodiazepine medications. This study aimed to investigate patients with T2DM who were prescribed antidepressant or benzodiazepine medications. A secondary objective was to establish the proportion that was referred to mental health services.

Research questions:

What percentage of people with T2DM are prescribed antidepressants or benzodiazepine medication?

Method:

Senior medical students on placement in general practices with the University of Limerick Graduate Entry Medical School and their GP supervisors used practice software functions to collect quantitative data from the clinical records of patients with T2DM in the practice.

Results:

The sample included 2,696 patients with T2DM who had visited their GP in the previous year. The percentage of people with T2DM with a current prescription for antidepressants or benzodiazepine medication varied from 6% to 37% across practices with a median rate across practices of 23%. Using logistic regression analysis, the following were found to be associated with having this type of prescription were: female gender, eligibility for free medical care, urban location, smoking, and consulting with the GP more frequently. Only 6% (n=152) of patients were referred or attended a mental health service

Conclusions:

This study shows that the rate of antidepressant and benzodiazepine prescribing in a T2DM population is high. Based on the findings, screening for depression in this population is advised and appropriate resources for GPs should be provided.

Points for discussion:

Why are patients with type 2 diabetes mellitus prescribed antidepressants or benzodiazepine medication?

How does antidepressants or benzodiazepine medication impact their diabetes?

Why did only 22% of patients with type 2 diabetes mellitus who were prescribed antidepressants or benzodiazepine medication attended or referred to a mental health service?

Theme Paper / Ongoing study no results yet**Why is the physical health of patients with an enduring mental illness neglected?
Comparing Irish GPs' monitoring of physical health parameters among patients
with an enduring mental illness and the general population**

Claire Collins, James Larkin, Ivana Pericin, Brian Osborne, Philip Dodd

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Background:

People with enduring mental illness (EMI) - schizophrenia, bipolar disorder and/or (recurrent) depressive disorder - have a mortality rate two to three times higher than the general population, which is caused by physical disease. This is thought to be primarily caused by diagnostic overshadowing, whereby healthcare staff attribute symptoms of physical illness to their EMI. Diagnostic overshadowing thus leads healthcare practitioners to focus less on the physical illnesses of people with EMI and more on their mental illness. This study will compare Irish GPs' recording of physical health parameters among EMI patients and the general population.

Research questions:

Is there a difference in Irish GPs' monitoring of physical health parameters among patients with an enduring mental illness compared to the general population?

Method:

This is a retrospective case-control study. Data will be extracted from the practice management software systems of 87 Irish GPs on physical health parameter recording of EMI patients and the general population over a 12 month period. These parameters will include alcohol consumption, physical activity, BMI, smoking status and brief interventions. Practices will come from a mixture of urban and rural areas across Ireland. Difference in recording of EMI patients will be compared to the general population using ANOVA.

Results:

No results yet. A possible result is that GPs record physical health variables amongst patients with an EMI less than with the general population.

Conclusions:

Lack of recording of physical health variables may contribute to the large discrepancy in life expectancy between EMI patients and the general population. Introducing a systematic means of recording physical health parameters to GPs' practice management systems could improve EMI patients' care and thus reduce the discrepancy in life expectancy between EMI patients and the general population.

Points for discussion:

Does recording physical health variables improve the health of patients

How can GPs play a central role in the care for the physical health of patients with enduring mental illness

Theme Paper / Finished study**Burnout among general practitioners: prevalence and associated factors**

Guillaume Picquendar, Antoine Guedon, Fanny Moulinet, Matthieu Schuers

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Background:

Burnout is a common occurrence in general practitioners (GPs). It affects physician's health, increases tobacco, alcohol and psychoactive drugs consumption. It leads to absenteeism, intent to quit and risk of medical error. Burnout decreases the quality and accessibility of care. The link between burnout and low medical density has never been studied.

Research questions:

The aim of this study was to describe the prevalence of burnout and its related factors, including medical density, among GPs.

Method:

A cross-sectional survey based on an auto-questionnaire was conducted. In September 2015, the questionnaire was sent to all of the 1632 physicians in Normandy (France). It included socio-demographic, lifestyle and work habits data. The Maslach Burnout Inventory (MBI) assessed the three burnout's dimensions: emotional exhaustion (EE), depersonalization (DP) and low personal accomplishment (PA). Our study was approved by the local ethics committee.

Results:

In total, 501 general practitioners responded to the study (response rate: 30.7%), and 487 questionnaires were analyzed. Burnout had been experienced by 43.3% of the physicians in the sample. Nearly 24% of the respondents scored high EE, 27.3% scored high DP, and 13.3% scored low PA. The following factors: low medical density (OR: 2.16 (1.31-3.54)), intent to quit private practice (OR: 4.40 (2.59-7.47)), solitary exercise (OR: 2.30 (1.25- 4.26)), older than 50 (OR: 2.13 (1.10- 4.11)) and male sex (OR: 2.60(1.47- 4.57)), were linked to one or several burnout dimensions.

Conclusions:

Burnout among GPs was common. It was strongly linked to low medical density and the intent to quit. Given the current medical demographic crisis, these results highlight the potential impact of burnout on accessibility to care. Preventive and curative actions are necessary.

Points for discussion:

We systematically sent our questionnaire by post mail to every private general practitioner of Upper Normandy. The sample was representative of the age and sex of the French general practitioners.

Burnout among GP was common. It impact physician and patient's health. Similar results were observed in France and Europe. Burnout management and prevention studies must continue.

To our knowledge, this study is the very first one to focus on the link between burnout and medical density. Further research is needed.

Theme Paper / Almost finished study**Positive Mental Health in GPs: A Qualitative study**

Marylou Murray, Michael Donnelly

Centre for Public Health, School of Medicine, Dentistry and Biomedical Sciences, BT12 6 BA Belfast, United Kingdom. E-mail: mmurray881@qub.ac.uk

Background:

The burgeoning empirical evidence on the antecedents and implications of burnout highlights the importance of mental health. Burnout prevention and mental health promotion may be vital components of sustainable, high quality healthcare provision. Little is known about GPs' views with respect to positive mental health (PMH).

Research questions:

How do GPs define positive mental health ?
What do GPs consider promotes and challenges PMH?

Method:

Content analysis of semi-structured interviews was deemed to be the study design best suited the external and internal resource constraints. Maximum variation sampling was sought via 'snowball' sampling with the assistance of GP volunteers identified in an earlier study. Data analysis and data collection took place concurrently and iteratively. Semi-structured interviews were performed in person and via telephone. Interviews were audio-recorded and transcribed verbatim by a GP researcher (MM). Self-reflection disciplined researchers' familiarity with the research topic and workplace context facilitating inductive interpretation of data. The team independently analysed a subset of transcripts. Emerging themes identified through inductive content analysis were discussed and agreement sought.

Results:

Data saturation was deemed to have been achieved following 11 semi-structured interviews conducted with GPs (locum, portfolio, sessional, partner, full and part-time) at various career stages in urban and semi-rural settings in Northern Ireland. PMH was defined in terms of positive emotions, lack of anxiety and work engagement. Resources and facilitators at an individual level included resilience, perspective, control and self-awareness. Practice culture, values-based practice and social support were the main facilitators identified at an organizational level. Main barriers to PMH were workload, organizations and change.

Conclusions:

The model of PMH emerging is consistent with wellbeing literature encompassing hedonic and eudaimonic elements. Barriers identified concur with recognised drivers of burnout. The positive impact of practice culture identified here affords an opportunity to reconsider organizational culture in GPs as a focus for mental health promotion.

Points for discussion:

Mental health promotion and disease prevention in GPs

Organizational culture in GPs- a force for good as well as evil

Beyond burnout...let's aim higher

Theme Paper / Almost finished study**What can be done to promote resilience in General Practitioners?**

Olivia Gonzalez, Aine Waters, James Keogh, Nora Kavanagh, Clare O'neill, Genevieve Mcguire, Me Kelly

Western Training Programme in General Practice, Galway, Ireland. E-mail: livgonzo@hotmail.com

Background:

Medicine is a challenging career. There are reports of high rates of exhaustion, burn out and maladaptive coping strategies amongst doctors in general and General Practitioners (GPs) in particular. Accordingly, the issue of GP resilience is extremely topical. This research aimed to explore the ideas and opinions of GPs and doctors in GP training, with regard to resilience promotion.

Research questions:

What can be done to promote resilience in General Practitioners?

Method:

This was a qualitative study involving face-to-face, semi-structured, recorded interviews with GPs and doctors in GP training. Data analysis was done by means of a three step process of open, axial and selective coding supported by detailed memoing.

Results:

Three themes emerged from data analysis namely : a) Within the person, b) Within the profession and society, and c) Within the healthcare system. Subthemes within the person were 'What resilience means to me', 'Me as a doctor' and 'Me as a human'. Within the profession and society there were four 4 subthemes 'Traditional view of GP', 'Societal expectations of the GP', 'Formal supports' and 'Education and training'. The healthcare system theme incorporated three subthemes 'Finances', 'Manpower' and 'Relationship with the healthcare system'.

Conclusions:

Identifying means to promote resilience in General Practitioners involves an in-depth understanding of the threats and challenges to resilience from within the person, the profession and society and the health care system. Specific measures to promote resilience can be developed to counteract each of these challenges identified. It is anticipated that this research will help inform and shape future strategies and educational interventions aimed at promoting resilience in GPs.

Points for discussion:

Role of resilience training and suitable platforms

Need for policy changes

Creating a culture change in the profession of GP

Freestanding Paper / Finished study**How does the introduction of free GP care for children impact on patients and practices? - A Qualitative Study.**

Geoff Mc Combe, Neasa Conneally, Ayesha Farooq, William Bahan, David Maloney, Carl Beame, Walter Cullen

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Background:

Child health in general practice is a key health service priority in Ireland with 23% of Ireland's population aged under 16. Access to primary healthcare services in Ireland traditionally involved patients either paying for the full cost of services, receiving a GP visit card or having their full medical costs covered under the GMS scheme. In July 2015, free GP care for all children under six years old was introduced in Ireland.

Research questions:

This paper aims to examine GPs' views on the scheme and how it has impacted on their practice.

Method:

16 GPs participated in semi-structured telephone interviews which were conducted and analysed using thematic analysis. ICGP Research Ethics Committee approved the study.

Results:

Six key themes were identified: GPs reported an increase in service utilisation as a result of changes in parental behaviour in accessing services. All GPs reported dissatisfaction with the scheme and expressed fears regarding the scheme being extended to older age groups. However some GPs reported that a potentially important benefit of the scheme could be more rational prescribing of antibiotics.

Conclusions:

The study highlights how introducing free GP care to a mixed private / publicly funded health system is likely to result in workload and activity for GPs and impacts on health seeking behaviour and physician practice. Triangulating with research that adopts a quantitative prism, and includes the views of other stakeholders, is a priority for future research.

Freestanding Paper / Finished study**Patient views on urinary tract infection and outcome measures in studies and guidelines on urinary tract infection**

Eva Hummers-Pradier, Michaela Aschenbrenner, Ildikó Gágyor, Jutta Bleidorn, Susanne Heim, Guido Schmiemann

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Background:

Authors of guidelines or proposals for clinical trials are increasingly requested to prove that their outcome measures or recommendations meet patients' concerns and priorities. Consulting patient representatives is often mandatory when preparing a study proposal for public funding programmes.

Research questions:

To assess the patient relevance of outcomes of a planned – now ongoing - urinary tract infection (UTI) trial well as in the national guideline, and to investigate patients' concerns and priorities related to UTI.

Method:

We (1.) systematically reviewed outcome measures used in UTI trials, (2.) systematically searched for papers on patients' views and concerns on UTI and its treatment and (3.) performed four focus groups with UTI patients to discuss their views. Focus groups were videotaped, transcribed, and analyzed using qualitative content analysis.

Results:

Most UTI trials feature either urine cultures and/or typical symptoms as primary outcome measures. Symptoms are often assessed by doctors or nurses, rather than patients, and scored either nominally or assessed using simple symptom scores which are mostly not validated. Trials considering in detail how much patients are actually impaired by their condition are rare. Few qualitative studies look more in depth into patient perceptions and priorities show a more differentiated picture. Focus group participants perceived UTI as complex and named a multitude of relevant topics with regard to expectations, feelings, restrictions, treatment, counselling and follow-up.

Conclusions:

Patients can be severely impaired and very concerned with many aspects of UTI. Many UTI trials do not consider patient relevant outcomes at all, or only with a relatively coarse approach. Many of patients' priorities are neither reflected in guidelines, nor in studies.

Points for discussion:

How to adequately address patient concerned while providing evidence based care.

How to best involve patient representatives for an acute disorder.

The best methods to ascertain an impact of patients when designing trials or guidelines.

Freestanding Paper / Published**Self-care for common colds among patients with chronic conditions: predictors for higher use of self-care measures (COCO study)**

Birgitta Weltermann, Biljana Gerasimovska-Kitanovska, Anika Thielmann, Tuomas Koskela, Kathryn Hoffmann, Robert Hoffman, Marija Petek Šter, Juliette Chambe, Slawomir Czachowski, Krzysztof Buczkowski, Andrzej Zielinski, Ferdinando Petrazzuoli, Selda Tekiner, Aysegül Uludağ, Tamer Edirne, Vildan Mevsim, Heidrun Lingner, Clara Guede, Hülya Yikilkan, Sanda Kreitmayer Peštiž

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Background:

Patients with and without chronic diseases use different self-care to relieve symptoms of common colds.

Research questions:

Is the number of self-care practices used for common colds throughout European countries of patients with chronic conditions influenced by knowledge and/or discomfort?

Method:

This cross-sectional study was performed at 27 sites in 14 European countries. Participating sites were asked to distribute 120 questionnaires to consecutive patients (inclusion criteria: ≥ 18 years). A 27-item questionnaire provided a selection of 105 self-care measures and allowed for free-text answers. This analysis focuses on the self-care of patients with chronic diseases (≥ 1 chronic disease, ≥ 1 medication for a chronic disease). Multivariate logistic regression was used to identify predictors for using more self-care practices than 50% of the respective country population (country-specific cutoffs). Included variables were: age, gender, years of school (country-specific medians), common cold-related discomfort (yes/no), and knowledge of the disease's self-limited nature (yes/no).

Results:

Of the 2,724 participants, 40.6% ($n=1,107$) had a chronic disease as defined for this analysis (58.4% female, mean age 57.3 years). The average use of self-care practices for common colds was 11.4 (SD 7.01). Bivariate analyses showed that knowledge, discomfort, gender, age, chronic pain/ arthritis, high blood pressure, diabetes and depression are associated with the number of practices used. Multivariate logistic regression showed that discomfort (OR: 1.9, CI: 1.4-2.6), younger age (OR: 1.6, CI 1.1-2.1), female gender (OR: 1.5, CI: 1.1-1.9) and lack of knowledge (OR: 1.3, CI: 1.0-1.7) are significant predictors for using more self-care practices.

Conclusions:

Our European study shows that discomfort drives self-care more than knowledge. Public campaigns and patient information in physician consultations should take account of these findings.

Digital social networks impact mental health

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Background:

Social networks are part of everyday life. Even though "X Generation" spent more time there than the "Millenials", a whole section of the population grew up under their influence.

Social networks would create some dependency, which would lead to serious health problems.

Research questions:

What are the impacts of digital social networks on consumer health (abusive or not)?

Results:

The rate of anxiety and depression has jumped 70% among young people over the past 25 years.

More worrying one in two (55%) say have been embarrassed in their daily lives by "symptoms of mental difficulty" (anxiety, phobia, depression, paranoia). One in five (22%) said felt this discomfort in a significant way.

Students are increasingly reluctant to seek medical attention. 51.5% for financial difficulties, compared with 49.5% in 2013. Occasionally difficulties for 22.5% of students, and regularly for 14% (Compared with 12.4 in 2013). A precariousness that directly impacts their lifestyle.

Youth are in social networks (such as Facebook, Instagram, Snapchat, Google+, Netlog, Twitter, Tumblr, Pinterest, Flickr, etc.).

80% of them visit social networks every day or several times a week.

User is not only consumer but also actor, since he creates content (texts, videos or photos). 94% of young people have a profile.

These figures are correlated with the increase in social networking usage in the United Kingdom (only 22% of people had a profile on a social network in 2006 compared to 89% in 2016) and deduce a link between the two.

Conclusions:

Beneficial impact of social networks ;

Tools for communication, information, reconciliation;

sharing, valuable and relational tools,

A remedy for loneliness,

Social networks can also be seen as promotional tools for commercial companies and service providers through "pages" to publicize the company.

Some negative consequences of social networks:

cyber-harassment, Addiction, Anxiety, Depression, feelings of loneliness, lack of sleep, Physical discomfort.

Points for discussion:

The importance of social networks is due to their practicality in terms of communication but also to the sense of freedom that one experiences in using them.

Given the exponential growth of the web and websites, we may be concerned about how these social networks will evolve in the years to come.

Social networks are, in large part, bad for morale

Theme Paper / Almost finished study**Relation between antidepressant sales and suicide rate in North and South European countries.**

Francisco Reus, Caterina Vicens, Santiago Alegret, Alfonso Leiva, Teresa Lázpita, Catalina Mateu

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Background:

Most suicides occur in presence of depression; consequently the treatment of depression may reduce suicide mortality. With this hypothesis, researchers of North-European(NE) countries found inverse relation between sales of antidepressant(AD) and suicide rate(SR) in the last twenty years. In contrast, in South-European(SE) countries, the most affected by the economic crisis, the SR remains constant or with a slight tendency to increase despite the great increase in AD sales.

Research questions:

To study whether there is an inverse relationship between sales of AD and SR in four Nordic countries and four South-European countries in the time period 2000-2013.

Method:

Ecological study: aggregated suicide rate and antidepressant sales over the period 2000-2013 in four North-European countries (Sweden, Finland, Denmark and Norway) and four South-European countries (Spain, Portugal, Italy and Greece). Data were obtained from The Organisation for Co-operation and Development(OECD) who obtained data of SR from the WHO Mortality Database and for AD sales(ATC codes) from the wholesale register Medicine of the Health Departments of each Country*. Relationship was examined using Spearman's Rank correlation.

Results:

The range of total sales of AD increased 26,5 to 66,7% during the period 2000-2013 in all the countries, 26,5 to 48,9% in the NE countries and 53,9 to 66,7% in the SE countries. The SR declined in NE countries (-27,8 to 0,8%) and increased in SE countries(-1,19 to 131,4%). There were statistically significant correlations between AD sales and SR in all NE countries except Norway, and there were not in SE countries

Conclusions:

The expected inverse relationship between AD sales and SR remains controversial. Findings do not suggest great increases in AD sales may reduce suicide. Other factors are involved in suicide, as economic crisis in SE countries. Further research is required to investigate the reasons why the amount of AD sales does not have a clear impact in decreasing suicide.

Points for discussion:

Antidepressants

Suicide

Depression

Theme Paper / Finished study**Detection of cognitive decline in General Practitioner (GP) office**

Miroslav Hanževački

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Although cognitive decline is a common finding among the elderly and is considered a risk factor for developing dementia, it is rarely diagnosed by general practitioners (GPs).

Aim

To evaluate cognitive function with the Mini-Mental State Examination (MMSE) and the Montreal Cognitive Assessment (MoCA) in asymptomatic subjects in daily GP practice and compare subjects who confirmed having cognitive problems with subjects who did not claim any cognitive problem.

Research questions:

Can we detect and evaluate mild cognitive decline already in general practice

Method:

388 consecutive patients >65 years of age in daily GP practice were interviewed and tested with MMSE and MoCA test.

Results:

None of the study subjects spontaneously complained of cognitive or memory problems. 155 subjects (39.94%) confirmed having cognitive problems and 233 (60.05%) did not even when asked. The prevalence of mild cognitive impairment (MCI) was 18.30% (95% CI 14.36–22.04) and the prevalence of cognitive impairment/no dementia (CIND) was 17.27% (95% CI 13.50–21.04). Delayed memory recall as a separate cognitive domain in MoCA was significantly worse in subjects with MCI ($p = 0.00958$) and in those with CIND ($p = 0.0208$).

Conclusions:

Mild cognitive decline can be detected already in GP office by using simple screening tests MMSE and MoCA.

Majority of patients with cognitive decline do not claim any problem and do not seek active help for this reason.

Points for discussion:

Early detection of cognitive decline

General practitioner

Elderly patient

Theme Paper / Finished study**Higher all-cause mortality and accelerated cognitive decline in oldest-old with low blood pressure and antihypertensive treatment – results from a population-based Dutch cohort study**

Sven Streit, Rosalinde Poortvliet, Jacobijn Gussekloo

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Background:

In oldest-old (>80 years), trials showed efficacy of lowering systolic blood pressure (SBP) including mostly healthier individuals but observational studies raised concerns about associations of low SBP with increased mortality and negative effects on mental health (e.g. cognition) especially in older and frail patients.

Research questions:

To test if the association of low SBP with mortality and cognitive function is modified by antihypertensive treatment and if associations differ in frail patients.

Method:

This prospective cohort study (Leiden 85-plus Study, 1997-2004) included a population-based sample of 570 individuals aged 85 years with a 5-year follow-up for cognitive function and all-cause mortality. Exposure was SBP at baseline (per 10mmHg lower) for patients with/without antihypertensive treatment. We modelled cox proportional hazards for all-cause mortality and mixed-effect linear regressions for change in Mini-Mental State Examination (MMSE) adjusted for sex and history of cardiovascular disease (CVD). In subgroup analyses, we stratified for frail/non-frail patients according to hand grip strength and the Groningen Activity Restriction Score (GARS).

Results:

Of all participants, 249 (43.7%) were treated with antihypertensives at baseline. CVD was more prevalent in those with treatment ($p < 0.001$). In patients with treatment, all-cause mortality was higher (HRAdj 1.30, 95%CI 1.15-1.47, $p < 0.001$) per 10mmHg lower SBP. Similar, per 10mmHg lower SBP, patients showed an accelerated cognitive decline (-0.35, 95%CI -0.60, -0.11, $p = 0.004$). In patients without treatment, there were no such associations. Patients frail in hand grip showed the same accelerated cognitive decline (-0.37, 95%CI -0.70, -0.05, $p = 0.023$) but non-frail patients did not ($p = 0.15$). Stratification based on GARS did not influence the relationship.

Conclusions:

Oldest-old with low SBP and antihypertensive treatment are at risk for higher all-cause mortality and accelerated cognitive decline especially frail patients. Although observational and limited by confounding by indication, strengths of associations, temporality and biological gradient support causal interpretations.

Theme Paper / Finished study**The development and evaluation of www.dementiaphways.ie; an online dementia resource for primary care health professionals**

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Background:

General practitioners (GPs) play an important role in signposting people with dementia and their families to appropriate services and supports, however, GPs find this to be a particularly challenging aspect of dementia care. GPs have also identified several educational needs in dementia care and have suggested that access to an up-to-date GP specific online resource could help to address these educational needs.

Research questions:

The aim of this study was to develop and evaluate an online dementia educational clinical resource for general practitioners which would include a services and supports directory.

Method:

The online educational resource was developed by conducting a literature review and by consultation with an expert reference group. The development of the services and supports directory was facilitated by extensive consultation with a stakeholder group. A mixed method approach was taken to the evaluation of the online resource and involved qualitative feedback from potential end users, analysis of the website traffic and a survey of GPs.

Results:

The online resource www.dementiaphways.ie was developed. Qualitative feedback obtained from a stakeholder group of potential end-users was positive. Statistical analysis was performed on over 2,000 unique visitors to the site. Finally, the online resource was demonstrated to 190 GPs in 36 educational workshops. All participating GPs were surveyed and there was a consensus that www.dementiaphways.ie would be a useful resource for GPs when providing post-diagnostic support to people with dementia and their families.

Conclusions:

GPs play a pivotal role in signposting people with dementia and their families to community based supports, however, they can only fulfil their role of service information delivery if they have access to a service directory that provides up-to-date information on locally available support services. Access to such a services and supports directory could help to improve the management of people with dementia and their carers.

Points for discussion:

The barriers identified to the implementation of a services and supports directory.

The importance of conducting an initial qualitative exploration of the needs of the target end-users.

A service directory is only useful if the services and supports exist in the first place.

Theme Paper / Finished study**“Working away in that Grey Area...” A Qualitative Exploration of the Challenges General Practitioners Experience when Managing Behavioural and Psychological Symptoms of Dementia**

Aisling Jennings, Tony Foley, Sheena Mchugh, John Browne, Colin Bradley

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Background:

General practitioners (GPs) have identified the management of behavioural and psychological symptoms of dementia (BPSD) as a particularly challenging aspect of dementia care. However, no research to date has explored the challenges GPs experience managing BPSD or how these challenges influence the care GPs offer to their patients with dementia.

Research questions:

To establish the challenges GPs experience managing BPSD; to explore how these challenges influence GPs' management decisions; and to identify strategies for overcoming these challenges.

Method:

This was a qualitative descriptive interpretive study of GPs experiences of managing BPSD. Semi-structured interviews were conducted with 16 GPs in the Republic of Ireland. Nursing homes were contacted and the GP who attended the nursing home was identified. From this population a sample was purposively selected to include GPs with differing practice locations (urban/rural), years in practice and dementia workload. GPs with no nursing home commitment but who cared for people with dementia in the community were also purposively recruited to provide maximum diversity of views. Interviews were analysed thematically by two independent reviewers.

Results:

Three main challenges of managing BPSD were identified; lack of clinical guidance, stretched resources and difficulties managing expectations. The lack of appropriate clinical guidance, which referred to both the lack of guidelines and difficulty accessing clinical advice, meant that the GPs relied on their own experiences of the drugs when making prescribing decisions. In the absence of adequate resources GPs felt reliant upon sedative medications. Finally, GPs believed their advocacy role was further compromised by the difficulties they experienced managing expectations of family caregivers and nursing home staff.

Conclusions:

This study helps to explain the apparent discrepancy between best practice recommendations in BPSD and real-life practice. It will be used to inform the design of an intervention to support the management of BPSD in general practice.

Points for discussion:

How to best approach member checking in qualitative research

Clinician researchers interviewing other clinicians - a hindrance or a help?

The impact of personal and professional experience with dementia on physician confidence and how confidence influences decision making practises.

Freestanding Paper / Finished study**Factors influencing the development of primary care data collection projects from Electronic Health Records: a systematic review of the literature**

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Background:

Primary care data gathered from Electronic Health Records are of the utmost interest considering the essential role of general practitioners (GPs) as coordinators of patient care. These data represent the synthesis of the patient history and also give a comprehensive picture of the population health status. Nevertheless, discrepancies between countries exist concerning routine data collection projects. Therefore, we wanted to identify elements that influence the development and durability of such projects.

Research questions:

Which factors influence the development of primary care data collection projects from Electronic Health Records ?

Method:

A systematic review was conducted using the PubMed database to identify worldwide current primary care data collection projects. The gray literature was also searched via official project websites and their contact person was emailed to obtain information on the project managers. Data were retrieved from the included studies using a standardized form, screening four aspects: projects features, technological infrastructure, GPs' roles, data collection network organization.

Results:

The literature search allowed identifying 36 routine data collection networks, mostly in English-speaking countries: CPRD and THIN in the United Kingdom, the Veterans Health Administration project in the United States, EMERALD and CPCSSN in Canada. These projects had in common the use of technical facilities that range from extraction tools to comprehensive computing platforms. Moreover, GPs initiated the extraction process and benefited from incentives for their participation. Finally, analysis of the literature data highlighted that governmental services, academic institutions, including departments of general practice, and software companies, are pivotal for the promotion and durability of primary care data collection projects.

Conclusions:

Solid technical facilities and strong academic and governmental support are required for promoting and supporting long-term and wide-range primary care data collection projects.

Points for discussion:

Geographical distribution of routine primary data collection projects

The major role of EHR software in data extraction/collection

GPs: care pathway coordinators who are essential for data collection ; governance differences

Freestanding Paper / Finished study**Hepcheck: Homeless, Hep C & Competing Priorities in Dublin**

Geoff McCombe, Carol Murphy, Dee Menezes, Walter Cullen, Tina Mchugh, Austin O'carroll, John S Lambert

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Background:

The Hepatitis C virus (HCV) is a leading cause of chronic liver disease worldwide. Research previously undertaken suggests the rates of HCV amongst homeless people remains largely unknown.

Research questions:

This study aimed to establish the effectiveness of intensified screening for HCV among individuals attending homelessness services in Dublin.

Method:

The target population was homeless people accessing the 'Safetynet' primary healthcare services in Dublin. Individuals were invited to complete a short questionnaire and HCV antibody test. Qualitative interviews were also carried out with selected patients (n=49) exploring a broader range of health and lifestyle issues.

Results:

619 individuals were offered screening, 216 reported having had an HCV test before. Of those 216 reporting a prior HCV Ab test, half recalled a positive result, 79 negative and 29 were unsure of the result. 547 HCV Ab tests were actually carried out with 38% (206) testing positive, 57% (310) negative and 5% (31) recorded as no result/awaiting result. Of the 206 testing positive, 54% (112) were "new" positives, in that they did not report having had a previous positive HCV AB test, while the remaining were "known positives". Following a positive test, 51 patients were referred to specialist care of which 33 attended more than two appointments. One individual completed treatment whilst another is still on treatment at the time of writing. The most common reasons for non-attendance were active on-going drug use, being in prison, fear of side effects of treatment and forgetfulness.

Conclusions:

Community based screening intervention can determine the prevalence of HCV in homeless populations, however referrals to / attendance at secondary care remains a challenge for this cohort. Future research should therefore examine interventions (e.g. outreach, counselling, addiction treatment) which address these factors in conjunction with HCV care.

Freestanding Paper / Finished study**Promoting influenza vaccination in general practice waiting rooms by posters and pamphlets. A registry based cluster randomized controlled trial**

Christophe Berkhout, Amy Willefert-Bouche, Emmanuel Chazard, Suzanna Zgorska-Maynard-Moussa, Favre Jonathan, Lieve Peremans, Gregoire Ficheur, Paul Van Royen

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Background:

Most of general practitioners use advertising in their waiting rooms in order to educate patients. The number of patients vaccinated yearly against seasonal influenza has been gradually decreasing.

Research questions:

Our objective was to assess an advertising campaign for seasonal influenza vaccination using posters and pamphlets in GPs' waiting rooms.

Method:

Registry based 2/1 cluster randomized controlled trial, a cluster gathering the listed patients over the age of 16 of 75 randomized general practitioners (GPs). The trial was conducted during the 2014-2015 influenza vaccination campaign. In the intervention group, 25 GPs received and exposed in their waiting rooms pamphlets and one poster (added to the usual mandatory information). In the control group (50 GPs), waiting rooms were kept in their usual state. The main outcome was the number of vaccination units delivered in pharmacies. Data were extracted from the SIAM-ERASME registry of the Health Insurance Fund of Lille-Douai (Northern France). The association between the intervention and the main outcome was assessed through a generalized estimating equation.

Results:

Seventy-five GPs participated in the study from October 15, 2014 to February 28, 2015 enrolling 10,597 patients over the age of 65 or suffering from long lasting diseases (3,781 in the intervention group; 6,816 in the control group). No difference was found regarding the number of influenza vaccination units delivered (Relative Risk (RR)=1.01; 95% Confidence interval (95%CI): 0.97 to 1.05; p=0.561). A vaccination performed on the previous year increased revaccination probability (RR=5.63; 95%CI: [5.21 to 6.10] p<0.001).

Conclusions:

Effects of the monothematic campaign promoting vaccination against influenza using a poster and pamphlets exposed in GPs' waiting rooms could not be demonstrated.

Points for discussion:

Vaccination percentages raised in both intervention and control group, but continued to decrease in general population: Hawthorne effect?

Advertising in waiting rooms: whose behaviour changes? The patient's or the GP's

Freestanding Paper / Ongoing study no results yet**What is the health status of Syrian refugees in Ireland?**

Claire Collins, James Larkin, Ivana Pericin, Bridget Kiely, Austin O'Carroll, Fiona O'Reilly, Margaret Fitzgerald, Diane Nurse, Esperanza Diaz

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Background:

Refugees have a variety of health needs that differ from the general population including a disproportionate probability of having an infectious disease or mental health illness. There are 4,000 Syrian refugees expected to arrive in Ireland in the coming years. This research will describe their health status.

Research questions:

What is the health status of Syrian refugees in Ireland? Does the self-reported health status of Syrian refugees in Ireland differ from the general practitioner (GP) record?

Method:

A cross-sectional study using secondary analysis of data and self-completed questionnaires. The secondary data will consist of health information recorded by SafetyNet, a mobile health unit, on arrival and a health summary administered in Greece by the Irish Department of Justice. The questionnaire will require respondents to provide their sociodemographic and migration information, health status, health related quality of life, and unmet health needs. Quantitative methods will be used for analysis, specifically frequencies and ANOVA.

Results:

No results yet. The results will contain detailed information of the health status of Syrian refugees in Ireland at an aggregate level. Results will also show whether there is a difference between the SafetyNet record and the self-completed questionnaire.

Conclusions:

This study will elucidate policy makers on the health infrastructure needed for Syrian refugees in Ireland, based on the health status and needs of the group. The study will also test the reliability of GP gathered health records and self-reported health information.

Points for discussion:

What are the health needs of Syrian refugees compared to the general population

What kind of health infrastructure do Syrian refugees need

Do GP gathered health records match self-reported health information

Presentation on 20/10/2017 14:00 in "Parallel Session E - FREESTANDING papers "Vaccination & Other"" by Bridget Kiely.

Freestanding Paper / Finished study**A comparative Randomized Controlled Trial among High-Intensity Lasertherapy (HILT) versus Low Power Lasertherapy (LLLT) associated with Steroid Joint Injections in the treatment of Frozen Shoulder or adhesive capsulitis in Primary Care.**

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Background:

Frozen shoulder is an often condition characterized by stiffness and pain in the shoulder joint, those cause problems both, patients by long periods of inactivity with suffering, and physicians regarding to management of this pathology. This study aims to present the results of LLLT, with 685/830nm wavelength, 1800mW-power, compared with the results after treatment with HILT in infrared emission 1064nm wavelength, 12W-power.

Research questions:

Which type of therapy is more effective in the frozen shoulder?

Method:

Inclusion criteria were patients with frozen shoulder in different stages. We conducted a prospective unblinded trial (RCT) over five years, on 750 patients, using two laser devices (semiconductor source). The steroid used in Joint Injections (SJI) was Dexamethasone. Cases studied were divided into three groups: First as Control Group includes patients with classic medication, second included patients treated with LLLT, and third group included patients treated with HILT, both associated with SJI. Elements evaluate each patient were: pain on a visual analogue scale (VAS), a motion-functional scale (MFS) of the shoulder disability, and the Shoulder Pain and Disability Index (SPADI).

Results:

Our healing rate was only 40% in the first, 77% in second and 88% in third group with significant pain reduction. All these data were entered electronic database designed by us. Analysis of risk and data obtained on patients by VAS, SPADI, and MFS scales, before and after treatment, within each group was compared by Student' t-test, and among all three groups after the final evaluation of patients by ANOVA, $p < 0,001$. The results of „2x2Contingency-Table” were: -Relative Risk (RR): 0,46 (Benefit), Odds Ratio (OR) = 0,30 - between LLLT versus Control Group and RR between HILT versus Control was 0,20, 95% CI = 0,13-0,29, Odds Ratio = 0,11, $p < 0,0001$.

Conclusions:

The combination of HILT and SJI significantly improved the outcome with 48% compared to conventional therapy and may be considered the most effective treatment. HILT combined with joint steroid injection proves to be more effective than LLLT in the frozen shoulder management.

Points for discussion:

What is the contribution of Laser-therapy in the Frozen Shoulder?

Can family physicians use laser therapy in their practice?

What are the risks of the Laser-therapy and what contraindications exist?

Freestanding Paper / Finished study**Apparent treatment resistant hypertension in general practice: A cross sectional study of prevalence with consideration of morbidity, white coat hypertension, dosing and adherence**

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Background:

For Treatment Resistant Hypertension (TRH), target BP levels need to be adapted to specific morbidity (e.g. diabetes), ambulatory blood pressure measurement (ABPM) should be used where available to exclude white coat hypertension, doses should be the optimal tolerated, and non-adherence and lifestyle should be examined. Most previous studies have not accounted for these 'pseudo-resistance' factors.

Research questions:

We conducted a cross sectional study of the prevalence of apparent TRH in general practice, utilizing the appropriate ESH/AHA definition, and then accounted for possible pseudo-resistance in an attempt to see how low the true estimates for the prevalence of TRH may be.

Method:

Forty university-research affiliated practices were invited to participate. We ran a standard ATC drug search identifying patients on any possible hypertensive medications and then searched individual patient's records. A standard BP cut-off of < 140/90 mm Hg was applied but < 130/80 mm Hg was utilised for patients with diabetes or CKD. The World Health Organisation-Defined Daily Dosing guidelines determined adequate dosing. A measure of adherence was whether patients were printed greater than nine repeat prescriptions within the last year.

Results:

Sixteen practices participated (N=50, 878), and 646 patients were deemed to have aTRH. 19.0% had adequate medication dosing and 79.9% were deemed adherent. The prevalence estimate for apparent TRH was 10.0%, reducing to 9.0% when higher thresholds were applied for over eighties. Considering adequate dosing and adherence reduces prevalence rates to minimal levels.

Conclusions:

Reviewing individual patient records results in a lower estimate of the prevalence of aTRH than has been generally previously reported. Consideration for individual patients of pseudo-resistance additionally lowers these estimates, and may be all that is required for management in the vast majority of cases.

Points for discussion:

Non adherence, Treatment Resistant Hypertension, Prevalence, Drug-dosing, White Coat Hypertension

Freestanding Paper / Ongoing study with preliminary results**Factors affecting antibiotic prescribing for acute respiratory infections in general practice**

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Background:

Antimicrobial resistance (AMR) is an increasingly serious threat to global public health. The use of antibiotics in Ireland is high and rising.

Acute respiratory tract infection (ARTI) is the most common reason for antibiotic prescription in adults and they are often inappropriately prescribed. The benefits of antibiotics are marginal for the management of most cases of ARTI. It has been estimated that 25,000 humans in the EU die annually as a result of infections caused by resistant bacteria, at a societal cost of an estimated €1.5 billion annually, due to healthcare expenditure costs and productivity losses (HPRA 2016). It has also been estimated that 80% of antibiotic prescribing takes place in primary care.

Research questions:

The purpose of this review is to discuss the effect that different factors play in the healthcare professional's (HCP) decision whether or not to prescribe antibiotics to treat acute respiratory infections.

Method:

Semi structured interviews were conducted with a purposeful sample of 10 general practitioners (GPs) in the Mid-West of Ireland. The interview guide was informed by current literature.

Results:

Several themes have emerged from interviews analysed to date. These include a GPs decision to prescribe antibiotics for ARTI is influenced by patient expectation. This is thought to be higher in an out of hours and in a late consultation setting. This results in a greater tendency by GPs to prescribe antibiotics for ARTI. GPs feel that such prescriptions are more likely to be inappropriate.

Conclusions:

Patients views on the need for antibiotic prescription to treat ARTI need to be studied. Other possible reasons for their attendance need to be examined including clinical examination, symptomatic treatment and reassurance. The reasons for GPs feeling the need to prescribe more in an out of hours setting also requires further study.

Points for discussion:

Why is the rate of antibiotic prescribing increasing when it is known that much of it is inappropriate?

What are the main factors influencing doctors decisions to prescribe antibiotics for ARTI?

What are patients main expectations when they attend for ARTI symptoms in an out of hours setting?

Freestanding Paper / Ongoing study with preliminary results**Impact of sharing electronic health records with patients on efficiency, effectiveness and patient experience – protocol for a systematic review**

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Background:

Electronic health records (EHR) have emerged as a promising solution to improve patients' access to their medical information. Theorised benefits can be grouped in three main aspects: patient-reported experience measures ("PREMs"), health outcomes (i.e. effectiveness) and service costs (i.e. efficiency). However, there is a considerable gap between the predicted and demonstrated benefits of these interventions.

Research questions:

What are the demonstrated impacts of sharing EHR with patients?

Method:

PubMed, Embase, CINAHL, PsycInfo, SciELO, ACM Digital Library, Cochrane Central Register of Controlled Trials and ClinicalTrials.gov were searched from January 1997 to June 2007 using a combination of free terms and controlled vocabulary. Primary outcome measures assessed efficiency (e.g. health outcomes and safety), effectiveness (e.g. service costs, number of consultations) and PREMs (e.g. patient experience and satisfaction). Quality was assessed by the Cochrane Risk of Bias Tool. The strength of the body of evidence will be assessed according to GRADE criteria.

Results:

Preliminary results suggest that access to medical records improves patient satisfaction and experience. However, the impact on other aspects of quality (i.e. effectiveness or efficiency) seems unclear. The few studies evaluating the impact on effectiveness, focussed mostly on type 2 diabetes and showed inconsistent results. Similarly, inconsistent results were found regarding the impact on the number of appointments and telephone consultations.

Conclusions:

EHR-based data sharing interventions seem to improve PREMs. The full implementation of this project will expand on the above mentioned work, in order to clarify further proven benefits, grouped by type and by time scale (i.e. short-, medium- or long-term impact). This framework will provide high-level information to support, inform and customise decisions in health policies.

Points for discussion:

Which are the potential risks associated with EHR-based data sharing with patients?

How do patients and doctors perceive and engage with data sharing?

Freestanding Paper / Almost finished study

Influence of patient characteristics on GPs advice on stopping statins in oldest-old: survey study across GPs from 30 countries.

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Background:

Statins are widely used to prevent cardiovascular disease (CVD). Current guidelines give little advice when to stop statin treatment. GPs must rely on other factors like patient characteristics or common practice when making treatment decisions.

Research questions:

Do patient related characteristics (frailty, statin related side effects, history of CVD or limited life expectancy) influence GPs advice to stop statins in the oldest old (> 80y)? Does advice vary across countries?

Method:

GPs from 30 countries (27 in Europe, Brazil, Israel, and New Zealand) participated in a survey based on case vignettes. We compared treatment advice in cases of >80 years varying in frailty, statin related side effects, history of CVD and life expectancy <1 year. We compared the percentage of cases per GP that would be advised to stop. We used mixed-effect models to calculate odd ratio's (OR_{adj}) adjusted for GP characteristics (such as gender) as fixed effects; country and GPs were adjusted as random effects.

Results:

n=2250. When no information about life expectancy was given, GPs advised stopping statin treatment in 46% of the cases (range 23-58% across countries). When 'life expectancy <1 year' was added to case descriptions, GPs advised stopping statins in an additional 82% of the cases (range 30-98% across countries). Frailty, side effects and life expectancy were associated with increased advice to stop (OR_{adj} 4.1 95%CI 3.8-4.4; OR_{adj} 1.62 95%CI 1.5-1.7 OR_{adj} 50.7 95%CI 45.5-56.4, respectively), while history of CVD was strongly related with decreased advice to stop (OR_{adj} 0.07 95%CI 0.07-0.08).

Conclusions:

GPs were more likely to advise stopping statin treatment in >80 year old patients when patients were frail, suffering statin side effects or had limited life expectancy; and more likely to continue statin treatment as secondary prevention for CVD. There were considerably treatment variations across countries.

Points for discussion:

Theory versus clinical practice; how often are statins really stopped in clinical practice?

Possible explanation for the variations across countries? (e.g. different guidelines?)

Other important reasons to stop statins in patients > 80 years of age?

Theme Paper / Finished study**Description of patients suffering from Eating Disorders managed by French GPs**

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Background:

Anorexia Nervosa (AN) showed the highest mortality rates of all psychiatric disorders. Bulimia Nervosa (BN) was also associated with an increased mortality rate. Incidence and prevalence rates of ED diagnosed in primary care studies were much lower than in the general population. GPs were often viewed in the secondary care literature as the best stakeholders to screen and manage ED patients at an early stage.

Research questions:

Who are patients with ED attending French GPs? What is the temporality between ED and depression?

Method:

French cohort study including 1310 patients with at least one consultation about ED. The database was the GPO (general practice Observatory), based on the follow up of 700,000 patients followed by 250 GPs between 1994 and 2009. ICD-10 and DSM IV were used to classify ED. The patients included were described according to: age, gender, frequency and type of consultations, general and specific to ED follow-up periods, type of ED. Data were built to study the temporality between depression and ED.

Results:

82.67 % patients were women (mean age of 35.19 years). Median follow-up length was 5.35 years. 41.6 % had a AN diagnosis, 26.4 % BN, 32 % EDNOS. AN patients were older. 16.3% of ED patients had their diagnosis at the first consultation with GPs. 32.3 % of ED patients had at least one consultation for depression. Patients with both diagnoses were more often and longer followed. 75 % of ED patients were prescribed benzodiazepines. 18.4 % of them were prescribed antidepressants, mostly escitalopram. The diagnosis of depression did not precede the diagnosis of ED in our sampling.

Conclusions:

This was the first study in France in a GP setting about ED patients. The prevalence seemed very low and ED patients seemed different from hospitalized patients. They were mostly managed for depression and had a probable medication overuse.

Points for discussion:

ED patients in a general practice setting are much older than in specialized units

the database used for the study closed in 2009 because of a lack of funding

Anorexia was the most frequent diagnosis made by GPs and is more a reflect of the fact that GPs think about it than the reflect of its prevalence

Theme Paper / Finished study**Methodological Challenges Conducting Trials in Primary Care– Lessons Learned from A Feasibility Study of a Complex Intervention to Enhance Alcohol Screening and Brief Intervention**

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Background:

Although intervention studies can improve clinical care, their success is impacted by methodological challenges. This is especially the case in trials that involve vulnerable patient groups (e.g. problem drug users).

Research questions:

The aim of the paper is to identify methodological challenges experienced in a feasibility study of a complex intervention to enhance alcohol screening and brief intervention (SBI) among problem drug users and explore how these may be addressed in future research

Method:

We describe a case study - 'PINTA' - a pre-and-post feasibility study of a complex intervention to promote alcohol SBI among methadone patients, examine the key challenges encountered and how these may be addressed.

Results:

Key challenges included: (1) practice recruitment, (2) patient recruitment, (3) ensuring consistent delivery of the intervention, (4) collecting follow up data. Interventions which may address these challenges in future research include: (1) adequate 'oversampling' to allow for recruitment challenges, (2) enhanced 'academic detailing' (i.e. research team situated on-site to support research enactment, (3) ensuring outcome data can be extracted from clinical records, (4) minimising additional work involved for practices.

Conclusions:

This paper highlights strategies which researchers may consider when designing intervention studies among problem drug users attending primary care and other vulnerable groups.

Freestanding Paper / Finished study**Discrepancies in prostate-specific antigen-based screening for prostate cancer: a two-year follow-up cohort study of French men over the age of 40 years.**

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Background:

Prostate-specific antigen (PSA)-based prostate cancer screenings are controversial, resulting in discrepancies in physician practices.

Research questions:

The study objective was to identify factors related to the occurrence of patient PSA testing.

Method:

We performed a cohort study based on the French national healthcare system database (Loire-Atlantique geographic area). We reported the follow-up of a cohort of men aged over 40 years from April 1, 2014 to March 31, 2016. We first classified these patients according to their PSA testing status after two years of follow-up. We then analyzed patient-related variables (i.e., age, low income, and variables illustrative of frailty and comorbidities) using a multivariate mixed effects logistic regression, and physician-related variables (i.e., gender, age, and practice characteristics) using a logistic regression.

Results:

Of 158,028 men (followed by 968 general practitioners), 32.3% [95%CI 32.08%-32.54%] men underwent PSA testing during the study period. PSA testing occurred less frequently in patients aged under 50 years (OR=0.06 [0.06-0.07]) or over 85 years (OR=0.27 [0.25-0.29]); patients with a low income (OR=0.50 [0.45-0.55]); frail patients characterized by the following conditions: the presence of a chronic disease (OR=0.89 [0.86-0.92]), repeated ambulance transportation (OR=0.37, [0.31-0.44]), or polymedication (OR=0.90 [0.86-0.96]); and patients with various specific comorbidities, such as cancer (OR=0.80 [0.72-0.98]), dementia (OR=0.71 [0.59-0.85]), or psychotic disorders (OR=0.81 [0.74-0.88]). There was a positive correlation between the patients' probability of being screened and the number of men aged over 40 years in the physicians' patient panel ($p < 0.001$).

Conclusions:

PSA-based screening remains frequent. It depends on the patients' condition, frailty, and comorbidities.

Points for discussion:

PSA testing rate was as high as participation in organized cancer screenings.

PSA testing occurred less frequently in patients with frailty and major comorbidities.

Certain patients with a life expectancy of less than 10 years continued to be screened.

Freestanding Paper / Finished study**Effect of physician notification regarding non-adherence to colorectal cancer screening on patient participation in fecal cancer screening: A randomized clinical trial.**

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Background:

Increasing participation in fecal screening tests is a major issue in various countries that have implemented colorectal cancer (CRC) screening programs. Developing interventions that are both cost-effective and non-time consuming is also challenging.

Research questions:

To determine whether providing general practitioners (GPs) a list of patients who are non-adherent to CRC screening enhances patient participation in fecal immunochemical testing (FIT).

Method:

A 3-group, cluster-randomized study was conducted from July 14, 2015, to July 14, 2016 in France.

All the GPs of two french geographic areas were randomly assigned to one of three groups: 496 received a list of non-adherent patients (patient list intervention group, 10,476 patients), 495 received a letter describing region-specific adherence rates (generic reminder group, 10,606 patients), and 455 did not receive any reminders consistent (usual care group, 10,147 patients).

Eligible participants from GPs' panels were adults aged 50 to 74 at average risk of CRC not up to date with CRC screening.

The primary endpoint was patient participation in CRC cancer screening one year post-intervention.

Results:

Among 1482 randomized GPs, 1446 completed the study; of the 33044 patients of these GPs (mean age, 59.7 years old; 17949

(54.3%) women), follow-up at 1 year was available for 31229 (94.5%). At one year, patient participation per GP in FIT screening was 24.8% [23.4% - 26.2%] in the patient list intervention group, 21.7% [20.5% -22.8%] in the group whose GP's received generic reminders, and 20.6% [19.3% - 21.8%] in the usual care group, with between-group differences of 3.1% [1.3% - 5.0%] for intervention vs generic reminders, 4.2% [2.3% - 6.2%] for intervention vs usual care, and 1.1% [-0.6% - 2.8%] for generic reminders vs usual care.

Conclusions:

Providing French GP's with a list of their non-adherent patients resulted in a small but significant increase in patient participation in FIT screening for CRC compared with usual care.

Points for discussion:

The target of this large clinical trial was the GP rather than the patient.

Providing GPs with a list of non-adherent patients resulted in a small but significant increase in patient participation in FIT cancer screening compared with usual care.

Providing GPs with generic information about regional rates of CRC screening did not increase screening rates compared to usual care.

Freestanding Paper / Finished study**Enhancing GP Screening and Brief Intervention for problem alcohol use: A Scoping Review**

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Background:

Problem alcohol use (PAU) is a leading global concern. In 2012, 5.9% of all deaths and 5.1% of the global burden of disease were attributable to alcohol. General Practitioners (GP) are optimally suited to address PAU, yet some find undertaking screening and brief intervention (SBI) for PAU challenging. This review examines potential interventions to enhance GP screening and brief Intervention for problem alcohol use in primary care.

Research questions:

How to enhance GP screening and brief Intervention for problem alcohol use in primary care?

Method:

Sources searched were Pubmed, Cochrane Library, PsycInfo and Google Scholar (2000-2017), as well as grey literature. Search terms included: 'alcohol screening', 'implementation', 'strategy/strategies', 'deliver', 'brief intervention', '(A)SBI', 'primary care/general practice/family practice', 'dissemination', 'intervention', 'programmes', 'strategies', 'facilitators' and 'screening rates'. Primary care studies, written in English, and published between 1/1/2000 and 30/7/2017 were included.

Results:

The search identified 110 full-text articles, of which 17 were included in the analysis as they met the inclusion criteria. These included randomised controlled trials (RCTs) (n=8), qualitative studies (n=4), observational studies (n=2), mixed-methods studies (n=2) and a cross-sectional study. Interventions included: GP training (n=12), financial incentives (n=3), audit and feedback (n=3) and the use of an Electronic ASBI tool (eBI) (n=1). Ten of the quantitative studies reported increased SBI rates after implementation period and three (of four) qualitative studies reported positive GP attitudes towards alcohol SBI programmes, but acknowledged implementation challenges.

Conclusions:

Support strategies are necessary to enable alcohol SBI in primary care. Further research should examine the effectiveness of such interventions in under-researched (rural) geographical areas and among specific high-risk populations.

Freestanding Paper / Finished study**Developing accreditation for minor surgery in general practice : the Irish experience**

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Background:

Carrying out minor surgery procedures in the primary care setting is popular with patients, cost effective and delivers at least as good outcomes as those performed in hospital. Our objective was to develop a valid, robust, workable accreditation system for general practitioners (GPs) undertaking community based surgery in Ireland where no mandatory accreditation currently exists.

Research questions:

What are the essential elements of an accreditation system for minor surgery carried out by experienced GPs? Will introducing accreditation for minor surgery be acceptable to GPs?

Method:

Twenty four GPs were recruited to the GP Network. Ten pilot standards were developed addressing GPs' experience and training, clinical activity and practice supporting infrastructure and tested, using information and document review, prospective collection of clinical data and a practice inspection visit. A multi-modal evaluation was undertaken. Quantitative data collected was analysed using Predictive Analytic SoftWare (PASW). Krueger's framework analysis approach was used to analyse the qualitative data. The ICGP Research Ethics Committee provided ethical approval.

Results:

Nine GPs achieved all pilot standards at initial review, 14 subsequently successfully completed corrective actions and one GP did not achieve accreditation. Feedback from the GPs and surveyors contributed to amendments and additions to the standards. An accreditation system with 14 standards and a supporting framework was developed.

Conclusions:

This project demonstrates that it is possible to develop robust quality standards for community based minor surgical procedures in the real-life setting over a short timeframe. Clinical leadership promotes mutual support, ensures relevance and promotes buy-in.

Points for discussion:

Accreditation can be challenging for individual practitioners, but it offers a route to a common standard of care across divergent practices, and offers reassurance to patients and purchasers alike.

The process was led and designed by general practitioners, making it less threatening and more acceptable.

The accreditation process allowed for all participants to bring their practices into line with current best practice in a range of areas, from clinical care to infection control.

Freestanding Paper / Finished study**General Practitioners are not Emigrating to further their Training -Trend analysis of the career intentions of recent graduates of General Practice training in Ireland**

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Background:

A lack of Government support, a capitation based GP contract from 1989 and an aging practice population has led to an increased demand on the GP workforce in Ireland. Consequently, a significant number of recent GP graduates are considering emigration or part-time employment. In order to investigate a worsening workforce crisis, the present study analysed the career plans of GP graduates in Ireland.

Research questions:

What are the present career intentions of the recent GP graduates in Ireland?

Method:

A 'Career Intentions' survey was emailed in 2014, 2015 and 2017 to all GP training graduates in Ireland. The surveys aimed to investigate employment status at that time, any emigration plans and the factors identified as having influenced those important decisions. The average response rate across all three survey years was 34.5%. The data was analysed using SPSS Statistics 23.

Results:

A number of GP graduates who emigrated slightly increased over the years, accounting for 16.9% in 2014, to 19.2% in 2017. The results displayed that 50% of graduates who emigrated did so after the first year and 75% in the first two years. The most common reasons for emigration were 'Quality of life' and 'Financial prospects'. In 2014, 47.3% of graduates stated they intended to work part-time in five years. This rose to 51.3% in 2015, reaching 60% in 2017. The intention to work part-time was significantly related to gender ($p < .001$); female participants were more than twice as likely to plan to work part-time in five years compared to males.

Conclusions:

The first and second years after graduation were the most critical for emigration. Interventions in this period may reduce the brain drain of Irish GPs. Part-time working is becoming more attractive and will have impacts on the availability of GPs. This should be considered in future workforce planning modules.

Points for discussion:

Do you experience the same volume of emigration and part-time working in other countries?

How have you addressed these issues?

Freestanding Paper / Finished study**Making Every Consultation Count: An evaluation of the PMS systems in the Irish General Practice**

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Background:

Chronic diseases are largely preventable if modifiable risk factors are recognised. Primary healthcare plays a central role in chronic disease management, including early intervention and prevention. However, there is no mechanism to systematically record some risk factor data on GP practice management software systems (PMS). This study will investigate the feasibility of recording chronic disease risk factors and brief interventions.

Research questions:

Is it currently possible to record and extract data on chronic disease risk factors and brief interventions from GP PMS systems in Ireland?

Method:

We have undertaken a review of the three main GP PMS systems (Socrates, Helix Practice Manger and Health One) in terms of their ability to record data and their reporting functionality by running test data reports on a demo system and with 10 practices using the systems.

Results:

The PMS systems in Irish general practice did not permit the accurate recording and data extraction of chronic disease risk factors and brief interventions. The main challenges occurred due to: systems recording risk factors through multiple variables and formats and a lack of clarification regarding where and how relevant interventions could be recorded. This created a risk of data misplacement and inconsistency. The reporting functions allowed a limited number of data items to be extracted in one upload and some were inflexible in terms of selecting specific data ranges. These reports are insufficient for meaningful analysis required for research and audit.

Conclusions:

The current PMS systems lack a mechanism to record, extract and report accurately a range of data. Since, the recording of risk factors and brief interventions is essential in the prevention of chronic diseases, we have embarked on an endeavour to design and integrate a specific proforma (data set) on GP PMS systems. This proforma will permit the recording of relevant information systematically in order to monitor risk factors.

Points for discussion:

Do you have similar experiences in your country?

Is health promotion part of the GP contract in your country?

Freestanding Paper / Ongoing study no results yet**Computerised decision support for poorly-controlled T2DM: A cluster randomised controlled trial in Irish General Practice (DECIDE study protocol)**

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Background:

Poorly controlled type 2 diabetes mellitus (T2DM) is associated with significant morbidity, mortality and healthcare costs. A failure among health professionals to intensify medications for patients with poor control of T2DM is called clinical inertia, which is one contributory factor to poor control of T2DM and a barrier to the implementation of evidence-based medicine.

Research questions:

The primary aim of this study is to evaluate a complex intervention that will identify T2DM patients with poor glycaemic and blood pressure control and support GP treatment escalation where appropriate.

Method:

The study is an exploratory cluster randomised control trial, conducted in Irish general practice (called the DECIDE study), which will involve 20 practices (clusters) and 300 patients. Practices will be allocated to either usual care or the complex intervention using minimisation. The intervention will be targeted at GPs- their practices receiving the DECIDE intervention, comprising; a) A remote finder tool to help GPs identify patients with poor control of T2DM in their practice; b) A training programme/ academic detailing of target GPs; and c) A web-based clinical decision support system. Only patients who have poorly controlled T2DM (defined as HbA1c > 70mmol/mol or BP > 155/95) will be included. The primary outcome will be HbA1c. Secondary outcomes include medication intensification, blood pressure and lipids. A process evaluation will be performed to determine whether the intervention is delivered as intended and treatment fidelity assessed to monitor and enhance the reliability and validity of interventions.

Conclusions:

The DECIDE study will establish the preliminary effectiveness of a complex intervention which aims to improve appropriate prescribing for patients with poorly controlled T2DM in Irish General Practice.

Points for discussion:

Development of a complex intervention (using MRC and BCW frameworks)

Piloting and performing a feasibility study as part of a PhD

Presentation on 21/10/2017 09:10 in "Parallel session J - Freestanding Papers "Diabetes"" by Mark Murphy.

Freestanding Paper / Finished study**General practitioner (GP)-centred care is effective in delaying the development of diabetes-related complications in Germany**

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Background:

By means of a selective contracting in statutory health care, general practitioner (GP)-centred health care (HZV) is strengthened in Germany. We investigated the situation in the federal state of Baden-Württemberg. GP-centred care focuses on chronic diseases and includes elements of capitation fees, disease management, quality circles (peer review) and evidence-based care.

Research questions:

To compare the development of diabetes complications, measured in terms of clinical endpoints, of patients enrolled in GP-centred health care (HZV) and patients in usual GP care (Non-HZV) over the course of four years (2011-14).

Method:

The main endpoints in this time-to-event analysis were dialysis, blindness, amputation, stroke, myocardial infarction, cardiovascular disease, hypoglycaemia and mortality. For multivariable analysis we used Cox proportional hazards regression models. Retrospective closed cohort study based on claims data.

Results:

We included 217,964 patients in our study. 119,355 were enrolled in GP-centred health care and 98,609 patients in usual GP care. Compared to usual care, the HZV group had a 15.6% lower risk of requiring dialysis during the four years of observation. We obtained similar results for all other endpoints except mortality.

Conclusions:

The study indicates that GP-centred health care delays resp. reduces the risk of diabetes complications. This may be because GP-centred care is associated with improved co-ordination.

Points for discussion:

Quality of diabetes care

Methodology and use of claims (administrative) data in primary care research

Models to strengthen GP care

Freestanding Paper / Almost finished study**The Daphnee project (Doctor and Advanced Public Health Nurse Experiment Evaluation): focus on the quality of care delivered to diabetic patients.**

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Background:

France is struggling more than other countries to reduce inter-professional boundaries especially between physicians and allied health occupations like nurses. French primary health care system still under-provides services delivered by collaborative team of professionals like patient education. Professional nurses are a faster educated-workforce than physicians and are developing more and more expertise in patient education. Recent public health policies have been encouraging primary care systems, inter professional cooperation and/or task substitution to increase efficiency in health care delivery and deal with physician shortage. In order to achieve this, they are willing to enhance community health centers in offering new remuneration to primary care professionals who implement primary health care professionals collaboration and hire patient education-specialized-nurses.

Research questions:

To assess the impact a French national experiment that consists of the implementation of Advanced Practice Nurses (APNs) in GPs' practices in order to improve the quality of care delivered to diabetic patients.

Method:

Longitudinal study based on National Health Insurance Fund exhaustive panel data linked to clinical data specific to the experiment conducted in 2017. Focus on a 6-year-period from 2010 to 2015. Comparison of 2 groups: patients whose GPs participated in the experiment (treated) vs patients whose GPs did not participate (controlled). Subject-specific random intercept and population averaged logistic regression models were used to examine the impact on diabetes follow-up surrogate markers, clinical encounters and incidence of diabetes-related complications leading to hospitalization.

Results:

The treated group included 13,797 patients vs 33,096 in the controlled group. Preliminary results show a positive impact on all the follow-up surrogate markers and clinical encounters.

Conclusions:

Full results will be available by the end of October 2017.

Points for discussion:

How to encourage the development of cooperation and team working between GPs and APNs ?

What are the European countries' experiences of APNs ?

The limitations of surrogate endpoints to evaluate quality of care.

Freestanding Paper / Finished study**Ambulatory Blood pressure Monitoring (ABPM) use in the diagnosis of Hypertension.**

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Background:

Although Ambulatory Blood Pressure Monitor's (ABPM's) are considered to be the current gold standard for the diagnosis of hypertension (HTN), this valuable diagnostic step in addition to organ screening is regularly bypassed in practice. This results in missed diagnoses in addition to unnecessary pharmacological hypertension management.

Research questions:

This study analyses the management of patients with a suspected new diagnosis of hypertension. The study investigates the overall practice compliance with the NICE hypertension management guidelines.

Method:

Clinic blood-pressure recordings were investigated. Non-hypertensive, adult systolic blood pressure recordings were identified. The management of all new hypertensive patients was investigated via chart review. A modified Nice clinical audit tool based on CG 127 was carried out on the final group of patients. The rate of ABPM investigation and organ damage screening in patients with a new clinic measurement $\geq 140/90$ was sought. The data from the first audit cycle was presented to all staff members and discussed at practice meeting. The second audit cycle collected, collated and analysed patient treatment data in exactly the same fashion as the first cycle. The ABPM used was one of 10 newly purchased Custo screen 300, Custo MED devices.

Results:

Cycle 1: 810(766 excluded): 44 patients. Cycle 2: 910(876 excluded): 34 patients.

Improvements made: Increase in the number of ABPM's provided to appropriate patients [61--> 79%], Increased rate of organ damage screening [44%--> 87%], Acceptance of ABPM screening by patients [90% --> 100%].

Incidental findings: The number of patients who avoided unnecessary Hypertension treatment; 11(14%), Rate of elevated systolic readings for GMS v's Private patients; 25% v's 19%.

Results Summary: More patients were correctly diagnosed. More patients screened for organ damage.

Conclusions:

A practice wide reminder is immediately effective in improving the local standard of hypertension investigation and management.

Points for discussion:

This demonstrates a clear strategy to improve hypertension screening selectivity and sensitivity. Can these improvements be maintained, improved upon and replicated elsewhere?

Missed diagnoses and unnecessary interventions may be an unappreciated contributor to patient suffering and poor mental health. Quality improvement may a simple, effective strategy to tackle avoidable mental suffering.

Freestanding Paper / Study Proposal / Idea**Multinational collaborative study on how to adapt the FM&GP Training to Exponential Age**

Claire Marie Thomas, Berk Geroglu, Ana Luisa Neves, Raluca Zoitanu, Veronika Rasic, Radost Assenova, Mehmet Ungan

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Background:

Postgraduate Family Physician (FP) training is essential for the sustainability and the position of Family Practice as an academic and scientific discipline. Countries across Europe built their own national programs in relation to EURACT definition and their needs. By the “exponential age” the world is changing faster and family medicine education may also need to be in a dynamic process. The young FPs are in a better position to assess their real needs for current daily practice. The active participation of young practicing family physicians might be more effective in curriculum improvement by transferring their postgraduate experience.

Research questions:

How we may include the young FPs\GPs all around Europe who are active in VdG Movement in a long term process for improvement of the curriculum for general practice based on their own recent experience and feedback.

Method:

Vasco da Gama (VdG) Council and members will be involved. A questionnaire searching for the training needs and about the strong & weak sides of the current training in actual practice will be studied. Exclusion criteria: FPs/GPs who are younger than 2 years in Practice of Family Medicine will be excluded.

Points for discussion:

How we may collaborate with young qualified practicing FPs&GPs in a sustainable postgraduate curriculum

Presentation on 21/10/2017 09:10 in "Parallel session K - EGPRN Special Methodology Session" by Mehmet Ungan.

Freestanding Paper / Ongoing study no results yet**Perspectives of primary health care physicians on the approach of sexual identity in consultation**

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Background:

Addressing sexual health and sexuality is of utter pertinence in providing holistic care for patients. Today, patients' call for quality of care provided by health professionals concerning sexual health has become the driving force for scientific advancement in this area.

To improve skills in quality and ability of care in sexual health one must first identify and characterize them in the professional setup.

The management of transgender patients in the primary care setting may comprise the need to develop sexual and reproductive health core competencies (attitudes, knowledge) as well as the recognition of different patterns in sexuality, in order to strengthen and empower patients in their health decisions.

Research questions:

This project aims to identify and characterize primary care physicians' self-awareness of perceived difficulties and training needs, regarding clinical interview and management on gender identity, in consultation.

Method:

In order to achieve the stated goal, an inquiry will be given to physicians practicing in the urban region of Coimbra – Portugal.

The anonymous, self-completion survey will consist of three sets of multiple-choice questions and check-lists. The first group is directed to estimate GP previous experience in approaching sexuality in the context of a consultation, physician's attitude towards this subject, self-perception and self-efficacy in managing specifically gender identity.

The second set will assess the physician's clinical knowledge to address the patient's sexuality and manage the cases, covering the know-how of specialized referral acting as a gate-keeper.

The third group will focus on the actual perceived difficulties or shortcomings, including clinical and communication skills as well as expectations about the accessibility to specific training.

This research project involves medical students as researchers for formative purposes.

Results:

Results are still in progress. Aiming to extend to multicenter study.

Conclusions:

Conclusions will be available afterwards.

Points for discussion:

What is the perspective of patients regarding sexual health and sexuality' approach in the primary care framework?

Will procedures and results in consultation need to be improved and will training addressing these issues be welcomed?

Do health professionals' personal constraints hinder the discussion of sexuality in the clinical setting?

Theme Paper / Finished study**Primary Care: Understanding patient's daily life with Parkinson's disease**

Sabine Bayen

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Background:

In France, 200 000 persons live with Parkinson's disease in 2017. This chronic disease affects patient's daily life and mental health. Very often a depressive syndrome is associated or preceded already the Parkinson's disease. Sociological research could help the general practitioner to improve understanding patient's daily life with Parkinson's disease.

Research questions:

What kind of impacts does Parkinson's disease have on patient's daily life and what should be considered in primary care?

Method:

A literature review was conducted in December 2016. Only sociological or philosophical research papers, using a qualitative approach by face to face interviews or focus groups were included. The papers had to concern exclusively patient's daily life with Parkinson's disease. Following databases were screened: CAIRN, google scholar, Pub Med and Persée. Articles written in English, French and German were searched and analyzed.

Results:

Only few literature was available (n = 9). All articles were written in English. Studies were from Canada, Italy, UK, USA and Netherlands. In total 253 patients and 38 caregivers were enrolled. Following consequences on daily life were identified: shame for the chronic condition, self-victimization, social isolation and social coping strategies, gender depending coping strategies, changing couple life, time management of patients and caregivers, self-management and risks of alternatives therapies.

Conclusions:

General practitioners should consider the possible socio-psychological impact on parkinsonian patient's daily life from the announce of diagnostic on. An open-minded attitude and an unconditional availability from the doctor's side could help patients to enter in trust in their health pathway and to preserve patient's mental health. An active social life has to be encouraged in order to preserve patients autonomy in daily life.

Key-words: primary care, Parkinson's disease, daily life, mental health

Theme Paper / Ongoing study no results yet**The acceptability and feasibility of placing Sage advocates for vulnerable adults in the General Practice setting.**

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Background:

Research has shown reduced patient access to information regarding community based services particularly within low income households. Sage is an Irish advocacy service for older and vulnerable adults. Their work includes assisting people to maintain control of their independence and supporting family members. General Practice setting is well placed to identify suitable patients for referral to such a service.

Research questions:

To ascertain the feasibility and patient acceptability of the integration of an advocacy service into the general practice setting.

Method:

Five Irish General Practices in the greater Dublin area have been introduced to a Sage representative and familiarised with the referral criteria and process. Patients are being selected and referred to the service by doctors or nurses in the practices.

The quantitative analysis to be conducted in Autumn 2017 will focus on the number of referrals and outcomes (e.g. attrition, number of meetings or referral elsewhere). Qualitative analysis will be based on structured interviews between with practice teams and Sage representatives and three consenting patients per practice. Ethics approval has been granted by the TCD/HSE GP training scheme Ethics Committee.

Results:

It is expected that uptake will vary between practices, due to practice size, demographics and General Practitioners' preferences. We anticipate an average of 20 referrals per practice within the 4-month period. We anticipate a positive response from those involved but will investigate any difficulties or practical issues to be highlighted by the qualitative analysis.

Conclusions:

This study will pilot the introduction of a referral pathway, assess the response and experience of patients. Current research is limited in this field and this research may highlight the potential for basing advocates at primary care level. This is multicentre study gathering data from patients with varying demographics results, and may form the basis for further study or expanding the programme nationwide.

Points for discussion:

Is this service one that other General Practitioners would be keen to engage with?

Do such services/links exist within primary care in other European countries

Theme Paper / Finished study**Validation of Patient Enablement Instrument (PEI) in Lithuanian general practice setting**

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Background:

In order to provide better patient care outcomes, community-based primary care and patient-centred consultations are promoting. Increasing patient involvement both in their own care, and also in its evaluation, is an important feature of contemporary health service development (Elwyn, Hibbard, Wensing, 2007; Askham, Coulter, Parsons, 2008; etc.).

The ideas of patient empowerment and patient enablement are especially emphasized nowadays (Howie et al., 1998; Pawlikowska et al., 2002; Pawlikowska et al., 2009; Roost et al., 2015; etc.). That is why Patient Enablement Instrument (PEI) was designed to capture patients' feelings of understanding, confidence, and coping following a consultation (Howie, Heaney, Maxwell, 1997). It can be used to evaluate core ingredients in primary care consultations for moving beyond patient satisfaction evaluations.

Research questions:

Validation of Patient Enablement Instrument in the Lithuanian context.

Method:

A quantitative questionnaire survey was carried out. The subjects were patients (n=2500) consulting at the family doctors (n=50) distributed within municipalities in Lithuania.

Results:

Mean PEI score is 4.36 (out of 12). And the questionnaire showed high internal consistency (Cronbach's alpha 0.850). The results reveal that patient enablement increases with the consultation length ($p < 0.05$), knowing the doctor ($p < 0.01$) and getting the prescription when it's expected ($p < 0.01$). And patient enablement decreases if patient has preference for a different doctor ($p < 0.01$) and in case doctor was interrupted in consultation ($p = 0.05$).

Conclusions:

Since PEI validation studies were carried out in the few other countries before, there is a possibility to compare some results and get the insights. In particular mean PEI result in Lithuania is better than the results in Poland and UK. At the same time mean consultation duration is 14.3 minutes and is longer than the consultation duration in the Polish and UK studies – which is a feature of medical consultations that is usually good for patients. In general, the results of the research show the validity of PEI. Still further researches would be of value.

Points for discussion:

Patient enablement issues

Ideas for further researches

Theme Paper / Finished study**What is the internal validation and dimensionality in the translation of HSCL-25 in French, in the diagnosis of depression in primary care?**

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Background:

Diagnosis of depression is difficult and diagnostic tools are rarely used by GPs. The Hopkins Checklist Symptom in 25 items (HSCL-25) was retained to fill this gap. It is a clinical tool, validated against a psychiatric examination according to DSM major depression criteria. Following a RAND / UCLA, the HSCL-25 has been selected as the most efficient, reliable and ergonomic tool combined. The HSCL-25 has been translated into French using a forward/backward translation according to a Delphi procedure.

Research questions:

The last phase consisted in comparing HSCL-25 scale against Patient State Examination-9 version (PSE-9), it has confirmed the internal validation and dimensionality of the French HSCL-25 version in primary care.

Method:

A quantitative study comparing HSCL-25 and PSE-9, in several medical centers, for adult patients considered or not depressed by the two tools.

Adults' patients who completed ethical consent were selected. Patients lived in Finistère (France), in 2015.

A patient is considered "depressive" if her/his mean HSCL-25 score is greater than or equal to 1.75. In the HSCL- group one in 16 patients have performed PSE-9 while in the HSCL + group, the ratio of 1 in 2.

Results:

Patients included met the inclusion criteria. After removed duplicates and wrongly inclusion, 1126 patients were included among 1134. The factor analysis showed that HSCL-25 tool is a one-dimensional tool - which combined an anxiety and a depression dimensions - with a Cronbach alpha of 0.93.

Conclusions:

The HSCL-25 scale has a high eigenvalue. It was a one-dimensional tool which combined items according anxiety and depression. This reliable tool will provide survey in primary care daily practice.

Freestanding Paper / Finished study**Delphi consensus procedure and nominal group to find the most relevant topics to improve GP workforce for stakeholders.**

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Background:

Looking at what makes General Practitioners (GPs) satisfied in their profession may be important in increasing the General Practice workforce in the future. An EGPRN research team from eight participating countries studied the positive factors for retention of satisfied GPs in their clinical practice throughout Europe. 183 GPs participated to the qualitative studies. 31 factors of job satisfaction were identified as an important determinant of GP retention and attraction to the profession.

Research questions:

Which positive factors are the most relevant for the decision-makers in order to improve the recruitment of GPs in France?

Method:

Delphi method was chosen, with two round blinded, by Internet, inviting experts to valid, and eventually rephrase, the 31 relevant factors. A nominal group by mail followed the Delphi rounds to prioritize the items. The experts were GPs or not, union representatives of general practitioners or general medical students, health insurance representatives, from the Ministry of health, local elected, journalists specialized in care organization care and patients associations.

Results:

29 experts initiated the procedure and 22 fully completed it. All categories of experts were represented in the final sample. The Delphi rounds kept thirty factors. The nominal group hierarchized: 1 °) to engage in General Medicine to take care of the patients; 2 °) coordination of care, Advocacy of the patient; (3) variety in activity; 4 °) have a patient-centred approach; 5 °) be involved in the organization of care; 6 °) to benefit from effective management of the practice; (7) be a teacher and tutor in General Practice; 8) work with good collaborators.

Conclusions:

The results showed that to recruit GPs it is necessary to develop the coordination of care, the patient-centred approach, the teaching in General Practice and to pay attention to the organization of the profession.

Points for discussion:

Which country wants to go on a Delphi research on positive factors in General Practice using this model?

Freestanding Paper / Almost finished study**Enablement by the Primary Care consultation: its explained reasons**

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Background:

The Patient Enablement Instrument (PEI) is a 6 questions indicator of effectiveness of the primary care consultation measuring the patient's feelings about the consultation with his family physician. The underlying reasons for each answer are yet to be fully comprehended.

Research questions:

Investigate the explanations of PEI answers, especially regarding the "equal or worse" and "equal or less".

Method:

Observational study in triangulation methodology with PEI application complemented with a qualitative questionnaire of pre-established justifications and an open option response. Convenience sample yet size representative in randomized days of consultation in Primary Healthcare Centres, Central Portugal. After consultation patients were invited and gave written consent and doctors were unaware of the study.

Results:

A sample of n=190 was studied, 62,6% female, 14,2% <35 years, 41,1% >65 years, 84,7% consulting in a previously scheduled appointment and 74,7% are under regular medication. 47,9% have low studies and 56,3% no professional activity.

Main reasons for equal or worst: "Because my illness is boring and there is no improvement", n=8 (4,2%), "Because there is no explanation for my illness", n=7 (3,7%), "Because they cannot solve my illness", n=11 (5,8%), "Because I feel my illness is never going to be solved", n=9 (4,7%), "Because I drop off as I came in with no resolution for my problem", n=12 (6,3%), "Because I don't have total confidence on my Doctor", n=3 (1,35%).

Conclusions:

The explanations of PEIs answers clearly are in the domain of the doctor/patient communication skills. Two aspects have been established: the perpetuation of incomprehension and doubts, and the feeling of irresolution and inability to solve the problems. The communication skills have a direct relationship with the capacity that the patients acquire to improve their well-being and increase their quality of life.

Points for discussion:

General Practice

Enablement

Person-centered Medicine

Freestanding Paper / Ongoing study with preliminary results**Factors associated with attitudes towards professionalism in medical students at Faculty of Medicine Ljubljana, Slovenia**

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Background:

Medical students have some attitudes towards professionalism prior to matriculation, but these have been shown to change during the study process.

Research questions:

To explore factors associated with attitudes towards professionalism in medical students and identify if they were mainly associated with basic personal traits or were due to study process.

Method:

This study represents first-year data of a six-year longitudinal pragmatic research, taking place at the Faculty of Medicine in Ljubljana, Slovenia. A sample of 210 students of 418 enrolled (50.2%) in the fourth and sixth year in the academic year 2015/16 voluntarily participated. The big five personality test (BFQ), the Personal Values List (LOV) and the Professionalism assessment scale were administered together with the set of basic socio-demographic data. In multivariate modelling, the association between demographic characteristics, LOV, BFQ and attitudes towards professionalism were analyzed.

Results:

There were 66.5% females, 38.1% of them were from the urban origin. Participants significantly differed from Slovenian norms in four of five personality traits, i.e. in energy ($p < 0.001$), in friendliness ($p = 0.024$), emotional stability ($p < 0.001$) and openness ($p < 0.001$). The most important preference declared was self-esteem ($z = 0.36$), the least children ($z = -0.49$). In multivariate modelling, 34.5% of variance was explained ($R^2 = 0.345$, $F = 2.450$, $p < 0.001$). Male gender ($\beta = -0.16$, $p = 0.038$) and rural origin ($\beta = -0.23$, $p = 0.006$) were negatively, receptivity ($\beta = 0.34$, $p < 0.001$) and the values food ($\beta = 0.24$, $p = 0.006$), home ($\beta = 0.24$, $p = 0.009$), work ($\beta = 0.19$, $p = 0.021$), freedom ($\beta = 0.19$, $p = 0.021$) and power ($\beta = 0.24$, $p = 0.006$), respectively were positively associated with attitudes towards professionalism.

Conclusions:

At this phase, attitudes were found to be associated with both, hereditary and social factors, the last ones possibly influenced by study process. Given that, decision makers at the Faculty of Medicine in Ljubljana, were warned to reconsider the curriculum and capacity building in mentors, given that interactive learning could affect values and attitudes towards professionalism.

Points for discussion:

are there any possibilities to reconsider curriculum to improve students' attitudes toward professionalism

how can attitudes toward professionalism change during study process

Freestanding Paper / Finished study**Search for decompensation risk factors within the EGPRN multimorbidity's definition themes. Cohort pilot study followed up at 15 months in nursing home (NH).**

Michele Odorico, Le Goff Delphine, Lalande Sophie, Derriennic Jeremy, Gouzien François, Beurton Couraud Lucas, Viala Jeanlin, Nabbe Patrice, Le Floch Bernard, Jean Yves Le Reste

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Background:

In General Practice (GP), elderly people are numerous and a part of them are residing in Nursing Home (NH). Multimorbidity concerns the majority of Nursing Homes residents. Multimorbidity was defined by the European General Practice Research Network (EGPRN). Multimorbid patients require considerable attention from their General Practitioners (GPs) because of their frailty and decompensation risk.

Research questions:

What decompensation risk factors from the themes of multimorbidity are predictive for decompensation at a 15 months of follow-up in nursing homes?

Method:

Analytical, epidemiological and prospective cohort study with Lanmeur's NH residents meeting the definition of multimorbidity. Decompensation was defined by a hospitalization more than seven days or death. At 12 months of follow up, patients' status were collected and each patient was assigned in the group "decompensation" ("D") or "nothing to report" ("NTR"). Statistical analysis was univariate and multivariate using Cox's model for survival analysis.

Results:

At 15 months 28 of the 64 multimorbidity patients initially included were placed in the "decompensation" group, while the other 36 remained in the "NTR" group. The results of the multivariate analysis, enabled pain to be designated as a significant decompensation risk factor (HR 2.28, CI 95%, 1.06-4089, p-value = 0.034).

Conclusions:

Despite the coherence of this study since it was established, which confirms the decompensation factor PAIN as a noteworthy element of multimorbidity, several parameters of the method weight the results and limits its generalization.

One-Slide/Five Minutes Presentation / Study Proposal / Idea**A primary care intervention to decrease the caregiver's burden of patients with Alzheimer disease**

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Background:

Literature on caregivers' burden of patients with Alzheimer disease (AD patients) details its consequences on the caregiver's health, with an increase of psychological distress, physical disorders and mortality compared to non-caregivers. It also increases the AD patient's institutionalization and abuse by the caregiver. The prevention would consist in reducing those risks. Some combined interventions including psychoeducational programs are promising to decrease the caregiver burden, even if their efficacy is limited. However, any intervention carried out by the general practitioner and aiming to improve AD patient and caregiver's management was tested. This intervention could be personalized and based on representations of caregiving and burden expressed by caregivers.

Research questions:

How to create a personalized intervention in primary care to screen and manage the caregiver's burden of AD patients?

Method:

Four steps.

1- Systematic literature review on interventions including primary care elements to screen and/or manage the caregiver's burden and its consequences.

2- Description of the current situation among the different systems of care (the Beveridge model, the Bismarck model, the National Health model and the Out-of-pocket model) and the different sort of environments (urban/semi-urban/rural) by the administration of surveys to general practitioners and caregivers of AD patients.

3-Semi-structured interviews to gather the expectations of general practitioners and caregivers of AD patients on the role that may play the general practitioner in screening and managing the caregiver's burden.

4- Conception of a personalized intervention in primary care on caregiver's burden by consensus between medical and paramedical practitioners and patients' representatives of the caregivers.

Results:

Not yet

Conclusions:

Not yet

Points for discussion:

What are the different situations that we may explore in the second part?

How to manage the qualitative part to gather the expectations of general practitioners and caregivers? (Recruitment? Type of analysis?)

How to do a collaborative study and respond to the CNSA call for projects?

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Depression, anxiety and associated medical conditions in primary care**

Inês Rosendo, Sara Ferreira, Nuno Madeira, Sara Fernandes

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Background:

According to scientific literature, anxiety and depression are frequently associated to other medical conditions. Despite this fact, there is no regular screening of such mental disorders in people with chronic diseases and there is some discussion about which situations demand an active screening in primary care.

Research questions:

Which medication conditions are present before a depression diagnosis?

Which diseases present before an anxiety diagnosis?

Method:

Retrospective study in Portugal's primary care informatic database from all health care centers. Diseases already present in 2015 will be obtained from data of patients diagnosed with depression or anxiety in 2016. This study aims to better understand which medical conditions are present before a depression or anxiety diagnosis in order to enable family doctors and primary health care teams to identify patients in whom more active screening would be important. This project involves, besides primary health care and psychiatry clinicians and researchers, a medical undergraduate as researcher for formative purposes, welcoming international collaboration for a better understanding of this research topic.

Points for discussion:

Are medication conditions present before a depression diagnosis predictive of depression risk?

Are medication conditions present before an anxiety diagnosis predictive of anxiety risk?

Presentation on 21/10/2017 11:00 in "Parallel session N - One Slide/Five Minutes Presentations" by Sara Fernandes.

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Development of a model to improve counseling for family violence and related mental health problems in Europe**

Lodewijk Pas, Vanja Lasic, Martin Seifert, Jinan Usta, Marouan Zoghbi, Nena Kopcavar Gucek, Raquel Gomez Bravo, Nina Monteiro

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Background:

One third of women worldwide suffer from intimate partner violence in their lifetime. The working group on mental health and family violence of Europrev has been exploring the tight relationship between different mental health problems and family violence. Based on literature review and exchange during WONCA workshops the role of GP in a variety of situations has been preliminarily defined in collaboration with the Wonca special Interest Group Family Violence. GPs need to learn how to better detect, explore, assess, advice and assure follow up of many related mental health problems such as depression, anxiety and medically unexplained symptoms. They need to do so taking into account anno 2017 the very diverse multicultural background of their clients.

Research questions:

1. How can we define the counselling role of GP to deal with the complexity of interrelated psychological problems and family violence and workload of primary health care in Europe?
2. Can a basic model based on cognitive behavioral exploration and shared decision making be applied to diverse interrelated mental health problems?
3. What factors should be taken into account in different cultural settings of migrants and refugees?

Method:

In addition to a systematic literature research we propose an international Delphi study about the counselling and collaborative care taking into account the diversity of facilities in different European countries. Qualitative research is further needed to determine patients views about this role looking also to new models of shared decision making and multi-sectorial exchange of patient information.

Results:

The product of this collaborative works should be a joint training initiative to promote the retained model and to run a collaborative trial in different health care settings.

Conclusions:

Preliminary data indicate that a cognitive behavioral model can be initiated in primary health care. A common qualitative exploration in different European practice settings is suggested.

Points for discussion:

Have such models been formally tested in your country?

According to you is a Delphi methodology a good approach to further explore potentials of PHC in Europe including professional and patients views?

Should also FG be considered for specific issues?

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Family, pregnancy and childhood factors in attention-deficit hyperactivity disorder**

Sara Fernandes, Sara Pedroso, Inês Rosendo

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Background:

Background: According to scientific literature, there is possible relationship between attention-deficit hyperactivity disorder and pregnancy toxic consumptions, family functioning, childhood sleeping disorders and screen time but more studies are needed in order to clarify it.

Research questions:

Research question: Are pregnancy consumptions related to attention-deficit hyperactivity disorder diagnosis? Are pre-school family functioning and other family factors related to attention-deficit hyperactivity disorder diagnosis? Are pre-school sleeping patterns/disorders and screen time related to attention-deficit hyperactivity disorder diagnosis?

Method:

Proposed methods: Prospective cohort study in 10 portuguese primary care centers recruiting 150 2-3 year old children from November 2017 with follow up at 5-6 years old. Parents will be questioned about pregnancy exposition to toxic substances, family functioning (FACES IV), family time together, child sleeping patterns and total screen time and attention-deficit hyperactivity disorder diagnosing tests will be run. The aim of this study is to better understand eventually preventable factors related to attention-deficit hyperactivity disorder to enable family doctors and the whole health team to focus on them in order to promote children and family health. This research project involves medical students and GP/FM residents as researchers for formative purposes and accepts international collaboration in order to get more consistent results.

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Intermediate care in caring for dementia: a key informant survey across Europe**

Ferdinando Petrazzuoli, Hans Thulesius, Alessandro Pirani, Donata Kurpas, Shlomo Vinker, Patrik Midlov, Sebastian Palmqvist, Jan De Lepeleire

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Background:

Intermediate care is often defined as healthcare occurring somewhere between traditional primary (community) and secondary (hospital) care settings. Intermediate care can vary from in-home services to densely staffed nursing homes. High quality intermediate care is important in the care of complex neurocognitive disorders (dementia) and may prevent caregiver burn out.

We found great variation in the use of intermediate care for persons with neurocognitive disorders across Europe in a recent EGPRN survey.

Research questions:

How are intermediate care services used in the care for people with neurocognitive disorders across Europe?

Method:

Key informant survey to GPs, and caregivers via a self developed questionnaire with space for open ended comments.

Results:

Results not applicable since this is a proposed study.

Conclusions:

This study aims at describing intermediate care services for people with neurocognitive disorders across Europe.

Points for discussion:

intermediate care services availability in your country

intermediate care services: free access?

caregiver burnout

One-Slide/Five Minutes Presentation / Ongoing study with preliminary results**Nurse monitored prevention process for severe mental illness patients : a way to reduce gap of health care access**

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Background:

Patients with Severe Mental Illness (SMI : schizophrenia, bipolar disorder, and major depression) have a life expectancy of twenty years less than general population. They have major difficulties in access to primary care and therefore to preventive public health measures compare to general population

Research questions:

Does involvement patient allow long time changes of way of life ? Innovating approach of management care : health care teams are they ready, "the times are they a changing" ?

Method:

We describe the implementation of a nurse consultation focused on prevention care. The feasibility study involve inclusion, data collection, medical prioritization and patient validation. The specificity of this work is the promotion of patient empowerment. As such, the patient can choose his own goals to improve his health and quality of life. The nurses are trained in patient empowerment and behavior change strategies. They play the central role of the scheme. Psychology studies show greater impact in behavior change when the coach come from close network. Based on this observation, it is assumed that a management driven by nurses will be more effective rather than by doctors

Results:

The feasibility phase begun in January 2017, 25 patients have been included. In September a quantitative evaluation will be done. This innovative approach require new communication and mediation practices within the health care team. This evolution has been gradually set up

Conclusions:

The feasibility phase shows that the process has been stabilized and it will be soon extended to patients without hospitalization

Points for discussion:

Why choosing management by nurse rather than doctors ?

How doctors and nurses must review their relationship to provide the best possible support for individuals already coping with mental illness ?

What indicators are suitable for evaluation of long term changes towards healthy lifestyle ?

One-Slide/Five Minutes Presentation / Study Proposal / Idea**Pregnancy, postpartum depression, anxiety and breastfeeding**

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Background:

Background: According to scientific literature there is, apparently, a relationship between depression, anxiety and breastfeeding but more prospective studies are needed in order to clarify it.

Research questions:

Research question: Is pregnancy depression and anxiety related to breastfeeding intention? Is pregnancy anxiety and depression predictive of short breastfeeding time? Are postpartum depression and anxiety related to breastfeeding intention, barriers or effective duration?

Method:

Proposed methods: Prospective cohort study in 9 Portuguese Primary Care health centers recruiting 120 pregnant women on the 3rd pregnancy trimester from November 2017 and with follow up at 3 months after delivery. For depressive symptoms "Postpartum Depression Screening Scale (PDSS)" will be used and for anxiety symptoms "Perinatal Anxiety Screening Scale (PASS)" will be used. Intention and barriers to breastfeeding will be assessed.

Results:

No results yet. Study Proposal.

Conclusions:

The aim of this study is to better understand the role of breastfeeding in the referred mental disorders during pregnancy and postpartum, in order to enable family doctors and the whole health team to better understand how to help preventing them and promoting mother and child bonding. This research project involves medical students and GP/FM residents as researchers for formative purposes. We invite collaborators from other countries to join our project.

Points for discussion:

Can we improve breastfeeding intention, by addressing postpartum depression and anxiety?

What and how to best measure breastfeeding - length time and its predictive factors? Duration, contribution to mother child bond? And its relation with other factors, including culture.

Promoting mother-child bond when anxiety and/or depression is present can be achieved by addressing one of these factors, or must each be addressed independently?

One-Slide/Five Minutes Presentation / Ongoing study with preliminary results**Risk of fall by dementia among older people in Denmark living at home - A population- and register-based case-control study**

Jindong Ding Petersen, Volkert Siersma, René Depont Christensen, Maria Munch Storsveen, Connie Thurøe Nielsen, Mikkel Vass, Frans Boch Waldorff

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Background:

Dementia as a risk factor for fall is relatively well studied among hospitalized/institutionalized but not among home-dwelling older people. We therefore conducted a population- and register-based case-control study among older people in Denmark (65+).

Research questions:

Do older people with dementia living at home have higher risk for falling?

Method:

This source population of this register-based case-control study was all residents aged 65 years and older living in Denmark on January 1, 2008 (n=853,228). Cases were individuals with a first time fall in 2009-2014, and matched with age, sex, and municipality with four to six controls. Individual were excluded if had fall in 2008, and/or lived in a nursing home at the time of fall occurred. All-type dementia was ascertained using ICD-10 diagnosis supplemented with prescribed medicine records. Eight chronic diseases were selected for comorbidities assessment. Four types of medicines were addressed as sedative medicines. A history of fall was extracted from the national accident register and supplemented with hospital emergency room register.

Conditional logistic regression with adjustment for education, marital status, and either the number of comorbidities or sedative medicines was performed using STATA software.

Results:

Of 115,584 cases and 394,679 controls, logistic regression adjusted for education, marriage and the number of comorbidities, showed that older people with dementia had a 1.89-fold higher risk of falling compared to their controls [OR=1.89, 95%CI (1.84-1.94), p<0.001]. Significant interaction was observed between dementia and the number of comorbidities for RTA risk.

Conclusions:

Home-dwelling older people with dementia have nearly a twice fold higher fall risk which highlights the need for in-home falls prevention. Of those with dementia comorbidities, special attention should be given.

Points for discussion:

GP's role for in-home fall prevention

One-Slide/Five Minutes Presentation / Study Proposal / Idea**The ABC of family medicine research – a training course for early career doctors**

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Background:

Some European countries do not have courses on research methodology that are relevant to their young family doctors.

Research questions:

Can we produce a successful model for a family medicine research course, designed for early career doctors, that EGPRN can offer to individual countries or institutions?

Method:

We will pilot a new two-day family medicine research training course for early career doctors (course 'A'). The pilot will take place in Ukraine. There is the potential for participants to be offered two follow-up two-day courses (courses 'B' and 'C'). The pilot course leaders will be experienced EGPRN members (PK and MH).

Results:

The courses will be highly interactive. In course 'A' ('Approaches to family medicine research'), participants will learn about the different types of research methodology and how to critically appraise research papers.

In course 'B' ('Building your research project'), participants will learn the skills needed to plan their own simple research projects. This will include teaching on how to write a research protocol, as well as data acquisition and analysis skills.

In the final course, course 'C' ('Communicating your research project to others'), participants will be able to present the results of their projects, get feedback on their presenting skills, and get advice on writing for publication.

Participants that successfully complete all three courses will be awarded a certificate of completion.

Conclusions:

If evaluation of the pilot shows that the model is successful and feasible, EGPRN should consider supporting roll-out of the model to other countries that do not already provide their own family medicine research courses. Support could be through input from experienced EGPRN members and financial assistance.

This model would give early career doctors the opportunity to learn about and take part in family medicine research, encourage closer working relationships between pairs of EGPRN-member institutions, and help EGPRN find active new members.

Points for discussion:

Will EGPRN-member institutions be interested in organising these courses for their early-career family doctors?

Will experienced EGPRN members be interested in travelling to teach on these courses?

One-Slide/Five Minutes Presentation / Ongoing study no results yet**What are the evidences for Healthy diet strategies in CVD prevention: Finding the best evidence with the ADAPTE procedure for the SPICES project (Scaling-up Packages of Interventions for Cardiovascular disease prevention in selected sites in Europe a**

Delphine Le Goff, Michele Odorico, Naomi Aerts, Geoffrey Musinguzi, Rhoda Wanyenze, Tholene Sodi, Linda Gibson, Harm Van Marwijk, Paul Van Royen, Hilde Bastiaens, Jean Yves Le Reste

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Background:

17.5 million people died of Cardiovascular Diseases (CVD) in 2012 worldwide. Prevention of CVD in high income countries is expensive and fail to reach high risk population. Prevention in low income countries is sparsely developed. There is a need for cost-effective strategies based on high level evidence. The SPICES project will implement a community and facility-based program to improve prevention, detection and control of CVD. Interventions on healthy diet to implement are described in guidelines.

Research questions:

What are the most efficient interventions related to healthy diet to reduce cardiovascular risk at patient level, primary health care level and community level population found in national and international guidelines?

Method:

The ADAPTE procedure is used. Guidelines are searched and screened on the Trip Medical Database and the Guidelines International Network. A search for each team country guideline is additionally conducted. Inclusion criteria are guidelines, English, Dutch and French language, last version of the guideline, published between 2012 and 2017, concerning primary and secondary prevention of CVD and cardiovascular risk factors prevention. Exclusion criteria are focus on acute disease, guidelines addressed to specific population, focus on pharmacological interventions. An evaluation is conducted using the Agree II score. Then a matrix is constructed to cross recommendations about healthy diet, level of evidence and guidelines supporting the recommendations. An analysis of the consistency, acceptability and applicability of the recommendations is conducted. Recommendations are ranked.

Results:

Expected results are identification and ranking of effective interventions on diet, and strategies used to implement the interventions at an individual patient level, a primary health care level and a community level population.

Conclusions:

Using ADAPTE would be a way of sorting out the high evidence data about healthy diet. A limit of this procedure could be to obtain interventions with no pragmatic strategies.

Points for discussion:

Do you think the search strategy is comprehensive and robust enough for a European project?

Poster / Finished study**Assessing the prevalence and management of mental health problems and suicidality in general practice**

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Background:

The majority of mental health problems in Ireland are managed by General Practitioners. There is very little data about their prevalence and management, but it appears to be increasing. Previous figures suggest almost 10% of people have a current problem. High levels of self-harm and suicidality amongst Irish youth has also been highlighted

Research questions:

This study aimed to quantify what proportion of an urban General Practitioner's caseload present with, or have a background of, mental health problems, specifically suicidal ideation, and gather further information about the demographics and management of these patients.

Method:

An observational cross-sectional study of one GP's consultations was conducted over a one-month period in Spring 2015 in an urban General Practice. Data was compiled on patient demographics, reasons for attending, presence of current or past mental health problems including suicidality, and management of same.

Results:

Of 273 consecutive patient consultations, 24.2% (n=66) had current mental health problems, with a slight female preponderance. 34.8% (n=95) had ever had mental health problems, and 8% had current or previous suicidal ideation or passive death wish (23.2% of those with mental health problems). Of these 95, 23.2% had predominantly depression; 38.9% anxiety conditions; 37.9% combination of both. Other conditions identified included work stress, other stress, OCD, panic, insomnia, alcohol and drug misuse, eating disorders, postnatal depression, deliberate self-harm and many others.

Conclusions:

This study finds a significantly higher prevalence of mental health problems than previously thought, with a worryingly high incidence of suicidal ideation.

Points for discussion:

This is a very large disease burden of mental health problems, which are already complex consultations, with limited access to required supports for patients.

Further study is needed to verify these prevalence rates in other GP settings, and to assess whether there are sufficient resources and time for GPs to manage this safely with increasing prevalence.

Poster / Ongoing study with preliminary results**Audit of benzodiazepine prescribing in psychiatry outpatient clinics in a socially deprived sector**

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Background:

Benzodiazepines are a group of medications prescribed since the 1960s to treat a range of conditions, including anxiety and insomnia. While their short term prescription is very useful to provide rapid symptomatic relief from anxiety states, they should not be used long term given their addictive potential.

We identified that many of our outpatients were prescribed benzodiazepines for longer than the best practice guidelines would recommend, which is 4 to 6 weeks. Given that the population sector we are involved with has high rates of psychosocial and addiction issues along with psychiatric morbidity, we chose to audit prescribing practices and compare with evidence-based guidelines.

NICE guidelines were used as our gold standard.

Research questions:

How far does our practice deviate from international guidelines in relation to ongoing prescription of benzodiazepines and are patients warned of the ill effects of long term use.

Method:

We examined 30 randomly selected outpatient charts looking at a number of domains including: number and specific type of benzodiazepines prescribed, duration of benzodiazepine prescription, whether reviews of prescriptions were documented and whether side effects or addictive potential of benzodiazepines was documented.

Results:

Preliminary results show over 90% of our population is prescribed benzodiazepines with the majority of these prescriptions lasting over 6months. Alprazolam is the most commonly prescribed benzodiazepine. As of yet, no documentation has been noted in relation to the discussion of their side effect profile.

While these results deviate from best practice guidelines, similar results are reflected in other publications. Benzodiazepine misuse remains a common problem in both general practice and psychiatry.

Conclusions:

Our audit results will be presented at our upcoming business meeting on 09/08/17. This project provides an opportunity for service development and patient education. We have developed an information leaflet to be given to all outpatients prescribed benzodiazepines at review.

We will re-audit in December 2017.

Points for discussion:

Inappropriate prolonged prescribing of benzodiazepines

Need to restrict prescription of benzodiazepines in a socially deprived sector given their misuse

Need to educate patients in the negative effects of long term benzodiazepine prescribing

Poster / Finished study**Overview of patients suffering from severe mental illness on the place of the general practitioner in their somatic care**

Sidonie Chhor, Anna Fablet, Jean-François Besnard, Agnès Banatre

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Background:

The life expectancy of patients with severe mental illness (SMI = schizophrenia, bipolar disorder, and major depression) is twenty years shorter than that of the general population. The main cause of death is cardiovascular disease. Several studies indicate the need for greater collaboration between psychiatrists and general practitioner (GP) in the detection, follow-up and treatment of these pathologies, as well as a facilitated access to care.

Research questions:

What is the overview of patients suffering from severe mental illness on the place of the general practitioner in their somatic care.

Method:

Qualitative study based on semi-directed individual interviews of patients followed in CMP (psychiatric medical center). A manual thematic analysis with double coding was carried out.

Results:

Most patients consider themselves to be in good health. We distinguish two groups: those regularly followed by their general practitioner (GP) for the management of somatic comorbidities, and those without regular follow-up and not perceiving the interest. Most of them notice that physical examination often has a short place in the consultation, which is not really focused on screening and prevention. They allude to a relationship based on trust in their GP, an attentive practitioner perceived as a privileged partner of the psychiatrist despite the few direct exchanges between them.

Conclusions:

Patients with SMI require enhanced management due to the presence of somatic comorbidities associated with poor access to care.

Poster / Finished study**Prevalence of severe mental disorders in diabetic patients in urban areas of Netherlands and Barcelona.**

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Background:

Psychiatric comorbidity in diabetic patients is associated with a lower quality of life and difficulties with self-care. Many studies involving the relationship between diabetes, depression and anxiety have been performed. It is not the case for studies involving schizophrenia and bipolar disorders.

Research questions:

To compare the prevalence of severe mental disorders (SMD) between diabetic and non-diabetic patients incoming from two groups attended by health care teams in urban areas in the Netherlands and Barcelona.

Method:

Cross-sectional study using data from computerized medical records is designed. The study population is issued from Barcelona's 52 primary care centres and from practices of 84 Dutch urban areas during 2014. Two study groups (diabetics/non-diabetics) and a subgroup of SMD (schizophrenia, bipolar disorders) were created. Two control cases per diabetes case are included and have been matched by sex, age's groups and the assigned health centre. SMD's prevalence is calculated with 95% confidence intervals, separated by sex. A logistic regression model is used to calculate the odds ratio (95%), adjusted by age.

Results:

Schizophrenia prevalence is higher in diabetic men patients in both territories. We observe a greater statistical power in Dutch findings (OR:2.18; CI:1.67-2.87) than in Barcelona (OR:1.21; CI:1.04-1.41). The prevalence of SMD in diabetic women is higher, but the territorial differences are less: Dutch (OR:2.03; CI:1.50-2.78) and Barcelona (OR:1.78; CI:1.49-2.13). In both, greater prevalence is founded in diabetic patients between 15 and 44 years of age. Regarding bipolar disorder, in both locations we observe a higher prevalence in diabetic patients, but only significantly in women. Dutch population (OR:1.68; CI:1.46-1.93) and Barcelona (OR:1.47; CI:1.23-1.77). In men, there is a slightly difference between the prevalence of bipolar disorder in diabetic than in non-diabetic people, but without statistically significance in the last, in both countries.

Conclusions:

Prevalence of schizophrenia and bipolar disorder is higher in diabetic patients than non-diabetics in urban areas of Netherlands and Barcelona.

Points for discussion:

Main differences between urban areas in Netherlands and Barcelona, as representatives of two different geographical areas (North/South Europe) with historically different SMD prevalences

SMD prevalence is higher in women in Barcelona's population. It could be due to a higher medical consultation frequency.

Prevalence's differences between the Netherlands and Barcelona due to different systems of clinical registry and medical information.

Poster / Almost finished study**Symptoms of depression and subsequent mental health care treatment – the impact of socioeconomic position. A six month register based follow-up on a population study.**

Aake Packness

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Background:

Equal access to health care is a prioritized goal in most European countries, and usually defined as equal access for people with equal needs.

In health care systems where the GP has a gatekeeper function, as in the Danish, the GP plays a key-role in achieving the goal of equal access. 10 – 30% of contacts to GP's are due to common mental disorders, and as such anxiety and depression are major tasks for the GP.

Depression is more prevalent and more persistent among persons in low socioeconomic position (SEP), and life expectancy is reduced by 14 years for men and 10 years for women when treated for severe depression. It is of interest to know if treatment of depression is determined by need, independently of SEP.

Research questions:

Do patients with same severity of symptoms of depression receive the same mental health care treatment; independent of SEP?

- In type of treatment received and frequencies of contacts
- In highest obtained treatment level within six months

Method:

The study was conducted as a follow-up study in national registers on use of mental health services and medication by participants from the Danish General Suburban Population Study (GESUS) who scored high on symptoms of depression (in Major Depression Inventory). Respondents were followed in registers from three months prior to the score until six months after. Depression was categorized in symptoms of minor or major depression, and education used as marker of SEP. Data will be analysed by logistic and Poisson regressions.

Results:

Outcomes will be presented at the conference. Of 19,626 adults in GESUS 988 respondents had scores indicating depressive disorder. The preliminary results indicate the severity of depression determine treatment type and contact rates.

Conclusions:

We will answer the questions: Are patient with symptoms of depression treated according to need?

Points for discussion:

What is the role of GP in pursuing equal access to mental health care treatment

Poster / Finished study**The Barriers to Cardiovascular health needs identification and management in patients with schizophrenia, on anti-psychotics**

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Background:

We set out to explore an inequality. Life expectancy in Schizophrenia is reduced by between 10-20 years. Traditionally attributed to suicide and almost universal tobacco usage. Increasing evidence that majority of excess mortality is cardiovascular. There is acknowledgement of rapid development of metabolic syndrome, beginning within 6 months of starting atypical anti-psychotics. Only 2% patients are not being treated with these medications.

Research questions:

This study aimed to ascertain the barriers to cardiovascular health needs identification, and management, in patients with schizophrenia. The specific objectives were to :

- 1) Determine the barriers to the identification of cardiovascular risks factors in patients with schizophrenia on antipsychotics,
- 2) Determine barriers to the subsequent treatment of identified risk factors
- 3) Identify strategies to overcome these barriers

Method:

Quantitative Cross-sectional observational study. Innovative study tool to canvas both specialties. An identical 13-item questionnaire was sent to 240 GPs and 27 Consultant Psychiatrists. Numerical data was converted to graphical using EXCEL. Free text answers gathered and common threads assembled together. Data was not designed for statistical analysis but rather to identify common themes.

Results:

There was close agreement of main barriers in both groups. Consultation time was by far the biggest issue. Also frequently mentioned were lack of patient insight, perceived lack of motivation and poor compliance with medication/appointments.

Suggested strategies included financial reimbursement for 1) education 2) task-oriented care. Improved communication, possibility of liaison staff between services. Provision of dedicated Mental Health cardiovascular programmes

Conclusions:

There are currently large gaps in cardiovascular risk reduction

Both psychiatrists and GPs have a duty-of-care to this group of patients

A collaborative approach is necessary to secure adequate resourcing

Ensure resources are used optimally, and that the burden of care doesn't rest solely with one group of providers.

There is a need to improve links between primary and psychiatric care .

Points for discussion:

Whose responsibility is the physical health of patients with Mental Health issues? Psychiatry or General Practice?

If resources are to be increased, how should they be resourced?

How can we effectively improve the cardiovascular outcomes of these patients?

Poster / Ongoing study with preliminary results**#endFGM: Aproach in Primary Care**

Carme Saperas Pérez, Lourdes Sánchez Albarracín, Concepción Muñoz Racero, Maria Rosa Ortí Grifé, Nuria Barlam Torres, Ana Isabel Tardy Martorell

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Background:

Due to globalized migratory processes female genital mutilation (FGM) has spread to other countries, where it remains a concealed and underdiagnosed problem. This work shows the first results of a multicentric study aimed to describe the actual situation of FGM, estimate its prevalence and help develop strategies for its elimination.

Research questions:

What is the current situation of FGM and risk of FGM in the Vallès area?
Is accurately registered and acted on it?

Method:

A multicentric retrospective descriptive study of FGM and risk of FGM cases in 7 Primary Care centers, all assigned to the same public Sexual and Reproductive Healthcare facility. Estimated prevalence was based on data from Demographic Health Surveys and Multiple Indicator Cluster Surveys. Variables analysed were: number of cases (FGM and risk of FGM), who registered it, type of FGM, presence of social worker in the practice, country of origin and follow-up of the FGM risk protocol.

Results:

58 diagnosed cases of FGM were found, representing the 33% of the indirect estimated prevalence. Cases were mostly from: Gambia (28.1%), Senegal (26.3%), Mauritania (24.6%) or Mali (12.3%)
Type of FGM was registered on 47.4% of the cases, being mostly Type Ib: clitoridectomy. 39 cases of girls at Risk were registered and protocol (preventive agreement) was followed up on 64 % of the cases but referral to the Social Worker was only done on 32.3% of the cases.
There were differences on detection and management between practices, 64.4% of the cases belonging to a single one.

Conclusions:

The few cases registered given the estimate prevalence shows FGM under-diagnosis. There are important differences in the percentage of detection and registration among the Primary Care centers of the study, not FGM nor Risk of FGM is accurately addressed in none of the practices.
Therefore an intervention is needed to increase awareness, detection and prevention.

Points for discussion:

How can we increase FGM awareness.

Are the legal policies enough to prevent new FGM cases

Is the risk of FGM protocol done properly in our territory

Poster / Almost finished study**Gout and Parkinson's Disease in a Mediterranean Urban Population. A case-control study.**

Francesc Orfila Pernas, Maria Antonia Pou Gimenez, Cesar Diaz-Torne

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Background:

It has been demonstrated that hyperuricemia protects from Parkinson's disease (PD), but this relation is controversial in patients with gout. Inflammatory properties of urate monosodium (UMS) crystals deposition that appears when uric acid (UA) levels exceed its solubility faces antioxidant and neuroprotective features of soluble UA. Both, UMS crystals deposition and hyperuricemia coexist in gouty patients.

Research questions:

Is there an association between gout and Parkinson's disease?

Method:

The present study is a primary care based matched case-control study, carried out using an electronic clinical record database from the city of Barcelona, Spain. The database contains anonymous data from more than 1 million patients. Persons over 40 years old were studied. All patients diagnosed of PD, or taking high specific anti-Parkinson's drugs, between 2006 and 2016 were included in the analyses. We randomly selected four controls for each case, matched by gender and age. Retrospective data of risk factors was also collected for each individual (diagnose of gout, diabetes mellitus, hypertension, high cholesterol blood levels and tobacco consumption prior to the PD diagnose), as well as gender and age. A multivariate logistic regression model was used to evaluate the association of gout and PD, adjusted by the presence of other risk factors. Adjusted Odds Ratios (aOR) and their 95%CI are provided.

Results:

21,789 persons with a PD diagnose and 87,156 controls were included. Mean age was 75.5 (SD 10.9) years. 55.6% were females. 2.5% of PD patients had a previous gout diagnose, compared to 4.8% of controls ($p < 0.001$). Multivariate Logistic regression model showed for gout: aOR=0.55 (0.50-0.61). Diabetes mellitus: aOR=1.18 (1.14-1.23); hypertension: aOR=0.7 (0.72-0.77); tobacco: aOR=0.55 (0.52-0.58); high cholesterol levels: aOR=0.60 (0.58-0.61).

Conclusions:

Gout shows a protective effect on the development of Parkinson's disease, pointing out that the antioxidant and neuro protective effect of UA seems to overcome its inflammatory properties in gouty patients.

Points for discussion:

Hyperuricemia and UMS crystal deposition: angel or demon in Parkinson's disease?

Is it gout or its related comorbidities? How do risk factors interact between Gout and Parkinson's Disease?

Poster / Finished study**Minor Surgery in an Urban Primary Care center**

Luis Fernando Quispe Aguilar, Carme Saperas Pérez, Maria Araceli Blancas Loras, Concepción Muñoz Racero, Àngels Moliné Cristià, Maria Rosa Ortí Grifé, Nuria Barlam Torres

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Background:

Minor surgery (MS) is something that all General Practitioners (GP) could do but few do due to lack of time, training or ability. The aim of this study is to describe the MS activity already done in an urban Primary Care (PC) center for the last six months, as the first step to evaluate the need for an Outpatient MS unit.

Research questions:

What kind of MS can be done in PC?

Method:

Descriptive and retrospective study of all the MS carried out by two PC teams in six months. Variables analysed were: sex, age, location(s) of the lesions, type of intervention, clinical diagnosis, complications, surgical instruments used, personnel implicated and number of visits needed.

Results:

A total of 70 MS procedures were performed. On adults the average age was 53 years old and 59% were male. The main pathologies were: Epidermal Cyst (40%), Histiocytoma (15%) and warts (15%). Location: trunk (33%), superior extremities (25%) and inferior extremities (25%). The most frequent technique used was excision (92%) and average waiting time was 8,5 days.

Whilst on children the average age was 8 years old and 55% were female. The main pathologies were: Moluscum(40%), warts (15%) and anquiloglosia(15%). Location: trunk (33%), superior extremities (25%) and inferior extremities (25%). The most frequent technique used was curettage (92%) and mean waiting time was 6.8 days.

Conclusions:

Simple MS techniques are safe and could be done routinely in PC thus saving medical staff and patients unnecessary derivations. In a very short period the number of procedures performed was significant, without major complications and with a higher patient satisfaction rate. The creation of an outpatient unit would extend MS to all the patients, help train other teams and reduce surgery waiting-list for minor procedures.

Points for discussion:

Can MS be routinely done in Primary Care? Is it efficient?

Is it satisfactory for patients?

Can reduce waiting-list time?

Poster / Ongoing study with preliminary results**The challenge of change and maintain healthy behaviors. Effectiveness and cost-effectiveness of coaching to empower people with knee osteoarthritis and improve their quality of life.**

Anna Berenguera, Enriqueta Pujol-Ribera, Victòria Carmona-Terés, Mariona Pons-Vigués, Joana Moix-Queraltó

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Background:

First line treatment for knee osteoarthritis (KO) should be non-pharmacological (weight loss, physical activity and self-management of pain). Health Coaching facilitates the achievement of health improvement and self-management for chronic conditions.

Research questions:

To analyze the effectiveness of a health coaching intervention on quality of life, pain, overweight and physical activity in patients with KO from 18 primary care centres of Barcelona.

Method:

Methodology from the Medical Research Council on developing complex interventions. Phase 1: Intervention modelling and operationalization through a qualitative study using theoretical sampling with patients with KO and with primary care professionals. Phase 2: A community-based randomized clinical trial with 360 patients with knee osteoarthritis with an Intervention Group (IG) and Control Group (CG) (180 per group). IG receives usual care plus 20-hour health coaching and follow-up sessions. CG receives usual care. The main outcome is quality of life (WOMAC). Data Analyses: Comparison of proportions between study groups.

Results:

Phase 1: Results indicated the barriers and facilitators of the health behaviors and were transformed into recommendations for the intervention design. Phase 2: Preliminary results on effectiveness after the intervention are present comparing IG vs CG. 415 participants were included: 234 IG and 181 CG. Intervention helps improve quality of life (57% IG reduce 5 points in WOMAC vs 40% in CG), decrease pain (54% IG decrease 4 points vs 39% in CG), reduce weight (54% lost 5% weight), and increase physical activity (24% decrease one category in IPAQ in a clinically relevant way ($p < 0.05$)). The adherence in the intervention group was 96% and in the control group 84%.

Conclusions:

Preliminary results show that the Coaching Health intervention is effective for quality of life, pain, overweight, physical activity for people with KO compared to usual practice in a Primary Health Care context in Barcelona.

Points for discussion:

Why health coaching a good intervention to improve the changes and maintain health habits?

Why mix-methods study a good methodology to improve the implementation of complex interventions?

What qualitative research adds to this study?

Poster / Finished study**Translation of a therapeutic alliance scale (The WAI SR) into Polish, TATA EGPRN collaborative study**

Jean Yves Le Reste, Krzysztof Buczkowski, Fabienne Morvan, Vanja Lazic, Heidrun Lingner, Ana Clavería, Radost Assenova, Robert Hoffman, Nicola Buono, Davorina Petek, Hans Thulesius, Michele Odorico, Delphine Le Goff, Sophie Lalande, Jeremy Derriennic, Patrice Nabbe, Bernard Le Floch

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Background:

Therapeutic Alliance (TA) enables an improvement in adherence to treatment and in quality of care while empowering patients. The EGPRN working group TATA (Tool Assessment for Therapeutic Alliance) has defined the WAI SR as the best possible tool to evaluate TA in primary care using a systematic review of the literature and a RAND/UCLA Appropriateness Method. The WAI SR has now to be translated in all European languages.

Research questions:

What is the translation into Polish of the WAI SR following a forward backward translation with a Delphi consensus procedure incorporated ?

Method:

A forward-backward translation with a Delphi consensus procedure was used. A research team of 4 experts (2 general practitioners (GPs), 1 linguist and 1 psychologist)was asked to translate the WAI SR into Polish. This forward translation was used by 30 experts (Polish GPs) fluent in English for the Delphi Rounds to achieve a consensus on the best possible translation in actual Polish. After consensus, 2 Polish linguists had to achieve a backward translation to check the congruence with the initial translation followed by a cultural check.

Results:

24 experts finally participated in the whole consensus, which was achieved with one Delphi round. The cultural check found some discrepancies, which led to minor changes in the final translation.

Conclusions:

A Polish translation of the WAI SR is now available. It can be used in daily medical practice, as a teaching instrument in initial or former medical education as well as in collaborative multinational medical research. The EGPRN group TATA will achieve the same process for 10 other European languages.

Points for discussion:

Would you like to achieve the same translation for your country ? it is easy quick and reliable.

Poster / Ongoing study with preliminary results**Diagnosis of chronic obstructive pulmonary disease (COPD) in patients with severe mental disorders**

María Isabel Fernández San Martín, Lydia Viñas-Cabrera, Noemí Olona-Tabueña, Silvia Oller-Canet, Jennifer Leiva-Martin, Joana Caro, Andreu Bruguera-Riera

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Research questions:

To evaluate the prevalence of chronic obstructive pulmonary disease (COPD), smoking and spirometry record in patients with severe mental disorder (SMD) and to compare it with the population without SMD.

Method:

Cross-sectional study of the population assigned to 52 Primary Health Care Centers. Two study groups were created according to whether they were SMD (n = 12578) or not (n = 12554), matched by age, gender, once attended in 2 years, and reference center. The source of variables information comes from the clinical histories: presence of COPD. Record in the last two years of: spirometry, smoking, pneumococcal and anti-influenza vaccine. The difference of registers and prevalences between groups is analyzed using chi-square and OR (95% confidence interval: CI). Protocol approved by the ethical committee

Results:

The mean age was 52.3 (SD: 16.4), 52.5% were men. The diagnosis of the SMD group was: 39.5% schizophrenia, 29.7% bipolar disorder and 38.7% had other psychoses. The prevalence of COPD was: 4.9% in SMD and 2.9% in non-SMD group (p <0.001; OR: 1.71; CI: 1.50-1.95). There were 39.6% of SMD smokers and 24.0% in non-SMD (p <0.001). Spirometry was recorded in 10.5% of smokers, and there were no differences according to the SMD group. In COPD patients, spirometry was present in 53.7% of the SMD and 60.9% in non-SMD group (p = 0.03). Influenza vaccination coverage in COPD patients was 57%, similar in both study groups. In smokers, the vaccine coverage was higher in SMD than in non-SMD (22.4% vs. 16.0%, p <0.001). There were differences according to SMD diagnoses and age groups

Conclusions:

The prevalence of COPD and smoking is higher in the SMD than in non-SMD population. There is a low percentage of smokers with registered spirometry and there is less evidence of spirometry in COPD and SMD patients than in those non-SMD patients

Points for discussion:

Do we have to do spirometry test to SMD patients?

Are there an under-diagnosis of COPD in DMD patients?

Could spirometry results be effective as a motivational strategy for smoking cessation in Psychotics patients?

Poster / Finished study**Factors associated with COPD readmission**

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Background:

COPD is a chronic lung disease with a high rate of hospitalizations and readmissions to the hospital.

Research questions:

We aimed to explore factors associated with hospital readmission.

Method:

: Data was retrieved for all Clalit Health Service patients age 40-90 who were diagnosed with the main diagnosis of COPD exacerbation during the 1st hospitalization in 2016. Patients who died during the 1st hospitalization or were readmitted to oncology in the next hospital admission were excluded. Information included demographic information, medical background, readmissions within 3 months, medications use before and after the index hospitalization and family physician and pulmonologist visits the year before and after the index hospitalization. Patients were divided to those who were readmitted during 2016 and to those who were not.

Results:

1716 patients were included. Average age was 70.4 ± 11.0 years, 61% were men, 73% had spirometry recorded within their files. 863 (50.3%) readmitted during 2016. Patients who were readmitted were more likely to be current smokers (70.3% vs. 57.6%, $P < 0.001$) from low socioeconomic status (56.9% vs. 33.3%, $P < 0.001$), and had a higher Charlson score (4.6 ± 3.8 vs. 3.8 ± 2.8 , $P < 0.001$). Hospitalization length of the 1st admission was similar in both groups (5.2 ± 6.4 vs 5.0 ± 5.3 , $p = 0.49$). Patients who were readmitted visited more often their family physician during the year prior to the 1st hospitalization (17.5 ± 11.6 vs. 7.7 ± 10.2 , $P < 0.001$) and were more likely to be seen by pulmonologist 19.0% vs. 13.1%, $p = 0.009$). Readmitted patients were more likely to receive tiotropium, inhaled steroids and short-acting beta agonists. Death rate in patients who were readmitted was significantly higher (16.0% vs. 10.4%, $P < 0.001$).

Conclusions:

Our results suggest readmission after hospitalization for a COPD exacerbation may simply be a marker of sicker patients with weaker social support systems. Therefore targeting reduction of readmission as a goal for improvement of healthcare delivery may not be productive.

Points for discussion:

Patients hospitalized with COPD exacerbation have a high readmission rate

Readmission is a marker of sicker patients with COPD

Poster / Finished study**Influenza Vaccination Uptake in an Irish Obstetric Cohort**

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Background:

Influenza infection during pregnancy can lead to significant maternal morbidity and is a leading cause of maternal mortality. Influenza vaccination during pregnancy has maternal benefits and confers protection for the infant in the first months of life. There are limited data on vaccination uptake and determinants of uptake in Irish obstetric populations.

Research questions:

The objectives of this study were to determine: the uptake of influenza vaccination during pregnancy; the determinants of vaccination uptake; knowledge, attitudes and concerns of postnatal women surrounding vaccination during pregnancy; and the recommendations of healthcare workers. Pertussis vaccination uptake was also determined.

Method:

A standardised 24 item questionnaire was distributed to postnatal women between January and June 2016. Questions focused on maternal characteristics, vaccination status, sources of information, and reasons for receiving / declining the vaccine. The role of the healthcare professional in recommending and offering vaccination was addressed.

Results:

330 surveys were disseminated, there was a 60% response rate. Of the 198 surveys, 109 (55.1%) respondents were vaccinated against Influenza and 64 (32.3%) against Pertussis. Women in the non-professional/manager/employer socioeconomic group were less likely to be vaccinated (aOR 0.29; 95% CI 0.09-0.89). There was a statistically significant association between vaccination and receiving information during pregnancy (aOR 12.8; 95% CI 2.65-62.5). There was a strong association between vaccination in a previous pregnancy and vaccination uptake (aOR 5.15; 95% CI 1.69-15.62). Unvaccinated women had concerns about the harm it may cause to their baby (53%; n=30) and concerns about side effects for themselves (55%; n=33).

Conclusions:

A key determinant of vaccination was provision of information and a recommendation to vaccinate by a healthcare professional. Uncertainty over the safety of the vaccine was evident. Patient education by Pharmacists, General Practitioners, Midwives and Obstetricians to address safety concerns surrounding the risks of Influenza during pregnancy could increase the uptake of the vaccine.

Points for discussion:

The role of the healthcare professional in recommending and offering to administer the influenza vaccine and how their recommendations may increase the uptake rate.

The safety concerns of women regarding vaccination during pregnancy and the role of the healthcare professional in addressing their concerns.

How certain socioeconomic factors may determine whether a woman is vaccinated against influenza during pregnancy.

Poster / Ongoing study no results yet**Reasons for patients refusal of immunization in GP practices**

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Background:

Providing a proper and comprehensive vaccination plan significantly reduces morbidity and mortality with vaccine preventable diseases (VPD). In Latvia immunization is provided by general practitioners (GP). The statistics of immunization depend on the involvement of GP. Unfortunately, there are more and more patients in Latvia who do not want to immunize their children and stop their immunization. Information about the harmfulness of immunization and unwanted side effects in media have a major impact on the immunization.

Research questions:

The aim of the study is to identify the reasons for refusing the immunization from the parents of children who refused it, and the sources of information which influenced the decision not to immunize children, as well as to compare patients' knowledge about vaccination and controllable infectious diseases.

Method:

The study will include patients from various GP practices who have refused to immunize their children and there will be a control group according to each practice that will include patients who agree to immunize their children according the National Immunization Calendar (NIC). An interview will be conducted with each patient, during which a questionnaire will be filled in to evaluate knowledge about immunization, VPD, sources of information about immunization and how reliable they are, including the issue of GP being a reliable source of information as well as patients' experience of immunization side effects.

Results:

In the results of the study we expect different knowledge, as well as different sources of information for the groups of immunized and unimmunized patients, as well as different levels of trusting their family doctor.

Conclusions:

After analyzing the results of the study, possible reasons for the frequent refusals of patients could be observed, and the mitigation of reasons could improve the implementation of the NIC.

Points for discussion:

Is it necessary to convince patients to do the immunization if they have refused?

Poster / Almost finished study**Short time effect of smoking cessation on human metabolism**

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Background:

Cigarette smoking remains a leading cause for worldwide morbidity and mortality; however, malicious effects coinciding smoking cessation include weight gain and deterioration in lipid profile and glycemic control – risk factors for metabolic syndrome. Understanding these effects is of great importance for care of tobacco smoking quitters.

Since 2011, Israel has promoted a national program for smoking cessation with fee-free smoking cessation workshops and subsidized medications for cessation.

Research questions:

To examine metabolic aspects occurring during the first 6-12 months after smoking cessation, with emphasis on Blood Fasting Glucose (BFG), lipid profile, body weight and circumferences.

Method:

A two armed study: prospective and retrospective

Prospective: 108 participants of smoking cessation workshops in the Meuhedet HMO during 2016-2017. The collected data included weight, BMI, waist circumference and Waist Hip Ratio before, during and 6 months post cessation program.

Retrospective: File review of 200 participants in smoking cessation workshops in HMO in 2014. Blood tests data for BFG from the year preceding the smoking cessation workshops and the year after them was analyzed. Smoking status was verified by telephone.

Results:

Prospective – Of 108 participants (47.2% females, mean age 46.03) 86 of them completed two visits. 25 (29.1%) continued smoking, 61 (70.9%) abstains after 4 weeks of participating the workshop .As compared to the beginning of the program, 82% of the abstainers gained weight 1.3 kg+0.21 (p=0.0001).

Retrospective – Of 200 patients (50% females, mean age 52.03), 50% of the abstainers who started the workshop with normal BFG experienced deterioration. Among patients with impaired blood glucose 21.4% became diabetics in the year following quitting smoking. 85.7% of diabetics abstainers, experienced deterioration in their BFG test results.

Conclusions:

Smoking cessation is associated with weight gain, and negative effect on glycemic control occurring shortly after cigarette abstention. Health professionals should be aware of negative changes and follow their patients closely.

Points for discussion:

How can GP's improve follow up, consulting and care of tobacco smoking quitters?

Should GP's discuss the negative effects of tobacco cessation with patients?

Should we change our treatment plan for tobacco cessation in order to improve these negative metabolic effects?

Poster / Ongoing study with preliminary results**The ABCD assessment tool in COPD patients with GOLD 2017 and GOLD 2016 guidelines**

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Background:

Prognostic indexes such as ADO, BODEx and DOSE, could facilitate COPD risk stratification and clinical decision making. To undertake a comparative analysis among them, in the same patients and with common recruitment criteria, a European cohort in primary care (PROEPOC/COPD study) was initiated in 2015 with five years follow-up planned.

Research questions:

Following the ABCD assessment tool of COPD from GOLD guidelines 2016 and 2017, are there differences in patients classification?

Method:

DESIGN: Open and prospective cohort study in primary care.

SETTING: 36 health centres in 6 European high, medium and low income countries.

SUBJECTS: First 300 patients from PROEPC/COPD study, captured in clinical visit by their General Practitioner/Nurse. 477 expected at the end of recruitment.

VARIABLES: Detailed patient history, exacerbations, lung function test and questionnaires (mMRC, CAT) at baseline.

ANALYSIS: Descriptive analysis and bivariate analysis for the combined assessment of each GOLD version.

Results:

ABCD assessment tool based on the CAT score produced a higher pattern than the assessment based on mMRC score (GOLD 2017). The estimated proportion in GOLD 2 is 28.70 (95%CI: 23.08-35.07), in GOLD 3 is 33.33 (95%CI: 22.95-45.63) and in GOLD 4 is 62.50 (95%CI: 38.64-81.52).

Assessment based on exacerbations produced a higher pattern than the assessment based on FEV 1 (GOLD 2016).

Conclusions:

Combined GOLD assessment is confusing for COPD patients' classification and their therapeutic management in a primary care cohort.

It is an on-going study. In the future, it will be possible to know mortality/morbidity prognosis with the different formulas.

Points for discussion:

Is spirometry available in primary care?

Is the GOLD classification used in your practice?

Poster / Finished study**Consumer satisfaction with a new GP-led Gynaecology Clinic in a maternity hospital**

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Background:

A GP-led Gynaecology Clinic was established at the National Maternity Hospital (NMH), Dublin jointly sponsored by the Irish College of General Practitioner (ICGP) and the NMH. The aims were to provide a prompt service for women with menorrhagia or contraception needs and training opportunities for GP registrars in IUCD fitting. The views of patients and GP registrars were sought as part of a service evaluation.

Research questions:

Can a GP-led Gynaecology Clinic provide a satisfactory clinical service for women with menorrhagia or contraception needs and address the training needs of GPs and GP registrars in IUCD insertion?

Method:

A postal patient satisfaction survey was distributed to 291 women who attended the clinic between 1st October 2014 and 30th September 2015. An on-line survey was distributed to the 16 doctors who attended for training during that time. Quantitative data from the patients were analysed using Sphinx software and qualitative data were analysed using Kruger's framework. SurveyMonkey was used for the trainee survey.

Results:

The patient response rate was 32.3% and respondents age range was 20-56 years (mean 42.3y). Patients were satisfied with explanations (97%) and the time (84%) given by the doctor and 93% were happy with the care provided; 93% of those who had a trainee in attendance were happy to be examined by that trainee. The comments (n = 104) were largely positive with suggestions for improvement relating to the infrastructure. The trainee response rate was 69% (11/16). Nine had previous training in IUCD insertion. Nine inserted IUCDs under supervision and eight did not require any additional training after their sessions at the clinic.

Conclusions:

Patient satisfaction survey showed high levels of satisfaction with clinical care but concerns about the infrastructure of the clinic. The training experience was rated highly by trainees but complexity of caseload limited supervised fitting opportunities.

Points for discussion:

Clinical focus in patient satisfaction survey questions yet infrastructure was the key area identified by respondents for improvement.

Impact on caseload complexity on training opportunities.

Poster / Finished study**Is Privacy Paramount? An evaluation of a secure email service (Healthmail) by its users**

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Background:

Securing sensitive patient information has become increasingly important after cyber-attacks on healthcare systems. Healthcare staff need a secure and effective means of communicating across care sites. Healthmail is a secure means of transferring patient information between healthcare professionals, particularly general practitioners (GPs). This research sought to evaluate Healthmail from the perspective of users.

Research questions:

What are the usage patterns of Healthmail account holders, their opinions on Healthmail in its current form and their suggestions for improving Healthmail?

Method:

A cross sectional design was used. Questionnaires were sent to Healthmail account holders and GPs in Ireland. Account holders' responses were examined to evaluate their usage of Healthmail, their opinions on Healthmail's merits and their suggestions for improving Healthmail. Quantitative statistics were run using SPSS V.23.

Results:

Overall, there were 503 Healthmail account holders who responded to the questionnaire (response rate = 32.6%). Most (86.7%) account holders were based in general practice. Almost half (44.2%) of respondents sent at least one Healthmail email in the previous week. Overall, 49.5% (n = 249) of respondents said Healthmail improves patient care. Integrating Healthmail with the GP practice software system was the most often suggested improvement (67.4%). Almost half (47.1%) of respondents said Healthmail should be expanded to other disciplines. One third (33%) of respondents said they would be happy to communicate with patients using a 'secure email solution'.

Conclusions:

These results suggest that Healthmail's usage and perceived usefulness is high and could increase. Therefore, Healthmail has the potential to become part of mainstream communication between healthcare professionals.

Points for discussion:

What is the best means of transferring sensitive patient data?

What are the downfalls of secure email?

How does Healthmail fit in with the electronic patient record?

Poster / Ongoing study with preliminary results**Pharmacy pattern in a Multimorbidity sample using cluster analysis**

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Background:

About 90% of the population older than 65 years in western countries have two or more coexisting diseases at some point in time and consequently pharmacy use would increase. Multimorbidity patterns have been published but few studies explored pharmacy patterns.

Research questions:

To obtain pharmacy patterns in multimorbid people over 65 years old attended by primary care teams (PCT) in Barcelona in 2009 using cluster analysis.

Method:

A cohort study with a cross-sectional analysis using data from System for Research in Primary Care, including electronic health records of 164,513 patients with multimorbidity and drugs consumption from 50 PCT of Barcelona in 2009, stratifying by sex and age (65-79; ≥ 80 years). Drugs were coded using the Anatomical Therapeutic Chemical classification (chemical level). Pharmacy patterns were identified using a non-hierarchical cluster analysis. We named pharmacy patterns taking into account those drugs with prevalence $\geq 20\%$ and over-representation by means of the Observed/Expected Ratio ≥ 2 . Previously obtained multimorbidity pattern and new pharmacy patterns overlap were studied using cross tabulation of clusters solution.

Results:

From the sample analysed 66.8% were women. Six pharmacy patterns were extracted per each age (65-79, ≥ 80) and sex group. All groups had an unspecific pharmacy pattern. The main chemical group obtained encompass nervous system, musculoskeletal, metabolism, blood, cardiovascular, respiratory and sensory system. Across women patterns were formed by various systems rather than men who had unique system joining patterns. Comparing multimorbidity and pharmacy patterns we identified a high overlap (42.87%-57.97%) across unspecific, endocrine-metabolic and cardiovascular patterns (except men cardiovascular pattern 36.74%). The rest of patterns have a lower overlap between pharmacy and multimorbidity patterns (18.51%-38.11%).

Conclusions:

We identified six pharmacy patterns. Comparing clusters (multimorbidity and pharmacy patterns) we have identified overlaps over 40% in some patterns. Non-hierarchical cluster analysis is a useful technique to analyse pharmacy patterns.

Points for discussion:

Pharmacy pattern

Cluster analysis

Multimorbidity and pharmacy patterns overlap

Poster / Almost finished study**Physical activities regularity associations with clinical and biochemical tests in healthy patients**

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Background:

Physical activities are one of the most important modifiable risk factors for cardiovascular (CVD) and other non-communicable diseases (NCD), so it is very important to recommend regular physical activity as a primary prophylaxis to patients on a timely basis, rather than starting it after diagnosing the disease. Regular physical activities could reduce morbidity and mortality from CVD and other NCDs.

Research questions:

The aim of this study was to determine whether the self-assessment of patients' physical activity affects the clinical and biochemical parameters in clinically asymptomatic patients.

Method:

Study included 149 clinically asymptomatic patients (79 male), aged 30 to 45 years. Systolic and diastolic blood pressure, heart rate, BMI and the following biochemical parameters: ALT, GGT, glucose, HOMA-IR, uric acid, KH, HDLH, LDLH and TG were measured for every patient. Patients were divided into 3 groups based on self-reported information about physical activities - patients with sedentary lifestyle (SLG), patients with irregular physical activity (IFAG) and patients with regular physical activity (RPAG).

Results:

Patients average age was 37.3 + - 4.0 years. There was no statistically significant difference in age between groups. The RPAG had statistically significantly lower BMI, pulse, glucose, ALT, TG and HOMA-IR than in SLG, but no statistically significant difference in other biochemical parameters. Among the IPAG and RPAG statistically significant difference was only in pulse, TG and HOMA-IR. In patients in IPAG and SLG BMI, ALT, HOMA-IR was statistically significantly lower.

Conclusions:

Practically healthy patients from RPAG have a positive effect on the risk factors for CVD and NCDs compared to those who are in IPAG and SLG. Such a difference is less pronounced in patients from IPAG and SLG.

Points for discussion:

Physical activities in every day life to prevent CVD according to European guidelines

Poster / Finished study**Search for decompensation risk factors within the EGPRN multimorbidity's definition themes. A cohort pilot study, with a follow up at 15 months in primary care outpatients.**

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Background:

Multimorbidity was defined in 2014 by the EGPRN (European General Practice Research Network). This definition was tested as a model to assess decompensation in multimorbid outpatients.

Research questions:

The main objective was to identify decompensation's risk factors in a primary care outpatients cohort at a 15 month follow-up.

Method:

Multimorbid outpatients were included and all variables defining multimorbidity were collected at inclusion. At 15 month, patients were assigned to group "decompensation", (decompensation was defined as a occurrence of hospitalisation more than seven days or death), or to group "nothing to report". A statistical analysis was undertaken with a multivariate analysis and with a survival analysis using Cox's model, in order to identify and quantify risk factors for decompensation.

Results:

19 general practitioners (GPs) participated in the study, 96 patients were included. At 15 months of follow-up, 28 patients belonged to the group "decompensation". Age, family problems, social isolation, and number of visit to GPs were related to the occurrence of a decompensation.

Conclusions:

The use of carers and psychosocial difficulties seemed to be associated with the occurrence of decompensation in multimorbid outpatients. A study on a larger scale should be performed to confirm these preliminary results.

Poster / Ongoing study no results yet**An observational study of patients with Familial Hypercholesterolemia in Plovdiv region**

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Background:

Familial Hypercholesterolemia (FH) is one of the most common genetic disorders and at the same time one of the most underdiagnosed disease. FH is inherited in an autosomal dominant pattern with almost 100% penetration. Among EU countries only in Bulgaria and Romania there is no official data about the rate of FH. Conducting an epidemiological survey among specified population in primary care settings in Bulgaria would be a promising start to cover affected families and their early prevention.

Research questions:

The aim of the pilot study is to establish the Familial Hypercholesterolemia rate in Plovdiv region.

Method:

50 GPs from Plovdiv region were randomly selected. Data from the electronic medical records were used for screening of patients with the clinical diagnosis of FH according to Dutch Lipid Clinic Network diagnostic criteria for Familial Hypercholesterolemia among patient lists. Exclusion criteria: patients with secondary hypercholesterolemia. Additional information about the demographic and health status of the patients was obtained.

Descriptive analysis of quantitative variables is going to be carried out via SPSS Statistics.

The study is part of a multidisciplinary project and received the ethical approval by the Medical University of Plovdiv.

Results:

Expected Results: The expected rate of FH is to be 1:200, similar to the data from different countries worldwide.

Registering of new patients with FH in Plovdiv region and identifying the families at risk in general practice.

High level of awareness of GPs about the disease with focus on prevention.

Conclusions:

Pending

Points for discussion:

Establishing an accurate diagnosis of FH through anamnesis, laboratory results, cholesterol adding and genetic analysis will be solid ground for clinical algorithm for daily practice. What is the experience from different countries.

The project gives opportunity for interdisciplinary cooperation aiming to treat better high risk FH patients by family physicians.

Poster / Finished study**Efficacy of gabapentin for prevention of postherpetic neuralgia**

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Background:

Postherpetic neuralgia (PHN) is a frequent complication of Herpes Zoster (HZ). Severe pain during the acute phase of HZ is a known risk factor, probably caused by central hyperexcitability and axonal injury. Gabapentin, an anticonvulsant drug, is used for neuropathic pain, but its effect on the prevention of PHN is still unknown.

Research questions:

To evaluate the efficacy of an optimal doses of gabapentin added to the usual treatment of HZ for the prevention of PHN.

Method:

A multicentre, double-blind, parallel, randomized clinical trial (RCT) recruiting patients from 17 practices of Mallorca, Spain. Participants: Subjects older than 50 years with moderate – severe pain. After randomization to each treatment arm, patients received within 72 hours since the rash onset, Valaciclovir (for 7 days), analgesia if needed and gabapentin or placebo for 5 weeks. Gabapentin was initiated at 300mg/day and increased up to 1800mg/day or optimal doses or intolerable adverse effects. Primary outcome: the incidence of PHN at 12 weeks, defined as an average daily VAS pain score > 1. Secondary outcomes: percentage of patients with neuropathic pain (DN-4), quality of life (SF-12), sleep interference (MOS Sleep Scale).

Results:

A total of 29 general practitioners participated. 98 patients, from two balanced arms, were randomized (50 placebo arm, 48 gabapentin arm). Mean age:66 years. 50,7% of the patients had moderate pain and 49,3% severe pain. Finally evaluated 42 from placebo group, 33 from intervention group. At 12 weeks, 7 patients had VAS pain score>1; two in the placebo arm, five in the gabapentin arm. The incidence of PHN by DN-4: 10,8% placebo group, 12,5% gabapentin group.

Conclusions:

To our knowledge, this is the first RCT using gabapentin in the acute phase of HZ infection. Our results showed that gabapentin added, to the usual treatment of HZ within 72h from the rash onset, does not prevent PHN.

Poster / Almost finished study**Hepatitis C management among patients receiving opioid substitution treatment in general practice in Ireland**

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Background:

Hepatitis C (HCV) infection is associated with considerable morbidity and public health burden. Injecting drug use is the main route of transmission in most countries. In Ireland and in other European countries, general practice is increasingly providing continuing care, including opioid substitution treatment (OST), for people who inject drugs (PWID). Thus, general practice is well placed to care for PWID at risk of and infected with HCV.

Research questions:

We aim to describe the current management of HCV among patients on OST in general practice in Ireland.

Method:

OST-prescribing GP practices in North Dublin were recruited from the professional networks/databases of the research team. Patients were eligible to participate if ≥ 18 years of age, on OST, and attend the practice for any reason during the recruitment period. A standardised non-probability sampling framework was used to identify 10 consecutive patients from each practice to participate. The clinical records of participants were reviewed and data extracted on demographics and HCV-related care processes. Descriptive statistical analysis was performed using SPSS V24.

Results:

Fourteen practices and 135 patients were recruited. Data was extracted from the charts of 133 patients; 71.4% male, median age 42 years. There was evidence that 92.5%, 72.2%, and 66.9% had been screened for HCV, HIV, and hepatitis B (HBV), respectively. Among those who had been tested, the prevalence of HCV, HIV, and HBV infection was 77.2%, 8.3%, and 7.9% respectively. Just 14 (14.7%) patients previously diagnosed with HCV had ever initiated HCV treatment. In the past year, 24.8% of patients had been asked about their alcohol use by their GP, 5.3% had received a brief intervention, and 2.3% had received an alcohol-related referral.

Conclusions:

A majority of OST patients had been screened for HCV. However, a minority had initiated HCV treatment. New strategies are needed to facilitate greater continuity of care among this population.

Points for discussion:

What are the challenges for GPs in providing HCV-related care to OST patients?

How can we enhance HCV treatment rates among OST patients in general practice?

How can we improve linkage to specialist care (i.e. hepatology/ID) among this patient group?

Poster / Ongoing study with preliminary results**Need of elaborate and efficient care: a Croatian study of post-MI patients' care in family practice**

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Background:

Patients with coronary artery disease are time demanding and resource consuming for family physicians (FPs) as well as a cause of frustration because their meeting goals recommended by guidelines is often elusive. In addition, by focusing on recommended biochemical treatment, aspects such as biopsychosocial outcomes remain in shadow.

Research questions:

This study aims to evaluate potential areas for improvement in myocardial infarction (MI) secondary prevention in FPs practice in Croatia

Method:

A Cross-sectional quantitative study was performed in 7 FPs' practices in Croatia. Patients treated by intracoronary stenting following percutaneous coronary intervention due to MI or unstable angina pectoris were included in sample (N=124). Data about their pharmacological treatment, cardiovascular risk factors, lifestyle, depressive symptoms, doctor-patient relationship, patient coping strategy, burden of disease and healthcare consumption were collected during patient consultation using a purposefully constructed questionnaire and from electronic patient's record.

Results:

A sample included 25% female and 75% male patients. 80% were overweight, 35% had elevated blood pressure, 24,4% smoked, 39,5% consumed alcohol, 31,1% were physically inactive, and 36,4% did not change their diet after the onset of MI. Up to 30% of them didn't take recommended medication according guidelines and less than 50% achieved recommended biochemical goals. Presented comorbidity included: diabetes 40,4%, depression 34,7%, hypertension 81,8%, angina pectoris 54,0% and COPD 10,4%. Nonetheless, they were frequent attenders in FP' practice (mean 23/previous year). Following elements of care for these patients were identified as inappropriate: counseling about risk factors, rehabilitation after MI as well as inquiry and treatment of mental health issues.

Conclusions:

Apart from the need of better adherence to quality of care indicators other important elements were identified as lacking in FPs' approach to post-MI patients. A comprehensive model of care which focuses on biopsychosocial factors with protected time for consultation conducting and recording might provide better quality of care.

Points for discussion:

How to efficiently unite, focus and record all relevant information on patients' health to be promptly accessible in time of consultation?

How to assess the quality of the complex comprehensive care of patients such as post IM patients?

Poster / Finished study**Reporting of outcomes in systematic reviews of randomized controlled trials on low back pain interventions in primary health care: is it clinically meaningful?**

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Background:

The burden of care for patients with low back pain (LBP) by general practitioners (GPs) is increased especially when conditions such as stress or mental health illness coexist. GPs need well-conducted systematic reviews (SRs) to guide the care of their patients. Studies that evaluate interventions for LBP are recommended. They report outcomes that are not limited only to pain improvement but also include functional status, health care use, and adverse events.

Research questions:

We conducted an overview of SRs and meta-analyses to record whether the reported outcomes followed the recommendations for LBP studies.

Method:

We systematically searched Pubmed and Cochrane Database of Systematic Reviews for SRs and meta-analyses of randomized control trials (RCTs) including patients with LBP, and evaluating interventions in primary health care (PHC). We categorized each reported outcome as clinical, patient-important, social, related to health care use, or as side effect or adverse event. For continuous outcomes, we captured whether minimally important difference (MID) was reported; and whether the proportion of patients achieving certain thresholds, including MID, was described or whether a cumulative distribution function of responses for treatment and control group was presented.

Results:

Ten articles including 344 RCTs met our eligibility criteria; six papers were SRs while the additional four included a meta-analysis. Nine papers reported clinical outcomes; seven reported patient important outcomes; six mentioned social outcomes; five included health care use; and two articles reported side effects or adverse events. Six studies reported their results as continuous outcomes; however, none did present the results as MID, as proportion of patients achieving certain thresholds, or as a cumulative distribution function.

Conclusions:

SRs for LBP in PHC did not report all categories of outcomes and measures which would facilitate the interpretation of effectiveness of interventions in everyday clinical practice.

Poster / Finished study**Curricular priorities for dementia education for General Practitioners: A Delphi consensus study**

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Background:

General practitioners (GPs) play a pivotal role in the care of people with dementia, however, GPs would like further education and training in dementia care. To address this educational need a 12 week GP module in dementia care was designed.

Research questions:

To identify and prioritise the key learning topics of a GP specific dementia curriculum.

Method:

An eDelphi was conducted with clinical experts in dementia. A previously conducted educational needs analysis provided a list of potential topics to be covered in the dementia course. The eDelphi survey was used to rank these learning topics based on their clinical importance and relevance to general practice. Qualitative comments and new topic suggestions were also collected. Percentage agreement on topic was determined when consensus of greater than 70% was reached.

Results:

Sixty-five participants were invited to participate in the eDelphi. Response rate was 40% in the first round (26/65) and 92% in the second round (24/26). Respondents include GPs with a special interest in care of the elderly (n= 15), geriatricians (n=6), neurologists (n=2) and old age psychiatrists (n=3). Round one involved forty-one topics, there was consensus that twenty-eight learning topics should be included and that six topics should be excluded from the curriculum. Seven topics did not reach consensus and were brought forward to round 2. Respondents also suggested five additional topics that should be included. This gave a total of twelve topics for round 2 where nine learning topics reached consensus for inclusion while consensus was not achieved in three. These three topics were discussed and excluded by experts as they were irrelevant to the study focus. In total, 37 topics were identified as essential for a dementia curriculum.

Conclusions:

The list of topics identified through this study will be used to inform the development of a curriculum of a dementia module for GPs.

Points for discussion:

What are the learning needs of GPs in the diagnosis and management of dementia?

How can learning needs be met through a blended learning curriculum?

Are there differences in specialists versus GP's perception of learning needs?

Poster / Ongoing study with preliminary results**Factors that influence medical residents' attitudes towards people with substance use disorders: A scoping review**

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Background:

Evidence suggests that attitudes of medical personnel towards people with substance use disorders (SUD) can influence the care provided. This is a serious concern as stigmatizing and negative attitudes have been shown to decrease the quality of health care provided to people with SUD. Therefore, we conducted a scoping review to determine what factors may influence medical residents' attitudes towards SUD.

Research questions:

What factors that influence attitudes of medical residents towards substance use disorders have been reported?

Method:

'Medline', 'Embase' and 'PsycInfo' electronic databases were searched in July 2017. Key search terms included: 'healthcare provider', 'substance use disorders', 'residency', and 'attitude'. Additionally, 9 Journals were hand searched. Studies meeting the inclusion criteria were identified and assessed, following which data extraction was performed.

Results:

The search strategy yielded 4585 references. Of those, 55 articles were assessed in full text for eligibility. Seven journal articles and four conference abstracts were included in the scoping review based on the inclusion criteria. Three factors influencing medical resident attitudes were identified: 1) Participation in addiction training (n= 9), 2) post-graduate year (n=1), and 3) personal or family history of drug use (n=1). It should be noted that some studies did not report adequate information about addiction training, attitudinal outcomes, or measurement tools used to assess attitude.

Conclusions:

This review revealed that attitudes of medical residents towards SUD become increasingly negative over the course of residency training and that participation in addiction training may serve as a step in alleviating these negative attitudes. However, the quality of several studies was lacking with some studies not reporting quantitative attitudinal outcomes and others not reporting adequate information about study methods. To address research gaps, further research should examine factors that influence attitudes of medical residents towards SUD and a systematic review should be conducted to assess the quality of research.

Points for discussion:

The importance of integrating addiction education in medical training.

Postgraduate training's responsibility to address key deficits in medical education.

Poster / Study Proposal / Idea**Multinational collaborative study of diversity in General Practice/Family Medicine training across Europe**

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Background:

Training in GP/FM varies greatly across Europe, mirroring the significant differences that exist in the way family medicine is practiced and health care systems are organized throughout Europe. Although efforts have been made to reach consensus and standardize medical training and family medicine training in particular, much is still needed to be done. One aspect of training which needs more focus, taking into account the migration of doctors, is educating family doctors on all aspects of diversity. As stated in the WONCA Europe Prague Conference 2017 Statement, the WONCA Europe Member Organizations should step up the development of appropriate and contextualized undergraduate, postgraduate and continuing education for family doctors on diversity, taking into consideration the related patient needs, required health care governance, and role that family doctors should undertake in the rapidly evolving European settings.

Research questions:

How diverse is general practice/family medicine training in Europe?

Method:

In the WONCA Europe Prague Conference 2017, the European Definition of GP/FM was used as a reference by a panel to discuss the best practices and challenges across Europe. The panel identified diversities across Europe in GP/FM when using the European Definition of GP/FM as a reference and discussed some of the best practices and challenges across Europe.

Results:

Differences were found regarding a) the spectrum of practice (not all family doctors care for infants and children, provide maternal care or care for patients with diabetes, asthma); b) approach of practice paternalistic vs empowered patients and c) training setting (in some countries more than half of the duration of training not taking place in a primary care setting and no rural exposure).

Conclusions:

The identification of specific challenges in General Practice/Family Medicine training open way to the development of customised solutions. Providing training through new technologies may reduce inequities in the delivery of training across Europe.

Poster / Ongoing study with preliminary results**Students underestimate GPs' earnings – Should we talk about money? A report on preliminary results of an ongoing study**

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Background:

There are several studies indicating an influence of income expectations on career choice and that the earning opportunities of GPs are perceived as relatively low. Little is known about medical students' ideas concerning the concrete earnings of different specialties and how it corresponds to reality.

Research questions:

How do medical students assess the influence of the expected income on their career choice? How accurate are medical students' income estimations for GPs working in different settings?

Method:

Cross-sectional survey of fourth year German medical students. The questionnaire contained items addressing socio-demographic characteristics, current career orientation, personal dealing with the topic, and concrete estimates of net earnings (after tax and social insurance contributions) for different specialties, settings and career stages. Students' estimates were compared with public available data on real earnings.

Results:

The response rate was 74% (231/314). Mean age was 25 years and 59% of the participants were women. More than 60% had already thought about their future earnings and 27% had already informed themselves. About 62% reported a medium or high influence of the expected income on their career decision. More than 26% would rather or definitely reject a certain specialty because of comparably low expected earnings. Nine out of ten participants were rather or very uncertain regarding concrete earning estimations. For GPs working in their own practice, students estimated average net earnings of 5.000€ (median 4.600€, 25%-percentile 3.500€). For comparison: public available data report average net earnings of 6.900€ (median 6.400€) for GPs and 6.794€ (median 5.885€) for all specialties working in their own practice. Participants estimated lower earnings for rural GPs compared to urban GPs, which is reverse in many cases.

Conclusions:

Although relevant for career decision making, students' information on real earnings seems to be insufficient. Earning possibilities of GPs and rural doctors are underestimated and should be communicated more openly.

Points for discussion:

Similarities/ differences/ experiences from other European countries?

Comments/ suggestions

Poster / Finished study**The perception of medicalization of the final year students in the Marmara University Health Sciences related schools**

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Background:

Medicalization is a social and intellectual concept which has its own perspectives, metaphores, values and causatives; establishing practical and theoretical approaches especially in the living spaces. The phenomenons alcoholism, mental disorders, drug addiction, gender differences; widely accepted as amoral or offensive in the past such as anxiety, birth, menopause, senility, and death; are contemporarily considered as diseases.

Research questions:

What are the opinions of final year students of the Marmara University School of Health Sciences, Dentistry, Pharmacy, and Nursing, on medicalization?

Method:

The population of this descriptive cross-sectional study is considered by 1014 final year university students of the health sciences disciplines. Sample size with a 5% margin of error, 95% confidence level, and 80% of response rate is found as 200. Stratified sampling is executed in order to decide how many students to be testified in each faculty. The study is authorized by MUTF Ethical Committee. The data is examined by SPSS 20.00. Descriptive statistics with frequency distribution, means and percentages; comperative statistics are analyzed with chi-square and student-t tests. Statistical significance level is accepted as 0.05.

Results:

67.5% of the 213 is female and their hometown is most frequently Marmara(33%), Karadeniz(24%), and İç Anadolu(14%), respectively. The participants mostly live in student houses(36%) or stay with their families(34%). The statements that indicate intense medicalization are: "The support of a specialist must be taken in order to surpass the menopause period ideally." (73%), "Hair transplantation is applied for boosting the self-confidence and feeling good." (71%), "A physician must be consulted in hair shedding in senility." (67%), "Medical advises have a role in increase of vaccination rates." (64%). In the first and fourth statements, the medicalization among women is significantly higher (84%vs70%, 75%vs25%, $p=0.005$, $p=0.004$)

Conclusions:

Medicalization is prevalent in the final year students so education on this topic should be revised to increase the awareness.

Points for discussion:

Any other weak point that may be suggested by the EGPRNetwork participants?

Theme Paper / Finished study**The relationship between circadian preferences and happiness in medical school students**

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Background:

Circadian rhythm is the most important determinant of our day and night sleep patterns. Studies show that individuals 'circadian rhythms affect individuals' physical, mental health and moods.

Research questions:

What is the effect of the circadian preferences of the medical school students of year 1, 2, 3 on happiness levels?

Method:

A cross-sectional design study was conducted in medical school pre-clinical students aged 17 years and over. Participants were selected by the convenience sampling method. Data were collected via face-to-face interviews. As a data collection tool; sociodemographic data form, Morningness-Eveningness Questionnaire (MEQ) aiming to reveal the chronotype of the persons (morning and evening) and Oxford Happiness Questionnaire-Short Form (OHQ-SF) to measure happiness. Descriptive statistics, chi-square and student's-t test, analyzed using SPSS 20.0.

Results:

A total of 564 out of 1036 (response rate 54.4%) students participated. Students who participated in the study, 29.4% were in year 1, 39.0% were in year 2, and 31.6% were in year 3. The mean age of the participants was $19,89 \pm 1,37$, consisting of 50.7% (n=286) males. 67.6% (n=381) considered the income is enough, 58.0% (n=327) did exercise occasionally. 58.9% (332) of the participants did not experience bad life events, but 9.6% (54) were diagnosed with depression. The mean score of OHQ-SF was $23.09 \pm 4,23$. It was determined that 6.7% (38) of participants were morning-type, 66.7% (376) intermediate-type and 26.6% (150) evening-type. The mean scores of the Oxford Happiness Scale were significantly lower ($p = 0.000$) in the evening-types ($21,77 \pm 4,32$) than in the morning ($25,07 \pm 4,92$) and intermediate-types (23.42 ± 3.98). The Cronbach Alpha as a measure of internal consistency was 0.74 and 0.80 respectively for OHQ-SF and MEQ.

Conclusions:

The happiness level of the evening-types was found to be significantly lower than the morning and intermediate-types.

Points for discussion:

Ways to improve happiness

Theme Paper / Almost finished study**Too depressed to sleep: Long-term hypnotic treatment and mental illness. A 10 year retrospective cohort study of 250,000 patients.**

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Background:

Mental illness is thought to be associated with an increased risk of benzodiazepine abuse, but long-term data is limited, especially in the context of insomnia treatment.

Research questions:

Are community-dwelling patients with mental conditions at an increased risk long-term hypnotic use? Does the choice of hypnotic influence future outcomes?

Method:

A historic cohort analysis of all incident hypnotic medication users aged 21 and over, members of Clalit Health Services, Israel's largest health provider. Information on background mental conditions, socio-demographic characteristics and initial hypnotic used was retrieved from the unified electronic health record. Amount of benzodiazepine hypnotics and Z-drugs purchased was ascertained on the 2nd, 5th and 10th year. Logistic regression was used to determine predictors of long-term usage patterns among all participants, and specifically among those with a mental condition.

Results:

254,239 patients initiated treatment for insomnia between 2005-2015. Mean age was 63.6 (SD 16.4) and 58.6% were women. A pre-existing mental condition was present in 74,543 (29.3%) of the patients. On the 10th year, 9,408 (22.4%) of living patients with a mental condition were chronic hypnotic users and 336 (0.8%) took 2 pills a day or more.

Risks of chronic- and excessive-use were higher for participants with a mental condition [OR=1.17; 95%CI(1.13-1.20); $p<0.0001$, and OR=1.53; 95%CI(1.31-1.78); $p<0.0001$, respectively]. Predictors of chronic- and excessive-use among mental patients included antidepressant treatment [OR=1.13; 95%CI(1.05-1.21); $p=0.0007$ and OR=1.68; 95%CI(1.24-2.29); $p=0.0008$, respectively], Bipolar disorder [OR=1.11; 95%CI(1.0.89-1.39); $p=0.3578$, and OR=2.21; 95%CI(1.16-4.23); $p=0.0313$, respectively], initial Z-drug treatment [OR=1.52; 95%CI(1.45-1.60); $p<0.0001$, and OR=2.31; 95%CI(1.84-2.90); $p<0.0001$, respectively], but not Schizophrenia ($p=0.5828$ and 0.7552 , respectively).

Conclusions:

Mental patients are at increased risk of chronic hypnotic use, although absolute risk of excessive use is small. Z-drugs do not seem to confer a beneficial effect over benzodiazepine hypnotics in reducing long-term use.

Freestanding Paper / Finished study

Gender differences in moderate Obstructive Sleep Apnea Syndrome diagnosis with clinical symptoms or/and nocturnal pulsioximetry in primary care.

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Background:

Obstructive Sleep Apnea Syndrome (OSAS) is increasing its prevalence and waiting lists. A quick tool for family physicians to optimize the referral of patients with suspected moderate OSAS ($IHA \leq 15$) to secondary care is needed.

Research questions:

Which test, STOP- Bang Questionnaire and/or nocturnal pulsioximetry (time spent below 90% oxygen saturation) is better in a primary care setting?

Method:

Both tools were validated by comparing scores in the same patient, with information of polysomnography (gold-standard). Patients were recruited by their physicians in six health centers. 91 cases and 91 controls were needed. Sample size, ROC curve analysis and optimal cut-off points were identified with R packages (easyROC, pROC, OptimalCutpoints).

Results:

Participants were 56 women and 120 men, aged between 18 and 77 years (mean = 50.41 ± 13.36). Among them, 74 had $IHA \geq 15$. For the pulsioximetry, with cut-off=1.4, this results were found: sensitivity (S) = 81.08%, specificity (E) = 86.54%, positive predictive value (PPV) = 81.08%, negative predictive value (NPV) = 86.54%, positive likelihood ratio (L+) = 6.02, negative likelihood ratio (L-) = 0.22. For the STOP-Bang, with cut-off=4, S = 94.59%, E = 40.38%, PPV = 53.03%, NPV = 91.30%, L+ = 1.59 and L- = 0.13. With their combination, cut-off=0.48, S = 64.86%, E = 88.46%, PPV = 80.00%, NPV = 77.96%, L+ = 5.62 and L- = 0.40. The multivariate ROC curve analysis showed high diagnostic value, with differences by tool and gender: 1) Stop-Bang AUC is 0.806 (0.709-0.922) for women and 0.686 (0.594-0.778) for men. 2) Pulsioximetry AUC is 0.911 (0.838-0.984) for women and 0.875 (0.809-0.941) for men. 3) Combined test AUC is 0.88 (0.793-0.966) for women and 0.83 (0.759-0.904) for men.

Conclusions:

Nocturnal pulsioximetry is the better choice, but Stop-Bang could be helpful in women.

Points for discussion:

Are OSAS clinical symptoms (fatigue, snoring, daytime somnolence) similar in women and men?

Could be Stop-Bang useful in your practice?

Who takes care of these patients in your country?

Freestanding Paper / Finished study**Quit smoking, sleep better. Assessment of change in sleep quality one month after smoking cessation.**

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Background:

The tobacco epidemic is one of the biggest public health threats ever faced. Millions either die or get affected healthwise because of it. There are also some important health hazards of smoking which are somewhat disregarded, such as sleep disorders.

Research questions:

Does smoking cessation affect the quality of sleep in a positive fashion?

Method:

Sixty-four of patients who fulfill the enrollment criteria have been given Pittsburgh Sleep Quality Index (PSQI) along with usual routine smoking cessation intervention between July and August 2016. PSQI is an instrument used to measure the quality and pattern of sleep through measuring seven components of sleep. Out of these 64 patients, 50 of them who have quit were reached. The PSQI has been repeated for these patients.

Results:

The study group had 56.0% poor sleep quality. One month after leaving smoking, the level of patients with bad sleep quality have been lowered to 28.0% which was a significant relationship between sleep quality before and after smoking cessation ($p < 0.001$). Among the sleep quality components; there was a significant relationship between before and after smoking cessation such as subjective sleep quality, sleep latency, sleep disturbance and daytime dysfunction.

There was no significant relationship for body mass index, level of education, presence of chronic illness, medication and alcohol usage. The single ones had a 6.11 times poor sleep quality before quitting. After cessation, probability of poor sleep quality was 5.08 times higher in women compared to men

Conclusions:

Sleep quality of people who quit smoking improves. The use of cigarettes must be also be questioned in the history of patients with sleep disturbances. Informing patients who are in smoking cessation period about the relationship between smoking and sleep quality might increase motivation.

Points for discussion:

Should we feature better sleep for people who want to quit smoking?

Freestanding Paper / Almost finished study**A personal journey into the process of diagnosis in family medicine – sharing experiences and exploring the future**

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Background:

A personal reflection on more than 30 years of the study and practice of medicine, primary health care and diagnostic processing:

- As a medical student, doubts whilst studying the plethora of medical problems which may present to the doctor, many with similar symptoms and signs.
- As a young clinician, fears of missing something important led me to push myself to the limits. But in "doing" more could I have harmed patients?
- As a family doctor, my original focus on identifying uncommon diagnoses accurately, and "saving" the patient, changed to a far more patient-centred agenda, with the appreciation of the diversity of patient experiences of the same condition.
- As a researcher my thirst for evidence led me to join up with others in the field, and first collect, then analyse data, to study the process of diagnosis in medicine, and in primary care in particular.

Research questions:

1. To reflect on a personal journey of research in the process of diagnosis in primary care
2. To demonstrate the potential impact of such research in the fields of primary care practice, education, audit and research.
3. To consider new statistical analyses of the diagnostic process to allow real-time diagnostic decision support in primary care.

Method:

A personal journey in this research field will be described, supported by examples from research in the field. The study of diagnostic relationships, and the extension to Latent Class Analysis models shall be discussed, and practical applications exemplified.

Results:

A personal experience of the process of diagnosis in primary care is described orally. The relationships between patients' RfEs and doctors' diagnosis within EoCs of common health problems, are presented, and practical applications demonstrated.

Conclusions:

This research helps us understand the diagnostic process in family medicine and has direct applicability in developing diagnostic decision support systems for family practice.

Points for discussion:

Discussion of the utility of such empirical data for family practice in Europe

Discussion of the utility of analysis of diagnostic data from different populations

Discussion on the revival of the RER-GP group

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Abstract Book of the 85th EGPRN Meeting
Dublin-Ireland, 19-22 October 2017
ISBN: 978-90-829673-2-6

