

EUROPEAN GENERAL PRACTICE



RESEARCH NETWORK

*EGPRN is a network organisation within
WONCA Region Europe - ESGP/FM*

EGPRN Co-ordination Centre: Mrs. Hanny Prick
Dept. Family Medicine, Universiteit Maastricht
P.O. Box 616, NL 6200 MD Maastricht, The Netherlands.
Phone: +31 43 388 2319; Fax: +31-43-388 2830; E-mail: hanny.prick@hag.unimaas.nl
Website: www.egprn.org

European General Practice Research Network

Timisoara – Romania

7th – 10th May, 2015

SCIENTIFIC and SOCIAL PROGRAMME

***THEME: “Research into New Methods and Techniques in
Primary Care”***

**Pre-Conference Workshops
Theme Papers
Freestanding Papers
One slide/Five minutes Presentations
Posters**

CONFERENCE VENUES

Thursday and Sunday:

VICTOR BABES UNIVERSITY OF MEDICINE and PHARMACY

Piata Eftimie Murgu nr.2 – Timisoara, Romania

Telephone: +40 0256 204 117; Fax: +40 0256 204 117

Email: secretarsef@umft.ro; Website: <http://www.umft.ro>

Friday and Saturday:

HOTEL TIMISOARA

Str Marasesti nr 1-3, 300086, Timisoara, Timis, Romania

Telephone: +40 0256 204 117; Fax: +40 0256 204 117

Email: office@hoteltimisoara.ro; : reservation@bega.ro

EUROPEAN GENERAL PRACTICE

EGPRN

RESEARCH NETWORK

EGPRN is a network organisation within
WONCA Region Europe - ESGP/FM

This EGPRN Meeting has been made possible thanks to the unconditional support of the following supporting institutions, they are also sponsors:



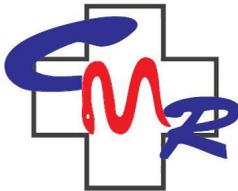
UMFT
Universitatea de
Medicină și Farmacie
„Victor Babeș”
din Timișoara

University of Medicine and Pharmacy
“Victor Babes” Timisoara (UMFT)



STMF
Societatea Timiș de Medicina Familiei

Timis Society for Family Medicine
(STMF)



Colegiul Medicilor din România

Romanian Medical College - Timis Branch



National Society for Family Medicine
(SNMF)

The meetings of the European General Practice Research Network (EGPRN) have earned accreditation as official postgraduate medical education activities by the Norwegian, Slovenian, Irish and Dutch College of General Practitioners.

Those participants who need a certificate can contact Mrs. Hanny Prick at the EGPRN-Coordinating Office in Maastricht, The Netherlands.

“Research into new Methods and Techniques in Primary Care”.

Dear doctors, researchers and colleagues,

There are few researchers among GPs/FDs, but all of them are using the knowledge gained from research papers in their daily practice.

Primary health care practitioners have practically double quality:

First they apply the newest methods after careful assessing the patient and establishing diagnosis, secondly they know best their community's needs the main questions that arise and the most important areas that need to be researched upon.

The private practice in Primary Health Care is an ideal platform for studying patients' problems, researching community issues and therefore acknowledging health risks and influencing decision-making regarding community-related, ethical and social issues.

“Research into new methods and techniques in primary care“, the theme of the May 2015 EGPRN Conference, also carries the meaning of responsibility towards the population under research. On the occasion of the May 2015 EGPRN Conference we would like to establish dialog and communication between clinicians and researchers from the West and the East, and from the North and the South of Europe regarding:

- New methods and techniques in diagnosis, treatment and follow-up of patients with acute or chronic disease (ultrasound, biomarkers, new lab tests...)
- New methods to improve adherence of patients in their chronic disease
- Ethical dilemmas in introduction of new methods
- The challenges of personalized medicine in primary care
- Educational needs of a GP about new methods
- New methods in emergency medicine

And we welcome abstracts related to research work.

In Romania, the diseases that need to be actively monitored by Family Doctors starting 2014, as promoted by the Ministry of Health, are: cardiovascular diseases, dislipidemia, diabetes mellitus, asthma, OCPD, chronic renal disease.

Multimorbid patients challenge the physician, as they are the most frequent type of patients in Primary Practice.

We hope to bring up research groups in our country to deal with clinical and health service research.

Local hosts and organizing committee Timisoara:

- Dr. **Claudia Iftode**, President of Timis Society of Family Medicine, member EGPRN Advisory Board
- Prof. Dr. **Elena Ardeleanu**, Department of Family Medicine at the University of Medicine and Pharmacy "Victor Babes" Timisoara
- Dr. **Stela Iurciuc**, Department of Internal Medicine at the University of Medicine and Pharmacy "Victor Babes" Timisoara
- Dr. **Anca Matusz**, EGPRN National Representative of Romania, member EGPRN Advisory Board
- Dr. **Mihai Iacob**, Sonography Department of the Timis Society of Family Medicine, member local organizing committee
- Dr. **Minerva Pop**, Secretary of Timis Society of Family Medicine, member local organizing committee
- Dr. **Andrada Iftode**, Communications Department of the Timis Society of Family Medicine.

7 MAY 2015
**MEETING EXECUTIVE BOARD
and
GENERAL COUNCIL MEETING**

Location: 'Victor Babes' University of Medicine and Pharmacy
Eftimie Murgu Square (Piața Eftemie Murgu) No.2
300024 Timișoara (Romania)

Executive Boardmeeting
Thursday 7th May, 2015

09.30 – 12.30: Executive Board Meeting
Executive Board members
in: the University's Library

General Council meeting with the National Representatives
Thursday 7th May, 2015

14.00 - 17.00 : Council Meeting
Executive Board members and National Representatives

17.00 - 17.45 : Meeting of the Special Committees and Working Groups:
-Research Strategy Committee
-PR and Communication Committee
-Educational Committee
in: the Senate Room

REGISTRATION

► Thursday 7 May 2015

REGISTRATION FOR PARTICIPANTS OF PRE-CONFERENCE WORKSHOPS ONLY

Location: VICTOR BABES UNIVERSITY OF MEDICINE and PHARMACY
Piata Eftimie Murgu nr.2 – Timișoara - (Romania)

On arrival, every participant, who has not paid and/or registered online, pays €65,= (or €35,= if an EGPRN-member) per person for each pre-conference workshop.

► Friday 8 May 2015

REGISTRATION FOR ALL PARTICIPANTS

Time: 08.00 – 08.30 h.

Location: HOTEL TIMISOARA
Str Marasesti nr 1-3, 300086, Timișoara, Timis - (Romania)

On arrival, every participant, who has not yet paid/registered online, will pay €500,= (or €300,= if an EGPRN-member) per person.
Incl. onsite payment +€50 extra administration costs.

FOR ALL EGPRN PARTICIPANTS

Social night on Saturday 9th May 2015 – 19.30 hrs.

Dinner, speeches and party.

Location: Flora Restaurant

Splaiul Tudor Vladimirescu No.14 – Timisoara, Romania

<http://restaurant-flora.ro/>

Entrance Fee: €40,= per person.

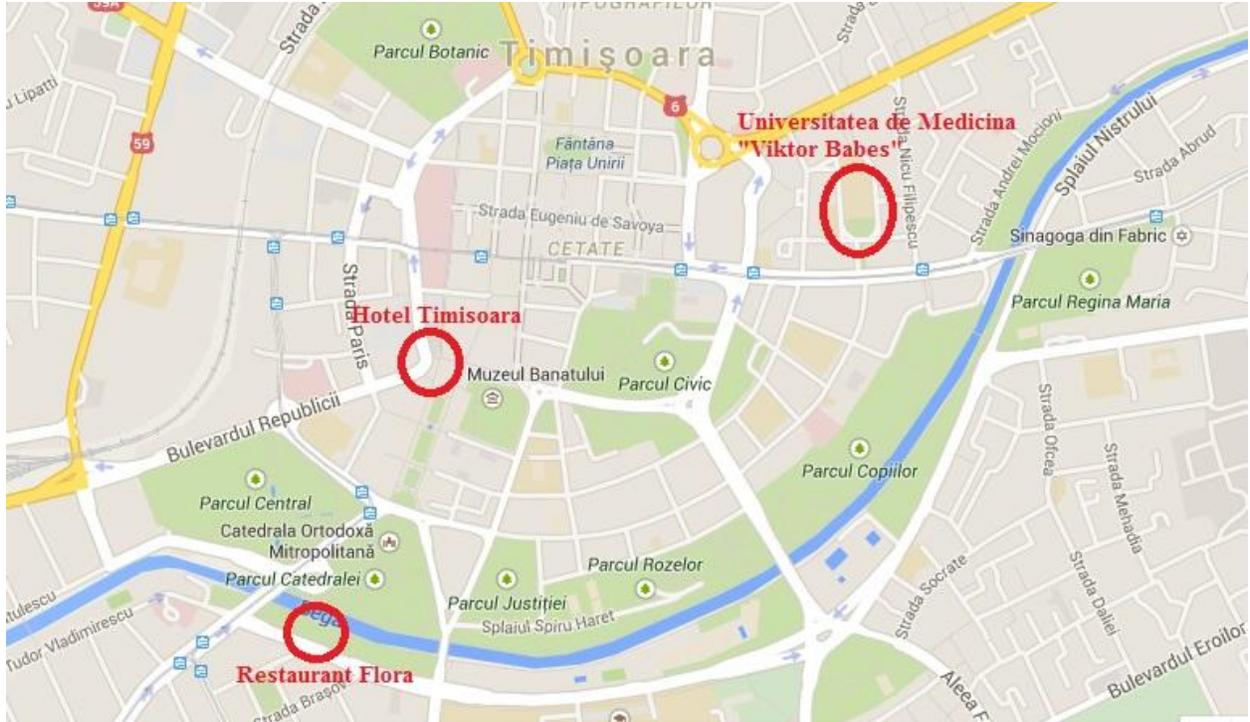
Please address to EGPRN Registration Desk if not pre-booked online.

Unfortunately, we have NO facility for electronic payments (credit card, Maestro) on the spot. We only accept CASH EUROS.

We do NOT prefer pay cheques, given the extra costs. If you have no other option we will charge €25 extra.

On site payment +€50 extra administration costs.

Map of the Timisoara City Centre



EGPRN 7th - 10th MAY, 2015

PROGRAMME OF THE EUROPEAN GENERAL PRACTICE RESEARCH NETWORK IN TIMISOARA-ROMANIA

Wednesday 6th May, 2015

Location: 'Victor Babes' University of Medicine and Pharmacy
Eftimie Murgu Square (Piața Eftemie Murgu) No.2
300024 Timișoara (Romania)

09.00 - 18.00 : 'space can be used'
in: Council Room

09.00 - 18.00 : 'space can be used'
in: "Petre Dragan" Amphitheatre

Thursday 7th May, 2015

Location: 'Victor Babes' University of Medicine and Pharmacy
Eftimie Murgu Square (Piața Eftemie Murgu) No.2
300024 Timișoara (Romania)

09.00 - 13.00 : Collaborative Study Group
"WomanPower Study" - (chair L.Peremans)
in: Council Room

09.00 - 18.00 : Collaborative Study Group
"FPDM-Study" - (chair J.Y. Le Reste)
in: "Petre Dragan" Amphitheatre

09.30 - 12.30 : Business Meeting
Welcome and Coffee for Executive Board EGPRN
EGPRN Executive Board Meeting (only for the Executive Board of
EGPRN) in: the University's Library

10.00 - 12.30 : 2 EGPRN parallel Pre-Conference Morning Workshops; fee €35
(non-members €65) each p.p.:
**1. Joint Workshop European Journal of General Practice and
Scandinavian Journal of Primary Care: "Writing for publication"-
meet the editors!**
Chairs: Dr. Jelle Stoffers (The Netherlands), Dr. Hans Thulesius
(Sweden)
in: "Pius Branzeu"-conference room

2. Pre-conference Workshop “The Learning Healthcare System for research and knowledge translation in European Primary Care”

Chairs: Prof. Brendan Delaney, Dr. Vasa Curcin, Dr. Olga Kostopoulou, Dr. Mark McGilchrist, Prof. Theo Arvanitis (United Kingdom), Dr. Robert Verheij (The Netherlands).
in: have "Iagnov" Amphitheatre

12.30 - 13.30 : **Lunch (price not included in fee conference workshops)**

13.30 - 16.00 : 2 EGPRN parallel Pre-Conference Afternoon Workshops; fee €35 (non-members €65) each p.p.:

3. Pre-conference Workshop "Challenges to our Professional Attitude – the Ethical Implications of New Methods and Techniques Applied in Primary Care"

Chair: Prof. Manfred Maier (Austria)
in: have "Iagnov" Amphitheatre

4. Pre-conference Workshop “New Methods and Techniques in Clinical Ultrasonography”

Chairs: Prof. Ioan Sporea, Dr. Mihai Iacob, Dr. Alina Popescu (Romania)
in: "Pius Branzeu" -conference room

13.30 - 16.00 :

Collaborative Study Group

“Research into early cancer diagnosis in primary care” – (chair M. Harris; Collaborative study group)
in: the Anatomy Library

14.00 - 17.00 :

Business Meeting

Council Meeting with the National Representatives (only for EGPRN-Council).

in: the Senate Room

17.00 – 17.45 :

Business Meeting

Meeting of **EGPRN Special Committees and Working groups:**

- EGPRN Educational Committee
- EGPRN PR & Communication Committee
- EGPRN Research Strategy Committee

in: the Senate Room

18.00 - 19.30 : Collaborative Study Group
“CoCo Study group” - (chair B. Weltermann)
in: Council Room

19.30 - : Social Event
Welcome Reception and Opening Cocktail for all participants of this meeting who are present in Timisoara at this time.
At: Timis County Council – Grand Hallway.

FRIDAY 8th MAY, 2015

Location: HOTEL TIMISOARA
Str Marasesti nr 1-3, 300086, Timișoara, Timis, Romania

08.00 - 08.30 : Registration at EGPRN Registration Desk.

08.30 - 08.45 : Welcome.
**Opening of the EGPRN-meeting by the Chairperson of the EGPRN,
Dr. Jean Karl Soler**

08.45 - 09.30 : **1st International Keynote Speaker: Prof. Manfred Maier;** (Professor of General Practice, Center for Public Health, Medical University of Vienna, Austria).
Theme: “Developing Family Medicine/Family Medicine research – generalism or subspecialisation? ”.

09.30 – 10.30 : **2 Theme Papers (plenary) – “Technology”
in: Sala Roma**

1. Robert Verheij (The Netherlands)

A new method for estimating population morbidity on the basis of routine primary care electronic medical records.

2. Ruth Kirk Ertmann (Denmark)

E-mail consultations - patients and practitioners have different approaches.

10.30 - 10.50: Coffee break
in: Hallway

10.30 - 10.50: Coffee break for participants who are with EGPRN for the first time.
"Blue Dot Coffee"
in: Hallway (separate part of the hallway)

10.50 - 12.20 : **A. Parallel session - 3 Theme Papers – “New Methods”
in: Sala Roma**

3. Etienne Melot (France)

Indication of ultrasonography in general practice, work based on 2012 systematic review.

4. Mihai Sorin Iacob (Romania)

New methods as: High Intensity Laser Therapy (HILT) versus Low Level Laser Therapy (LLLT) associated with Trigger Point Injections (TPI) in treatments of chronic nonspecific low back pain and sciatica, available for the family doctors practice.

5. Kiril Slaveykov (Bulgaria)

Telescreening for diabetic retinopathy in Bulgarian general practice settings.

**10.50 - 12.20: B. Parallel session - 3 Theme Papers – “Diagnosis and Management”
in: Sala Dublin**

6. Norbert Donner-Banzhoff (Germany)

Is hypothetico-deductive reasoning a relevant diagnostic strategy in General Practice?

7. Waltraud Fink (Austria)

Diagnostic Protocols - A Novel Consultation Method Still to be Discovered.

8. Birgitta Weltermann (Germany)

New practice tools to facilitate hypertension management in general practice: a cluster randomized trial.

12.20 -13.45: Lunch

in: lunchboxes will be available in the hallway

12.30 -13.30: Lunchworkshop on ‘Dementia Management in the Primary Care Setting’

(by EGPRN Educational Committee F.Petrazzuoli e.a.)

in: Sala Dublin (take lunchbox inside)

13.45 - 15.45 : C. Parallel session - 4 Freestanding Papers – “Consultation”

in: Sala Roma

9. Tudor-Stefan Rotaru (Romania)

Mutual trust in General Practitioner-patient relationship in the context of Irritable Bowel Syndrome: a qualitative study.

10. Juliette Chambe (France)

When numbers hide the consultation : contribution of an observationnal field survey in General Practice.

11. Caroline Huas (France)

Bringing up the weight topic with adults outpatients in general practice. An observational study.

12. Julie Gilles de la Londe (France)

Tell me how you eat, and I will tell you who you are : a qualitative study among the Transgender population.

13.45 - 15.45 : **D. Parallel session – ‘Special Methodology Workshop’**
4 Freestanding Papers
chair: J.K. Soler
in: Sala Dublin

13. Claudia Iftode + Ioana Padure (Romania)
Arterial age correlates with central blood pressure.

14. Sevim Aksoy Kartci (Turkey)
Senility, Homebound, Polypharmacy.

15. Serap çiğçili (Turkey)
Prevalence of Speech and language delay in Pendik district of İstanbul and related risk factors.

16. Elena Sirbu (Romania)
Shoulder pain an underappreciated cause of bone pain in multiple myeloma.

15.45 - 16.05: **Coffee break**
in: Hallway

16.00 -16.40: **Opening ceremony of Romanian CRV Conference**
Location: ‘Victor Babes’ University of Medicine and Pharmacy
Eftimie Murgu Square (Piața Eftemie Murgu) No.2-300024 Timișoara.
Room: Aula Magna

16.05 -17.05: 2 Freestanding Papers (plenary) – “Acute Care and Emergency Care”
in: Sala Roma

17. Eva Hummers-Pradier (Germany)
Patient relevant outcome measures in studies and guidelines on urinary tract infection.

18. Olivier Pasche (Switzerland)
How do patients decide where to consult in an emergency? A qualitative study on the autopsy of a choice.

17.05 – 17.25: **Plenary Session**
in: Sala Roma

Closing of the day by Prof. Manfred Maier, keynote speaker, who will summarize on today’s theme papers.

18.00 – 20.00: Collaborative Study Group

“Research group in therapeutic alliance”.

A new topic; the aim of this group would be to discover the best existing tool possible to evaluate therapeutic alliance in primary care and to translate and validate it throughout Europe.

in: Sala Roma

Chair: Jean Yves Le Reste.

Social Programme:

18.00 – 19.30 : Practice Visits to local Health Centres in the city of Timisoara.

Social Programme:

19.30 – 22.00 : Welcome Cocktail of the First Western Regional Conference – CRV

► all EGPRN participants are invited

Location: Heaven Studio, Timisoara

Address: Ripensia Street No.40, Timisoara

SATURDAY 9th MAY 2015

Location: HOTEL TIMISOARA
Str Marasesti nr 1-3, 300086, Timișoara, Timis, Romania

08.30 - 09.10: Joint Keynote by two national keynote speakers:

- ***Dr. Claudia Iftode***
Theme: “*Vision and Future of Family Health Care in Romania*”.
and
- ***Dr. Iacob Mihai***
Theme: “*Development of Research in Primary Care in Romania*”.

09.10 - 09.50: 2nd Keynote by international keynote speaker:

- ***Prof. Dr. Frank Buntinx***; (Professor of General Practice, Departments of General Practice at Katholieke Universiteit Leuven, Belgium and the Department of Family Medicine, Maastricht University, The Netherlands).
Theme: “*Use of modern technology for diagnosis and monitoring in general practice*”.

09.50 -10.50: Plenary session - 2 Freestanding Papers “Quality 1”
in: Sala Roma

19. Adina-Ioana Bucur (Romania)

The quality of medical services in primary health care.

20. Martin Beyer (Germany)

Evaluation of a selective contract for GP-centred care in Baden-Wuerttemberg (Germany):
Health care utilization and the care for the elderly

10.50 - 11.10: Coffee break
in: Hallway

11.10 -12.40: E. Parallel session - 3 Freestanding Papers “Collaborative Projects”
in: Sala Roma

21. Jean Yves Le Reste (France)

European General Practitioners recognize the EGPRN definition of Multimorbidity in clinical practice.

22. Bernard Le Floch (France)

A New European model to enhance GPs workforce throughout Europe: be positive and competent.

23. Robert Hoffman (Israel)

Self-care practices used for common colds across 14 European countries: Regional differences for frequently used practices.

**11.10 -12.40: F. Parallel session - 3 One-Slide/Five Minutes Presentations
2 Freestanding Papers**

In: Sala Dublin

24. Yordanka Staikova-Pyrovska (Bulgaria) OSFM

General practitioners' and patients' awareness about Alternative/Complementary medicine in general practice: discussing optimal method for carrying out the study.

25. Maximilian Sandholzer (Germany) OSFM

Smartphones in medical education and practice-Student's expectations towards and adoption of an educational medical application on general practice.

26. Elif Selin Yalcin (Turkey) OSFM

Health Related Quality of Life In Arthritis Patients.

27. Adrian Horodnic (Romania)

Adaptation and validation of the patient assessment of chronic illness care (pacic) in a healthcare system undergoing transition: romanian case.

28. Chrysanthi Tatsi (Greece)

Quality of health services in Primary Health Care in Greece.

**12.40 - 13.40: Lunch
in: Hallway**

**12.40 - 13.40: [Collaborative Study Group](#)
"PROCOPD study meeting" - (chair: Ana Clavería)
in: Sala Dublin**

**13.40 - 13.50: Chairperson's report by Dr. Jean Karl Soler.
Report of Executive Board and Council Meeting.
in: Sala Roma**

**13.50 - 14.15: Celebration 80th meeting EGPRN
in: Sala Roma**

The meeting continues with 4 parallel Poster sessions till 15.30 h.

14.15 – 15.30: Posters
In four parallel sessions (4 groups)

14.15 – 15.30: G. Parallel group Posters: “ICT“
in: Sala Roma

29. Hieromonk Ioan (Ivanov Ivan) (Bulgaria)
ICT, spirituality and patient-doctor relationship: part of a pilot study.

30. Plamen Spasov (Bulgaria)
New methods and electronic databases to help family physicians Review and analysis of the challenges facing general practice.

31. Clarisse Dibao-Dina (France)
Unbalanced rather than balanced randomized controlled trials are more often positive in favor of the new treatment: an exposed and non-exposed study.

32. Miguel Angel Muñoz (Spain)
Influence of socio-economic deprivation on the prognosis of Heart Failure patients.

14.15 – 15.30: H. Parallel group Posters: “Mental Health“
in: Sala Roma

33. Leo (Lodewijk) Pas (Belgium)
Developing research on family violence in primary health care.

34. Lyubomir Kirov (Bulgaria)
Stress level and indications for depression in pupils at seventeen. Results from a pilot study-2013.

35. Delphine Tchimbakala (France)
Responding To Child Maltreatment: A structured literature review of French Family physician challenges from suspicion to clinical follow-up.

36. Krzysztof Buczkowski (Poland)
Smoking cessation and personality.

37. Sanda Kreitmayer Pestic (Bosnia and Herzegovina)
Exposure to workplace stressors and its effects to perception of depersonalization and job dissatisfaction in physicians.

14.15 – 15.30: I. Parallel group Posters: “New Technologies“
in: Sala Dublin

- 38. Sorina Saftescu (Romania)**
Perspectives of the thyroid ultrasound screening using TIRADS classification (Thyroid Image Reporting and Data System Classification) along with Real Time Elastography, in neighboring regions affected after radioactive disasters, by family doctors..
- 39. Ioana Budiu (Romania)**
Ankle brachial index can be correlated with arterial stiffness.
- 40. Maribel Fernández-San-Martin (Spain)**
Influence of pharmaceutical industry in general practitioner residents of Catalonia.
- 41. Shlomo Vinker (Israel)**
Annual accumulated duration of time of Primary Care visits and its association to Quality Indicators in Preventive Medicine: a Cross-Sectional study.
- 42. Gratian Dragoslav Miclaus (Romania)**
CT Colonography – an almost unused tool in the detection of colorectal cancer in Romania.

**14.15 – 15.30: J. Parallel group Posters: “Clinical“
in: Hallway**

- 43. Elena Ardeleanu (Romania)**
Nonadherence to antihypertensive treatment in primary care.
- 44. Joseph Azuri (Israel)**
Low back pain in general practice: epidemiology and clinical guidelines adherence.
- 45. Adriana Suárez Hernández (Spain)**
Implementation of a protocol for early diagnosis of abdominal aortic aneurysm in Primary Care.
- 46. Marie Barais (France)**
Premature ejaculation in primary care: an interventional multicentered study in progress.
- 47. Athanasios Vitas (Greece)**
Management of hyperlipidemia in patients with contraindications in using convectional medicines.

**15.30 - 15.50: Coffee break
in: Hallway**

**15.50 -17.20: 3 Freestanding Paper (plenary) – “Miscellaneous”
in: Sala Roma**

48. Thomas Pernin (France)

Gut Feeling's transdisciplinarity in detection of children's serious infections at French paediatric emergency departments : a national consensus.

49. Mehmet Akman (Turkey)

Patient's perception regarding a family medicine outpatient clinic embedded in a teaching hospital: Urgent integrated care is needed!

50. Sonia Garcia Perez (Spain)

Determinants of the compliance with clinical guidelines for the management of chronic conditions in primary care.

**The meeting continues with a Plenary Session till 18.00 hrs.
in: Sala Roma**

17.20 – 17.35 : Closing of the day by *Prof. Frank Buntinx*, keynote speaker, who will summarize on today's theme papers.

17.35 – 17.45 : Presentation of the EGPRN Poster Prize for the best POSTER presented in Timisoara. Chair: *Dr. Tiny van Merode*.

17.45 – 17.55 : Introduction on the next EGPRN-meeting in Edirne (Turkey) by *Dr. Ayse Caylan*.

17.55 – 18.00 : Closing of the scientific part of the conference by *Dr. Jean Karl Soler*, EGPRN Chairperson.

Social Programme :

19.30 - : Social Night – Gala Dinner, Speeches and Party

Location: Restaurant Flora

Address: Splaiul Tudor Vladimirescu No.14
<http://restaurant-flora.ro/>

Entrance Fee: €40,= per person.

SUNDAY 10th MAY 2015

**Location: ‘Victor Babes’ University of Medicine and Pharmacy
Eftimie Murgu Square (Piața Eftemie Murgu) No.2
300024 Timișoara (Romania)**

**09.30 – 12.00: Business Meeting
2nd Meeting of the EGPRN Excecutive Board
in: the University's Library**

On Sunday afternoon, 10th May 2015, the Post-conference Tour will start for all participants interested to join.

This tour will be of two days in the surroundings for visiting historial places and nature.

Additional payment requested

Address to Registration Desk if you have not pre-booked.

FRIDAY 8th MAY 2015

Location: HOTEL TIMISOARA
Str Marasesti nr 1-3, 300086, Timisoara, Timis, Romania

08.45 - 09.30 : **1st International Keynote Speaker: *Prof. Manfred Maier*;**
Theme: “*Developing Family Medicine/Family Medicine research – generalism or subspecialisation?*”

Today, western societies are faced with the phenomenon of specialisation and subspecialisation in a variety of different areas such as economy, industry, the arts and, of course, health care and medicine. On the other hand we are painfully realizing that there is an increasing lack of competencies and skills which are necessary for a generalistic and holistic approach: this approach is useful in any area for coordinating various specialty services or for demonstrating common sense in complex situations. In health care, in just a few decades we have been observing that the once broad fields of internal medicine and surgery split into smaller system based specialities such as cardiology or pulmonology which subsequently required further subspecialisation into areas such as interventional cardiology or minimal invasive surgery. Without doubt, these new techniques not only require highly specialized facilities and equipment but also highly skilled professionals for improved outcomes. Similarly, within Wonca and in the field of Family Medicine and Family Medicine research we witness the founding and growth of special interest groups such as in the fields of cardiology, gastroenterology or respiratory diseases. In clinical practice at the primary care level we see Family Medicine colleagues specialising in psychosomatic diseases, in manual therapy, musculoskeletal diseases, treatment of drug addicted patients or in complementary methods/medicine. This focus in certain areas of clinical medicine very often leads to a research focus in the same area along with the respective research methodology.

Obviously, there are many reasons for these developments in Family Medicine: for one, new methods or techniques such as point of care tests or ultrasound may require specific and expensive equipment and special training which – once initiated- can be the starting point for specialisation in these activities. Other reasons may be the special interest of colleagues in a certain area such as psychosomatic diseases or substitution treatment for drug addicted patients. In academia, the requirements for a career and for academic promotion are set by the universities and include unique skills which add value to the faculty and emphasize scientific publications in high impact journals. Usually, with a few exceptions, specialised journals have a higher impact factor than typical Family Medicine journals which may motivate ambitious colleagues to specialise in research methodologies required for a well-recognized speciality field in Family Medicine.

Certainly, to be firm in a special research methodology – be it in quantitative or qualitative methods – helps in designing studies and in writing publications. Similarly, being recognized in a certain area as a scientist with a documented publication record helps to speed up writing time and publication output. Together, these are two helpful circumstances which facilitate an academic career. On the other hand, increased competency and skills in a small area of expertise usually results in a loss of competence in other areas; this may not only slow down the development of academic Family Medicine but may also be a loss for patients in their trust in the generalist approach of their GP/FP and also a loss for the health care system which should be founded on sound and comprehensive primary care services. Overall, there is the danger that family medicine is losing its unique position as the specialty for primary care. This presentation will elaborate on the pro and cons of specializing within the discipline of Family Medicine. Moreover, this presentation aims not only to make the audience aware of risks and chances but to also provoke the audience with a clear personal position on this topic.

Univ.Prof.Dr. Manfred Maier
Vorstand der Abteilung Allgemeinmedizin, Zentrum für Public Health
Medizinische Universität Wien, Kinderspitalgasse 15/1.Stock
A-1090 Wien - Austria
Email: manfred.maier@meduniwien.ac.at

SATURDAY 9th MAY 2015

Location: HOTEL TIMISOARA
Str Marasesti nr 1-3, 300086, Timisoara, Timis, Romania

08.30 - 09.10: Joint Keynote by two national keynote speakers:

- **Dr. Claudia Iftode**
Theme: “Vision and Future of Family Health Care in Romania”.
and
- **Dr. Iacob Mihai**
Theme: “Development of Research in Primary Care in Romania”.

Romanian National Joint Keynote

Theme: ”Vision and Future of Family Health Care in Romania”

Keynote abstract of Dr. Claudia Iftode, MD, President of the Timis Society of Family Medicine

We live in an age where we need technology to make us more efficient in every domain.

Health care also needs to be optimized in order to keep up the pace with the developing world.

In our country the Government has passed a national program called **National Health Care Strategy 2014-2020** that is supposed to follow WHO's European Strategy 2020. Public Health, Health Care Services and Transversal Methods which include the promotion of research, innovation and the use of technology, are the main trajectories of this national program, as follows:

Strategy of **Public Health** should make Family Doctors more and more competent to solve problems of patients suffering of the main chronic diseases like diabetes, hypertension, COPD, asthma and chronic renal disease.

Strategy regarding **Health Care Services** should diversify the services offered by FDs and make Primary Health Care more effective in taking load off the Secondary Health Care Service.

Strategy regarding **Transversal Methods** should: a. promote research and innovation in the Health Care System and b. accelerate the use of modern technology in the Health Care System. In 2020 the Health Care System should look like this:

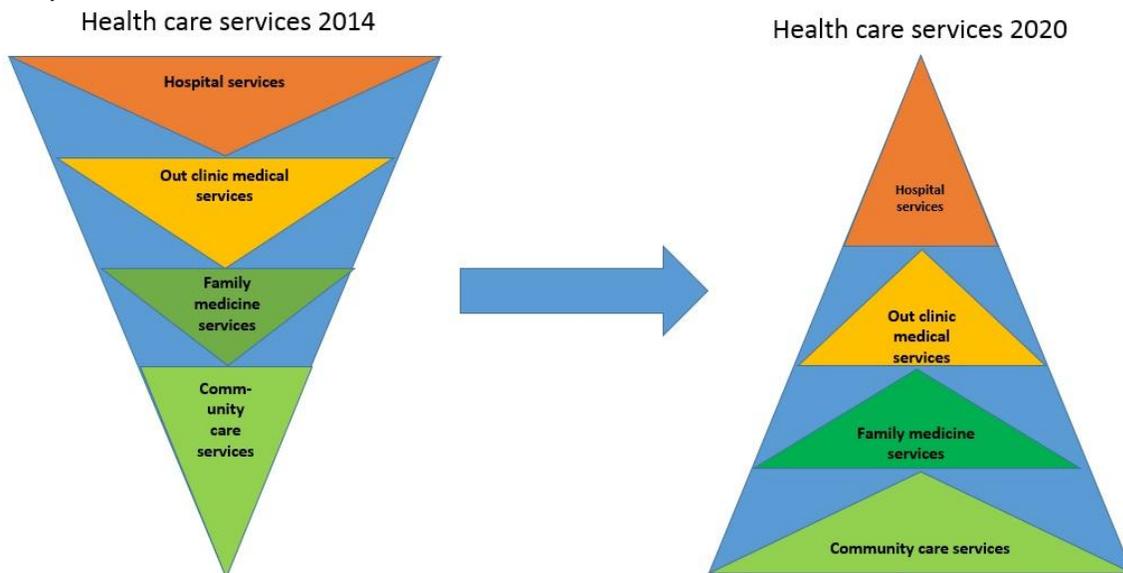


Fig.1. Consumption of Health Care Services

The National Research, Development and Innovation Strategy 2020 (SNCDI 2020) is another program issued by our Government, where health care is supposed to be integrated in a national

research and innovation program. Results ought to be transferred into medical practice at national level, putting them to practical use in the daily activity of doctors at national level.

With the occasion of the EGPRN Spring Meeting 2015, we, the Timis Society of Family Medicine, together with the University of Medicine and Pharmacy Timisoara have taken into account all these issues and have managed to compose a research nucleus between Romanian FDs in the area and the university. Using all the new tools technology is providing, we want to establish a relevant database and use it as a support for new research and innovation to improve medical activity and knowledge about patients and their diseases.

Theme: “Development of research in primary care in Romania”

Keynote Abstract of [Dr. Mihai Sorin Iacob](#)

Director of the „AdVitam Medicis” Health Center Timisoara.

Head of Department of Ultrasonography and VicePresident of the Timis Society of Family Medicine.

This EGPRN meeting is a positive sign for Romanian colleagues from family medicine and encouragement to participate in the development of national primary research. Unfortunately in Romania, after 50 years of communism, which was demolished for the first time in Timisoara, a symbol town of anti-communist revolution, also after 25 years of difficult transition to democracy and after a severe financial crisis felt by Romanian doctors, is required a new medical elite (without political implications) and especially positive models for relocation of our national values. We consider imperative for Romanian colleagues, greater involvement in evidence-based medicine, by conducting a national research network interconnected to EGPRN.

Romanian family doctors, especially the ones with applied research preoccupation, the ones that use therapeutic guides and protocols, have need to share the experience of EGPRN members. They need to see Western European medical activity and to communicate with those experts, to establish relationships so that in the future they can create a national research network of family doctors in Romania.

Primary health care services are mainly delivered by family doctors that are independent practitioners contracted by the (public) health insurance fund but operating from their own offices. The reforms started in 1999, when family doctors were assigned as gatekeepers of the system, after the Bismark model.

The establishment of a research tradition in Romanian primary health care has been inhibited by the relative isolation of practitioners, reduced financial support devoted to primary care research, less time, insufficient research training, besides of the absence of dual (clinical and research) contracts.

We will try to build a research model, both regional and national levels, using current resources: well trained family physicians, existence of many instructors- trainers family physicians, the existence of electronic patients database, the existence of the academic disciplines of Family Medicine with whom we have a good cooperation, existence of the National Society of Family Medicine who have in present ten working groups (some old and already affiliated to Wonca, some in development) with interests in diverse areas of research, such as: Young Romanian family doctors -Vasco da Gama Movement, respiratory diseases, vaccinology, mental health, practice ultrasonography and others, who already have the necessary infrastructure of research projects development.

The aim of the future National General Practice Research Network, under the guidance of EGPRN, is to provide a suitable setting in which to discuss and develop research in primary care, to design and coordinate multinational studies, to exchange experiences, to create training research workshops, to conducting national and international research projects and to develop a validated scientific basis for general practice.

For this, we involved in this important collaboration with you, the European Researchers Brand, where you can share with us, about your expertise from research of primary care. You are true models for us and we are glad to be able to learn more from your experience. One great advantage that we have for the future development of research in Romania is access to European funds launched for this purpose. For the beginning the best ways to support individual researchers are to support effective development of international research collaboration and the relationships with National Representatives, national Colleges and Wonca.

SATURDAY 9th MAY 2015

Location: HOTEL TIMISOARA
Str Marasesti nr 1-3, 300086, Timisoara, Timis, Romania

09.10 - 09.50: Keynote by international keynote speaker:

■ ***Prof. Dr. Frank Buntinx***

Theme: *“Use of modern technology for diagnosis and monitoring in general practice”.*

In most European countries there is no tradition of including novel technological tests and devices in daily General Practice. We even used this as a motto: ‘General Practice is the low-technology medicine’, implying that it is cheap and more human. However, technological development made devices smaller, lighter and cheaper. We used a survey in five countries to estimate the interest of GPs for new point of care (PoC) laboratory tests. Horizon scanning reports and contact with producers of new technological devices brought us in contact with new products and products which are in the pipeline. Currently, the challenge for primary care research is to estimate which novelties really have an added value for daily clinical work in General Practice.

Testing a new device starts with estimating its possible incremental value in combination with standard clinical signs and symptoms. If this is insufficient, the device will not be able to improve clinical work and the evaluation process should be stopped. Subsequent steps in the process include technical validation, evaluation of the feasibility and user-friendliness and testing the device’s added value in a large scale clinical study.

In this presentation we will concentrate on diagnosis and monitoring. This includes both PoC laboratory tests and monitoring devices to be used in acute care situations. To illustrate both problems and opportunities, we will discuss results of recent and ongoing studies of using POC test in different clinical situations: The use of CRP tests for detecting serious diseases in children, diagnosing pneumonia in adults and urinary infections in old-age residents in nursing homes, as well as the use of H_FABP in chest pain patients. Additionally, we will discuss experiences with monitoring devices for use in patients with chest pain or dyspnoea: Oximetry, Heart scan, the Innocare PICO, and wearables, which are still in development.

To introduce the audience into designing and operationalising their own studies, we will also discuss current needs for even more additional tests and devices, the relation between General Practice research groups and the industry, methodological problems in evaluating diagnostic tests for rare diseases and quality control issues.

Prof. Frank Buntinx, MD, PhD
Department of general practice
Universities of Leuven (BE) and Maastricht (Neth)
Email: Frank.Buntinx@med.kuleuven.be

A new method for estimating population morbidity on the basis of routine primary care electronic medical records

M. Nielen, I. Spronk, R. Davids, J. Korevaar, R. Poos, N. Hoeymans, W. Opstelten, M. van der Sande, M. Biermans, F. Schellevis, Robert Verheij
NIVEL (Netherlands Institute for Health Services Research), Utrecht, the Netherlands
Phone: is +31 30 2729657
Email: R.Verheij@nivel.nl

Objective: Routinely recorded electronic health records (EHRs) from family physicians (GPs) increasingly available and provide a valuable source of data for morbidity estimates in the population. This is one of the key elements of a learning health care system. This paper describes how we developed an algorithm to process raw data to arrive at valid incidence and prevalence estimates in the population.

Patients and Methods: The study is performed using EHR data that were provided by 386 Dutch general practices that participate in NIVEL Primary care database and that cover a total patient population of approximately 1.2 million patients in 2012. Diagnoses are recorded using the International Classification of Primary Care version 1 (ICPC-1). For this study, we used morbidity data from 2010-2012, including ICPC coded consultations and prescriptions, to develop an algorithm to construct disease episodes over the year 2012.

Results: All 685 symptoms and diseases of ICPC-1 were categorized as acute symptoms / diseases, long-lasting reversible diseases, and chronic diseases. For each category, an algorithm was developed to construct disease episodes. The algorithm translates care episodes, as recorded in EHRs into disease episodes as are likely to exist into the population, using input from EHRs in combination with expert knowledge on the course of diseases.

These constructed disease episodes were used to calculate incidence and prevalence rates.

Conclusion: An algorithm was developed to construct disease episodes based on routinely recorded morbidity data from EHRs of GPs, which can be used to estimate morbidity rates. The ingredients of this algorithm are generally available in most EHR systems, implying that the method can be easily applied in other countries and other primary care networks.

E-mail consultations - patients and practitioners have different approaches.

Hansen CK, Christensen KJ, Ruth Kirk Ertmann

Dept. The research Unit for General Practice, University of Copenhagen, Øster Farimagsgade 5, DK-1014 Copenhagen-Denmark

Phone: 45 21283296

Email: ruth@sund.ku.dk

Background: The few Danish studies on e-mail consultations were undertaken before it in 2009 became mandatory under Danish law to offer patients e-mail consultation. These first movers, i.e. enthusiastic patients and GPs, showed that the GP's enthusiasm for e-mail consultation affect the patient's approach to the medium. In 2013, the number of e-mail consultations had increased markedly, reaching four million – equivalent to 11.2% of all GP consultations in Denmark.

Research question: This study investigates the ways in which patients and general practitioners communicate with each other by e-mail, explore factors influencing this means of communication and puts into perspective the potential of e-mail consultations in patient treatment.

Method: The study is explorative and based on an individual interview and four qualitative focus group interviews. The empirical data were analysed from a social constructivist and a practice-theoretical approach.

Results: Patients wanted to be able to use the GP as a sparring partner in e-mail consultations. They expected a reply in case of uncertainties. The GPs found it difficult to handle complicated medical problems by e-mail and they tended to send a standard reply. Some patients perceived the wording of the standard reply as a rejection of their problem. Patients highlighted the logistical advantages of e-mail consultations, the physical separation of doctor and patient which made it easier for them to disclose psychological or intimate issues. The GPs preferred short uncomplicated questions with no option for the patient to enter into a discussion.

Conclusions: Patients and GPs have different approaches to e-mail. The development of clear guidelines for patients and revised guidelines for GPs regarding e-mail consultations is therefore recommended. The medium has a potential as a platform for sharing information and images and for helping patients to learn more about their conditions by providing links to articles and websites.

Points for discussion:

1. What can be done with the different perceptions on e-mail consultations?
2. Do the GP's need a clearer guideline or instructions for use of e-mail consultation?
3. How can we expand the platform to offer more information – links to articles and

Indication of ultrasonography in general practice, work based on 2012 systematic review.

Etienne Melot, Degironde C, Martin JC, Derrienic J , Chiron B, Barais M, Nabbe P, Lefloch B, Querellou S, Bressolette L, Senecail B, Collet M, Le Reste JY

Dept. Medecine Générale, Université Bretagne Occidentale, Avenue Camille Desmoulins, 29200 Brest-France

Phone:+33672865253

Email:etienne.melot@gmail.com

Background: Ultrasonography is a quick inexpensive imaging technology to complete clinic examination. Practitioners need a regular practice and an initial formation to have optimal diagnosis. There is no formalized teaching for General Practitioners (GPs) in France.

Research question: The aim of this study was to update knowledge about indication of ultrasonography in general practice following a systematic review of literature.

Method: Followed the PRISMA recommendations for systematic reviews, articles from PubMed, Cochrane Library and Embase were examined. All articles referring to ultrasonography done by GPs before 2012 were included. Languages were not a limitation. Articles without IMRAD structure were excluded.

Results: 35 studies were found . Publication period was between 1985 and 2012. Only few references, most in specific organ, took an interest in primary care. Most of article came from North America, England and Norway. Five fields were identified: vascular, cardiac, obstetrical, abdominal and emergency. Obstetrical papers were the most frequently, but vascular were the more recent. Latest article describing new indications: screening for abdominal aortic aneurism (AAA) and assessment of left ventricular function. A training model for abdominal ultrasound was approved. GPs technicality were sometimes equivalent (92% for abdominal exam, 92 to 96 % for fetal age estimation, or fetal weight, AAA screening), sometimes less than trained specialist (cardiac examination in emergency context).

Conclusions: GPs are as good as specialist in abdominal ultrasonography, AAA screening, fetal weight and age estimation. New indications for GPs ultrasonography practice are being published in medical press. That's why in France, following this work, a university ultrasonography degree is on way for GPs.

Points for discussion:

1. Ultrasonography formation
2. Ultrasonography diploma for GPs

New methods as: High Intensity Laser Therapy (HILT) versus Low Level Laser Therapy (LLLT) associated with Trigger Point Injections (TPI) in treatments of chronic nonspecific low back pain and sciatica, available for the family doctors practice.

Mihai Sorin Iacob, Sorina Saftescu, Madalina Gligor, Mihai Ghiris
Dept. Family medicine, pediatrics and ultrasonography, Advitam medicis medical center, Str.capitan damsescu nr.40, 300150 Timisoara-Romania
Phone:0040722303054; Fax:0040256454346
Email:dr_iacob@yahoo.com

In the GP practice, we often face with low back pain, that cause problems both, patients by long periods of inactivity and suffering, and physicians regarding medical management of this complex pathology. This study aims to present the results of LLLT, with red and infrared 685/830nm wavelength with 1800mW-power, compared with the results obtained after treatment with HILT in infrared emission 810/980nm wavelength, 7W-power.

Research question: Which type of lasertherapy is more effective in sciatica?

Method: We addressed this study to medical management of all chronic back pain syndromes of various causes such as: degenerative intervertebral joints and soft tissue disorders, or lumbar intervertebral disk herniation with radiculopathy, but without neurological deficit. We conducted a prospective study (RCT) for a period of three years, on 750 patients, using two laser devices (semiconductor source). Steroid used in Trigger Point Injections (TPI) was Dexamethasone. Cases studied were divided into three groups: Control Group includes patients who undergo classic orally medication, Second Group included patients treated with LLLT associated with TPI, and Third Group included patients treated with HILT associated with TPI. Elements evaluated to each patient were as follow: pain on a self evaluation scale(VAS) and a motion-functional scale (MFS) of the low back disability.

Results: Our healing rate was 50%in the first, 77%in second and 90%in third group of patients with significant pain reduction. All these clinical features of our patients, were entered an electronic database in Microsoft Access. Analysis of data obtained on patients by: VAS and MFS scales, before and after treatment, within each group was compared by Student' t-test, $p<0,01$ and among all three groups after the final evaluation of patients by ANOVA, $p<0,001$.

Conclusions: The combination of HILT with steroid infiltration had significantly improved outcome with 40% compared to conventional therapy. HILT is proved to be more effective than LLLT in sciatica management.

Points for discussion:

1. How do you think we can decrease the huge costs produced by patients with Chronic Low Back Pain in the health system?
2. Can family physicians use laser therapy in their practice?
3. What are the risks of laser and what contraindications exist?

Telescreening for diabetic retinopathy in Bulgarian general practice settings.

Kiril Slaveykov, Ivan Tanev, Kalina Trifonova, Lyubima Despotova-Toleva, Katya Peeva

Dept. Ophthalmology and General Practice

Trakia University, Armeiska 11, 6000 Stara Zagora-Bulgaria

Phone: +359 86 71 20 78

Email: kirilslaveykov@gmail.com

Background: Diabetic retinopathy is one of the leading causes of preventable blindness in developed countries. The importance of screening for diabetic retinopathy has been established, but the best method for screening has not yet been determined. The influx of new technologies and introduction of telemedicine provides general practitioners with valuable tools for easy and effective early diagnostics in different medical fields.

Research question: Is Welch-Allyn iExaminer system effective enough as diabetic retinopathy screening method in general practice setting?

Method: A Welch-Allyn iExaminer system was used to take non-mydratic fundus images on 267 eyes (135 patients). Photos were taken by general practitioners in seven different general practice offices in southern Bulgaria. The images were then sent to an ophthalmologist for evaluation on a scale from 1 to 5, while an on-site ophthalmologist examined the patients. A comparison was made between the image evaluation and the direct examination.

Results: This investigation is first of a kind in Bulgaria and there are only a few similar investigations conducted by American and European teams. The method was FDA approved in the USA in 2013. The average sensitivity and specificity according to our research are 0,76 and 0,98 respectively. The positive predictive value and negative predictive value are high – 0,97 and 0,84. In the created ROC curve the area under the curve is 0,890 which corresponds to a high accuracy test. The cut-off value of the test is 2,5. Patients with evaluation score above it should be referred to an ophthalmologist for examination.

Conclusions: The presented method is part of a larger study and the main tool in a PhD thesis. It has excellent positive and negative predictive value and can easily be implemented in the general practice setting as an alternative to annual ophthalmological check-up of diabetics.

Points for discussion:

1. Are general practitioners ready for telescreening?
2. What is the learning curve of the iExaminer system?
3. Can the system be used by non medical personnel?

Is hypothetico-deductive reasoning a relevant diagnostic strategy in General Practice?

Norbert Donner-Banzhoff, Judith Seidel, Anna-Maria Sikeler, Stefan Bösner

Dept. Philipps-University Marburg, General Practice, Karl-von-Frisch Str. 4, 35043 Marburg-Germany

Phone: +49 642 12865143

Email: czypionk@uni-marburg.de

Background: Early in the consultation with the patient, diagnostic hypotheses 'pop into the mind' of the clinician. Further information search is guided by a small number of hypotheses aiming at confirmation or disconfirmation. This hypothetico deductive strategy (HDS) has been the prevailing model to understand diagnostic reasoning in medicine.

Research question: Is the HDS the prevailing cognitive strategy in primary care? To what extent do other strategies contribute?

Method: 12 GPs had 282 of their consultations videorecorded, 134 contained at least one of overall 163 diagnostic episodes. After each consultation, GPs were asked to reflect on their diagnostic reasoning. Transcripts were analysed using quantitative and qualitative methods. We quantified cues, i.e. pieces of clinical information, obtained by different cognitive strategies.

Results: GPs could be shown to use HDS in only 39% of diagnostic episodes. Other cognitive strategies were at least as important, such as inductive foraging in 91% of consultations and triggered routines 38 % of diagnostic episodes. On average, the HDS contributed only 12% of cues obtained by GPs during a diagnostic episode.

Conclusions: HDS is relevant only after narrowing down the range of possible hypotheses. In generalist settings with unselected patient problems, the range of diagnoses should not be restricted too early. Cognitive strategies such as inductive foraging or triggered routine help GPs keep an open mind and prevent premature closure.

Points for discussion:

1. Are the findings of this study plausible? Do they agree with participants own experience of diagnostic reasoning in practice?
2. Which ideas have participants regarding possible alternative methods to study diagnostic reasoning in actual practice, not

Diagnostic Protocols - A Novel Consultation Method Still to be Discovered.

Waltraud Fink, Gustav Kamenski

Zentrum für Public Health, Abteilung Allgemeinmedizin Wien. Karl Landsteiner Institutes für Systematik in der Allgemeinmedizin, Stranig 142, 3722 Stranig-Austria

Phone: +43 (0)2984-7276; Fax: +43 (0)2984-7276-4

Email: waltraud.fink@gmx.at

Background: Time constraints in primary care force physicians to a problem-oriented approach. Intuitively, GPs try to ask all relevant questions and perform the necessary physical examinations. But what is relevant, what necessary and what feasible? Omissions can be fatal. Robert N Braun's checklists, called Diagnostic Protocols (Diagnostische Programme), are tackling this problem. Available since 1976, they are still hardly known, much less applied in practice.

Research question: What can be learned, regarding diffusion and implementation of this novel kind of standardized approach, from two experienced general practitioners' habit of using the Diagnostic Protocols?

Method: Both authors had been instructed by Braun himself since the eighties. Kamenski uses diagnostic protocols mostly as audit and teaching material, whereas in Fink's practice the diagnostic protocols are applied during the consultation with the patient. In a descriptive manner, the long term use is analyzed for the last 14 years (2001-2014).

Results: In Fink's practice, on average 100 protocols No. 1 (i.e. fever checklist) were used annually. This meant in about half of all patients, presenting with unspecific fever. In total, 1371 cases of fever were documented in the observation period. 43 other diagnostic protocols (of 82 published ones) were applied in a total of 319 cases. Among all checklists, the "tabula diagnostica" for various "unexplained" symptoms was used most frequently (n=54), followed by diagnostic protocols for headache (n=45), dizziness (n=36), precordial pain (n=20), unspecific abdominal pain (n=15), low back pain (n=14), hypertension (n=12), diarrhea > 1 week (n=12), epigastralgia (n=11), cough and polyarthralgia and pelvic pain (each n=7).

Conclusions: Braun estimated that diagnostic protocols would be indicated in 10–20 percent of all new episodes. A convinced user (Fink) reached a percentage of 4-5. Diagnostic protocols should be integrated to electronic patient records. Further research should investigate benefits: documentation, possible better handling of diagnostic uncertainty in primary care.

Points for discussion:

1. On one hand, family practice is praised for its person-centeredness, for its individuality in the clinical approach and that much is sensed intuitively and by experience, on the other hand, for quality concerns, documentation and standardization are a

New practice tools to facilitate hypertension management in general practice: a cluster randomized trial.

Christine Kersting, Anja Viehmann, Birgitta Weltermann

University Duisburg-Essen, Institute for General Medicine, Hufelandstrasse 55, 45147 Essen-Germany

Phone: +49-201-877 869 13

Email: christine.kersting@uk-essen.de

Background: Studies worldwide show insufficient blood pressure control rates despite various therapeutic options available. Effective management of hypertension remains a challenge in general practice.

Research question: Acceptance of new practice tools offered to general practitioners for hypertension management.

Method: This cluster randomized trial was performed in primary care teaching practices of the University of Duisburg-Essen, Germany. Practices were randomized into an intervention and a control arm. All practices recruited hypertensive patients aged ≥ 18 years with and without hypertension-related diseases. The intervention was designed as medical education session addressing training on valid blood pressure readings, information on diagnostic and treatment of hypertension, and new practice tools to facilitate long-term implementation of hypertension management. Practices were free to apply any of the tools offered. The data were collected at baseline and 3 months after the last intervention.

Results: 22 practices with 169 patients participated. The analysis included 134 patients (intervention: $n=82$). Patient characteristics were equally distributed between both study arms. On average, 24-hour blood pressure decreased by $-6.4/-2.7$ mmHg (intervention) and by $-4.1/-2.1$ mmHg (control). Intervention practices newly applied a number of tools offered: prescriptions for autogenic training/progressive muscle relaxation ($n=7$, $+54.5$ percentage points), referral to a hypertensiology center ($n=7$, $+54.5$), prescriptions for blood pressure monitor devices ($n=11$, $+45.5$), evaluation of conn syndrome ($n=7$, $+45.4$), and supervision of blood pressure self-readings ($n=11$, $+36.4$). Physicians of the intervention group were more likely to prescribe blood pressure monitoring devices to their patients (38.3% vs. 11.8%, $p=0.001$), to supervise blood pressure self-readings (81.5% vs. 52.9%, $p<0.001$) and to check patients' blood pressure monitoring devices (70.7% vs. 37.3%, $p<0.001$). Also, follow-up appointments were offered more frequently in the intervention group (5.7 vs. 4.0, $p=0.001$).

Conclusions: Aiming at redesign of general practices, it is feasible to offer an array of practice redesign tools to practices.

Points for discussion:

-

PRESENTATION 9: Friday 8th May, 2015
13.45–14.15 h.

FREESTANDING PAPER
Ongoing study with preliminary results

Mutual trust in General Practitioner-patient relationship in the context of Irritable Bowel Syndrome: a qualitative study.

Tudor-Stefan Rotaru, Liviu Oprea

Center of Bioethics and Health Policy, University of Medicine and Pharmacy Grigore T. Popa, str. Universitatii nr. 16, 700115 Iasi-Romania

Phone: +40745088849; Fax: +40232261618

Email: tudor.rotaru@umfiasi.ro

Background: Chronic diseases are major causes of morbidity and mortality worldwide. Their effects can be mitigated by high quality evidence-based care, but this is not the norm in most health systems. Mutual trust in General Practitioner (GP)-patient relationship is crucial for patients' adherence to doctors' therapeutic recommendations. However, there is little knowledge with respect to how mutual trust is built in GP-patient relationship.

Research question: What are the pathways through which mutual trust in GP-patient relationship is built and maintained in the context of Irritable Bowel Syndrome (IBS)?

Method: We conducted a qualitative study using semi-structured interviews with 20 patients with IBS, living in Iasi, Romania. IBS has been used as a case study for mutual trust in the context of chronic diseases. Interviews were focused on trust-related experiences of patients with their GPs in the context of IBS. Interviews were analyzed by using constant comparative method. Data analysis was assisted by QSR Nvivo software.

Results: Our preliminary data analysis identified two communication styles – positive reinforcement (PR) and negative reinforcement (NR) – with different impacts on mutual trust. We describe these two communication patterns and show that PR style has promoted mutual trust in GP-patient relationship. Through this, patients' engagement with their care and patients' motivation to maintain their health more generally was also promoted. NR style has promoted only in some patients their confidence in their GPs and to some extent patients' compliance with medical approaches.

Conclusions: This study enlarges our understanding of mutual trust in general practice by showing patients' trust in their GPs and GPs' trust in their patients were interdependent for building mutual trust in GP-Patient relationship in the context of IBS. This, in turn, underpinned all the dimensions of patients' motivation to engage in their care and to maintain their health more generally.

Points for discussion:

1. How do patients' trust in their GPs and GPs' trust in their patients influence each other?
2. Is it a moral responsibility on doctors' side to trust their patients in the context of chronic diseases?

PRESENTATION 10: Friday 8th May, 2015
14.15–14.45 h.

THEME PAPER
Ongoing study with preliminary results

When numbers hide the consultation : contribution of an observational field survey in General Practice.

Juliette Chambe, Chloé Delacour

Dept. General Practice, Université de Strasbourg, 2 Rue de Brantome, 67100 Strasbourg-France

Phone: +33610151376

Email: juliette.chambe@unistra.fr

Background: In General Practice in France, medical prescriptions especially drug prescriptions, hold a central position in a consultation. Prescriptions are easy to track and to quantify, they are the easiest accessible and best known data related to consultations, and thus largely used by the French National Health Care System and in health economics. Most publications about drug use/abuse are based on data extracted from medical prescriptions.

There is a lack of information about intangible and less quantifiable elements of consultation like dietary recommendations, therapeutic communication or consultations when no prescription is issued.

Research question: How is it possible to have access to the non-quantifiable side of a consultation?

Method: The ECOGEN study (Letrilliart 2014) has paved the way for specific research methodologies, to explore the medical consultation. ECOGEN is a quantitative work about consultation's content, based on an observational field survey, what makes its strength compare to declarative studies.

To complete and extend the ECOGEN study, we carried out an exploratory work to test a mixed observational method: adding a targeted qualitative observation to a collection of quantitative data. 5 residents in their first GP rotation have observed consultations done by their tutors. When a sleep disorder complaint was discussed, they were asked to take notes following an open guide and to register the consultation.

Results: We would like to present this method of participant observation and the preliminary results. For us, the principal interest is the possibility to combine quantitative studies like ECOGEN with our ethno-anthropological based approach.

Conclusions: The observational study of a medical consultation, both on quantitative and qualitative approach, allows a finer analysis and explains numbers. We offer to discuss the questions of feasibility, acceptability, and Ethic inherent to this kind of methodology, in order to improve and develop it.

Points for discussion:

1. participant observation
2. consultation, methodology

**PRESENTATION 11: Friday 8th May, 2015
14.45–15.15 h.**

THEME PAPER

Bringing up the weight topic with adults outpatients in general practice. An observational study.

Laurene Prod'homme, Caroline Huas

Dept. Inserm1178, 97 Boulevard de Port Royal, 75014 Paris-France

Phone: 00603435905

Email: carohuas@gmail.com

Background: The French Health Authority recommends a systematic weighing of adults (expert agreement). Overweight patients feel stigmatized and are reluctant to talk about weight. Physicians wonder the efficiency of overweight management. No study has been found on GP's doing the weighing and the feeling of non-obese patients about this action.

Research question: How the weight topic is initiated in GP consultation?

Method: Explorative study with direct observation of GPs' consultations by trainees. A standardized observation grid allowed collecting a description of adult patients, physicians, the first sentences delivered during weight talking and weighing, and patients' reaction. Analyses were univariate and multivariate on statistical data, and inductive (grounded theory) on verbatim (double blind coding, resolution of disagreements by discussion).

Results: Weight topic occurred in 72 visits (38.2%) of the 187 consultations, with a discussion and/or weighing. Physicians initiated the majority of the weight discussion and weighing. Frequency of bringing up weight topic varies among physicians (from 13.6% to 80%). Weight topic occurred with older patients, more overweight, with more cardiovascular and endocrine history and who consulted more for a chronic follow-up ($p < .05$). Demands of weighing by physicians were very directive and sometimes seemed to make patients feel uncomfortable. The discussion about weight without weighing seemed to enhance a reflection on a possible change of patient's behavior.

Conclusions: GP's behaviours are numerous. A less directive approach seems allowing a more reflexive approach by patients that is concordant with motivational interviewing theory. The importance of weighing during consultations could be reconsidered.

Points for discussion:

1. How do you organize weighing in your consultations ?
2. Is the weighing worthwhile ?

Tell me how you eat, and I will tell you who you are : a qualitative study among the Transgender population.

Smilov M, Julie Gilles de la Londe, Aubert JP

Dept. General Medicine, Université paris Diderot, 16 rue Henri Huchard, 75018 Paris-France

Phone: +33659888994

Email: juliedelalonde@gmail.com

Background: The transgender population is not very well-known among the medical community, especially among general practitioners. Indeed, this population's health is usually managed by other specialists (endocrinologists, infectiologists, surgeons). Very few of them have a regular contact with their GP. However, hormone-induced metabolic syndromes, the side effects of antiretroviral therapy, the high prevalence of deficiency diseases, and the low self-esteem need to be taken care within a holistic approach. In order to improve the nutrition medical advice and the health behaviors, doctors need to understand how their trans patients experience the eating habits in their everyday life.

Research question: What are the representations of "Eating" among the Transgender population ?

Method: 12 intensive interviews of transgender people were conducted by two GP trainees in Paris between January and July 2014. The participants were recruited from primary care practices, infectious diseases and endocrinology consultations and associations. The participants' experiences, situations, meanings and perspectives were explored in depth. Data were analysed, double coded, according to an Interpretative Phenomenological Approach, using Nvivo10 software®.

Results: The emerging themes were: 1) The high body dissatisfaction and the problematic of « passing » altering everydaylife. 2) The control on the body (diets, orthorexia) and the fear of losing control (drinking alcohol, consuming fatty and sugary foods). 3) The positive representations of eating and cooking. 4) The need to reproduce cultural culinary rituals.

Conclusions: The problematic of losing and gaining control seems predominant. Bringing up food during the consultation might be an excuse for questioning more precisely identity disorders.

Points for discussion:

1. talking about eating as a pretext to explore the transidentity issues
2. how to make the health system more appropriated within the transgender population

PRESENTATION 13: Friday 8th May, 2015

13.45–14.15 h.

SPECIAL METHODOLOGY WORKSHOP

Arterial age correlates with central blood pressure.

Ioana Padure, Claudia Iftode, Iuliana Zarici, Mircea Iurciuc

Dept. Medicina Familiei, Societatea Timis de Medicina Familiei, Bd. Cetatii nr.85, 300626 Timisoara-Romania

Phone: +40742426421; Fax: +40256243202

Email: claudia_iftode@yahoo.com

As Thomas Sydenham said „A man is as old as his artery”. Now we can measure the arterial stiffness as a modern method of determining arterial age. It is known that hypertensive patients have central blood pressure (CBP) value different from brachial blood pressure value due to the arterial stiffness.

Research question: Does the central blood pressure value correlate with arterial stiffness in hypertensive patients?

Method: We selected 118 patients with primary hypertension, aged between 40 and 80 years. Secondary hypertension has been excluded. We evaluate on this patients: the CBP as the systolic blood pressure in aorta (SBPao) and the Pulse wave velocity (PWV). Both have been measured using an Arteriograph (Medexpert) device. We also measured the brachial systolic blood pressure with an aneroid classic device.

Results: The following results have been found: systolic blood pressure (SBP) =150.1mmHg (standard deviation (SD) =+/-21.45); diastolic blood pressure (DBP) =94.9mmHg (SD=+/-11.8); mean age male:female = 61:57; SBPao = 151mmHg (SD+/-22.21). Pearson index between SBPao and PWV has been statistically determined and is $r = 0.684$ (strong positive correlation).

Conclusions: Evaluating the PWV and the CBP are simple ways of preclinical investigation at hypertensive patients in Primary Practice (General Practitioners or Family Doctors). We have found a direct correlation between the three parameters: blood pressure, central blood pressure and pulse wave velocity.

Points for discussion:

1. Clinical use of SBPao in Primary Practice
2. Use of arterial stiffness in Primary Practice (General Practitioners)

PRESENTATION 14: Friday 8th May, 2015

14.15–14.45 h.

SPECIAL METHODOLOGY WORKSHOP

Senility, Homebound, Polypharmacy.

Sevim Aksoy Kartci, Pemra C.Ünalın, Demet Merder Coşkun, Sinem Bal, Serap çiççili
*Dept. Family Medicine, Marmara University, Fevzi Çakmak Mah. Muhsin Yazıcıođlu Cad. No: 10 Üst
Kaynarca / Pendik, 34899 Istanbul-Turkey*
Phone: +90 (216) 625-4545
Email: dr.sevimaksoy@gmail.com

Background: This study aims to investigate the status of being homebound, the frequency of multimorbidity and drug use, who are over 65years-old, followed by the Homecare Unit of a university hospital.

Research question: What are elderly patients's diseases and drug use profile, followed by homecare unit?

Method: The study is a descriptive study. We collected the data from the patients's files. All patients who are over 65years- old and followed by the Homecare Unit of Marmara University Hospital were included. Patients's ages, current diseases, number of drugs used, the status of being homebound were investigated. Descriptive statistics of the data were analyzed with SPSS16.

Results: The number of patients who were followed by our HomeCare Unit, ≥65years-old was 205. The mean age of patients was 79.2 ± 7.1 , 56.1% patients were in the range of 75-84years-old. 67.8% of the patients were female and 32.2% were male. The most common reasons for admission were chronic disease management need (57,1%), acute illness (22,4%), and medical reporting for drug diaper, nutrition product etc (11,7%). The most common diseases of the patients who are visited by Homecare Unit health workers were cerebro-vascular disease (36.6%), dementia (16.1%) and hypertension (12.2%). The mean follow-up was 6.2 ± 2.6 months and average visit in a year was 2.3 ± 2.2 (min 1, max 13) in our unit. The mean number of chronic diseases were 2.6 ± 1.2 . 31% of the participants had 2 diseases and 30% had 3 diseases. There were totally 529 diagnoses of the 205 people. These diagnoses were 25.2% hypertension, 15.3% cerebro-vascular disease, 10.9% diabetes mellitus, and 8.1% dementia. 77% of patients were home-dependent. While the average number of drugs used was 4.8 ± 2.7 , the number of people without any medication was 12.

Conclusions: The prevalence of chronic disease and multiple drug use increases with age among elders. Side effects of the drugs used in elderly increase as the number of medications used.

Points for discussion:

The elderly patients who are homebound and have multimorbidity are at higher risk of adverse effects, morbidity and mortality. Therefore drug use among these patients should be monitored by physicians in homecare units. In this way every member of the h

PRESENTATION 15: Friday 8th May, 2015

14.45–15.15 h.

SPECIAL METHODOLOGY WORKSHOP

Prevalence of Speech and language delay in Pendik district of İstanbul and related risk factors.

Ukşaş E, Serap Çifçili, Ekinci F, Altınöz E, Küçük S.

Dept. Family Medicine, Marmara university school of medicine, Basibuyuk Istanbul, 34000 Istanbul-Turkey

Phone: +905326066848

Email: serapcifcili@gmail.com

Background: Speech and language delay (SLD) is a clinic condition that negatively affects child's academic performance and social life in the future. When diagnosed, the prognosis can be much better with the right therapy and treatment. Its prevalence in our country is unknown.

Research question: What is the prevalence of SLD in 3-4 years old children in Pendik district of İstanbul? What are the probable risk factors for SLD?

Method: A sample size of 400 was calculated with %95 CI and 0,05 standard error for this cross-sectional study. From 117 primary care physicians' lists, 405 children were randomly selected (4 primary, 8 reserves from each physicians list). The children and their parents were invited to the primary care centers. The investigator performed the Turkish form of Peabody Picture Vocabulary Test to each children face to face and Ankara Developmental Screening Inventory to the primary caregiver and children. A questionnaire of 29 probable risk factors was applied to the primary caregiver. Children who had a low score in any of the tests were accepted as SLD and referred to a specialist in for further evaluation.

Results: The mean age of the 405 children who participated to the study was 42,2(±3,37) months and 239 (%59) of them were male. The prevalence of SLD was determined as % 3.5. Among the children with low paternal and maternal education level; whose mothers had smoked during pregnancy; who has SLD positive family history and who has a primary caregiver with a different native language from Turkish, SLD was more prevalent. As a result of logistic regression analysis, low paternal education level was determined as a risk factor for SLD (OR= 6.2 (C.I.:1,9-19,7))

Conclusions: In our study, SLD prevalence was consistent with the literature. Children with low paternal education level are at risk for SLD.

Points for discussion:

1. Is the sampling methodology appropriate?
2. In various studies different risk factors have been identified. What kind of a study could be designed to identify the possible reasons these differences?

PRESENTATION 16: Friday 8th May, 2015

15.15–15.45 h.

SPECIAL METHODOLOGY WORKSHOP

Shoulder pain an underappreciated cause of bone pain in multiple myeloma.

Elena Sirbu, Alexandru Șerban

Dept. Rheumatology, Milimed Medical Centre, Constanta nr 8, 300578 Timisoara-Romania

Phone: +40744238960

Email: elena_sarbu@yahoo.co.uk

Background: Shoulder pain is a complex clinical condition, with multiple and overlapping causes, which makes the diagnosis and treatment difficult for even the most experienced clinicians.

Research question: The purpose of this presentation is to describe a case which put uncertainty on differential diagnosis and highlight how proper detection of these unusual features will encourage early investigation, diagnosis and treatment.

Method: A 81-year-old woman with chronic shoulder pain initially presented to our Milimed Medical Centre.

Results: The patient presented with severe pain, loss of mobility and weakness of both shoulders. She was initially treated for impingement syndrome but did not improve. Polymyalgia rheumatica was also suspected.

Unexpectedly, X-ray showed discrete lytic lesions in both shoulders and reduced bone density at the lumbar spine. The erythrocyte sedimentation rate was very high. Serum immunoelectrophoresis revealed a IgG kappa-type monoclonal gammopathy and Bone Marrow aspiration cytology confirmed multiple myeloma.

Conclusions: Presence of severe shoulder pain in older adults presenting with anemia and elevated erythrocyte sedimentation rate suggest that such patients should be investigated for multiple myeloma. Failure to start the investigations will lead to delayed diagnosis, delayed management and very poor prognosis.

Points for discussion:

1. Shoulder pain, differential diagnosis, polymyalgia rheumatic
2. Requests for feedback: Presentation

**PRESENTATION 17: Friday 8th May, 2015
16.05–16.35 h.**

**FREESTANDING PAPER
Ongoing study with preliminary results**

Patient relevant outcome measures in studies and guidelines on urinary tract infection.

*Eva Hummers-Pradier, Michaela Raschkowski, Ildikó Gágyor, Jutta Bleidorn, Guido Schmiemann
Dept. of General Practice/Family Medicine, Göttingen University Medical Center, Humboldtallee 38,
37073 Göttingen-Germany
Phone: +495513922638
Email: Eva.Hummers-Pradier@med.uni-goettingen.de*

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. Some programmes obligate authors to consult patient representatives to discuss the relevance of outcome measures in both clinical trials and guidelines.

Research question: Which outcome measures for UTI trials considered most relevant by patients, and address their concerns and priorities?

Method: To assess the patient relevance of outcomes of a planned UTI trial well as in the national guideline, we (1.) systematically review outcomes measures used in UTI trials, (2.) systematically search for papers on patients' views and concerns on UTI and its treatment, and (3.) plan to perform focus groups with patients to discuss which treatment goals and outcome measures are considered relevant.

Results: (preliminary) A first (still incomplete) literature review suggests that 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 (yes/no) or assessed using simple symptom scores which are mostly not formally validated. Trials considering more in detail how much patients are actually bothered or concerned by their condition are rare. Few quantitative studies look more in depth into patient perceptions and priorities on treatment goals or relevance of outcomes.

Conclusions: (preliminary) It seems that many studies do not consider patient relevant outcomes at all, or only with a relatively coarse approach. Thus, our results will add to create a basis for patient-near UTI research.

Points for discussion:

1. How are patients included into the planning of studies or into the development of guidelines, in other countries?
2. Which issues should be considered in a focus group?
3. Which other methods are appropriate to determine the patient relevance of outcome measure

PRESENTATION 18: Friday 8th May, 2015
16.35–17.05 h

FREESTANDING PAPER
Ongoing study with preliminary results

How do patients decide where to consult in an emergency? A qualitative study or the autopsy of a choice.

Stéphane Henninger, Olivier Pasche

ForOm NV, Etablissement Hospitaliers du Nord Vaudois – eHnv, Rue d'Entremonts 11, 1400 Yverdon-Switzerland

Phone: +41 76 488 36 78

Email: olivier.pasche@ehnv.ch

Background: Ambulatory care is an important part of rising health costs. Knowing that general practitioners (GP) are more cost-effective in the treatment of ambulatory patients than hospital emergency departments...

Research question: ...we aimed at understanding the subjective reasons which lead patients, confronted with a perceived urgent medical problem, to choose either their GP or the hospital emergency facilities.

Method: This qualitative study was based on the grounded theory. We collected data through the use of a semi-structured questionnaire. We interviewed adults suffering from non-vital medical problems. Half of them were recruited after an ambulatory consultation at the hospital emergency department. The other half consisted of patients who consulted their GP. Audio tape recordings of the interviews were transcribed ad verbatim and coded with NVIVO software. Attention was paid to a balanced sample with regards to sex, age, nationality, education level, and geographical location.

Results: Twenty interviews were necessary to obtain saturation of the information. The quality of the relationship between the patient and his family doctor was one of the major reasons for his consulting the primary care physician first rather than the emergency hospital unit. The more patients feel they have a meaningful relationship with their doctor, the more readily they will seek advice from him, even if they suspect their problem to be serious and even if the hospital is nearer to their home than the general practice. One surprising marker of the closeness between patient and physician was the patient's possession of the physician's private telephone number.

Conclusions: Our study shows that, when confronted with a perceived medical emergency, intimacy with the family physician together with the latter's availability seems to be the major reason for the patient choosing the family practitioner's surgery as an entry into the health care system.

Points for discussion:

1. We are interested in discussing our findings with GP from other countries, especially in order to understand how other cultures or other health care systems may influence patient's choices.
2. We are also interested to share the experience of participants on

**PRESENTATION 19: Saturday 9th May, 2015
9.50–10.20 h.**

**FREESTANDING PAPER
Finished study**

The quality of medical services in primary health care

Adina - Ioana Bucur, Anca Alexandra Matusz

Public Health and Health Management, Victor babes University of Medicine and Pharmacy, No. 2, Eftimie Murgu Square, 300041, Timisoara-Romania

Phone: 40723786442; Fax:

Email: adina.bucur@gmail.com

Background: Patients, as consumers of health care services, consider quality as "achieving better health and satisfaction", a vision quite different from those of professionals or governments.

Studies on patient' satisfaction have shown their judgments on the quality vary according to personal characteristics and the degree of agreement between the expected and actually provided services.

Research question: Is the quality of primary care services important for the patient?

Method: This is a descriptive study based on questionnaires applied to patients enrolled on the lists of family healthcare providers in Timis County, Romania.

Six doctors were randomly selected out of the 431 family physicians who are in contract with Timis County Health Insurance House. The first stratification criterion used in building the sample was the place of residence of doctor's office. To achieve the population sample, questionnaires were applied to 1,065 patients. The study was conducted in 2013. Collected data were entered into a SPSS program.

Results: The interviewees had an average age of 58.9±2.4 years, mainly women (67.46%). Questions were structured on items like accessibility to family doctor's office; patients declared they were unsatisfied of long waiting times, of about 1-2 hours, for medical examination, as in 90% of the cases they have made a prior appointment. Regarding the questions on family physicians' attitude and behaviour, although the judgements were generally positive, most patients would choose to change the family doctor, being unsatisfied with his/her response related to surgical emergencies, examination times and information received from him/her.

Conclusions: Patient' satisfaction questionnaires are a useful method to assess the medical services provided by suppliers, which are not only designed to evaluate and improve the quality of care, but also act as a predictive tool for the behaviour of consumer-oriented provider.

Points for discussion:

1. Patients' expectations

**PRESENTATION 20: Saturday 9th May, 2015
10.20-10.50 h.**

**FREESTANDING PAPER
Finished study**

Evaluation of a selective contract for GP-centred care in Baden-Wuerttemberg (Germany): Health care utilization and the care for the elderly

*Martin Beyer, Gunter Laux, Robert Lubeck, Kateryna Karimova, Lorenz Uhlmann, Christian Stock, Erik Bauer, Katja Götz, Joachim Szecsenyi, Ferdinand M. Gerlach
Institute of General Practice, Goethe University Frankfurt, Theodor Stern-Kai 7, 0, Frankfurt-Germany
Phone: ++49-(0)69-6301-83877; Fax:
Email: beyer@allgemeinmedizin.uni-frankfurt.de*

Background: For historical reasons a strong system of primary care with the GP as a gate-keeper never has been introduced Germany. However, since 2008 via selective contracting between statutory sickness funds and GPs a model of 'GP (general practitioner) centred health care ("Hausarztzentrierte Versorgung", HzV) was implemented. The HzV especially focuses on enhanced health care for insureds with chronic diseases and complex care needs We were able to evaluate the largest and most successful of these selective contracts in the federal state of Baden-Wuerttemberg, including more than 1 million insured, compared to a control group, based on administrative data.

Research question: We asked for care utilization (contact to GP, specialists, hospitalization, drug costs etc.) and the quality of care for the elderly (> 65 y).

Method: we adapted indicators for utilization and quality of care. We analyzed data sickness fund data on health care contacts, diagnoses, medications, services, hospital data of 3.5 mio persons. We used a multilevel regression model to compare HzV-group and control group and to adjust for differences between patient groups and practice properties.

Results: 610.000 HzV participants and 576.000 non-participants could be analyzed. A 16.6% increase in GP contacts and a 20.5% decrease in specialist visits without referral were found in the HzV group (adjusted differences). Hospitalizations for avoidable ambulatory care sensitive conditions were reduced by 5.3%. Drug costs were lower in the HzV group. In the quality of care for the elderly (299.000 in the HzV-group and 270.000 non-participants) we found differences in the visits to specialists, (emergency) hospitalizations, but not in drug therapy. Prevention (flu immunization, prevention of falls) was more successful in the HzV-group. Diabetes care was improved.

Conclusions: Positive effects were moderate to important. Fostering of primary care in Germany must be seen as a long-term process

Points for discussion:

1. How do our data compare to quality improvement and pay-for-performance in European countries with gate keeping and strong primary care?
2. Are our findings relevant to European without strong primary care as in Germany?

**PRESENTATION 21: Saturday 9th May, 2015
11.10.-11.40 h.**

**FREESTANDING PAPER
Finished study**

European General Practitioners recognize the EGPRN definition of Multimorbidity in clinical practice.

Jean Yves Le Reste, Nabbe P, Doer C, Argyriadou S, Lingner H, Lygidakis C, Czachowski S, Lazic D, Hasaganic M, Assenova R, Sowinska A, Deriennic J, Melot E, Le Floch B, Van Marjwick H and Liétard C and Van Royen P.

Dept. de Médecine Générale, université de bretonne occidentale, 22 av camille desmoulins, 29200, Brest-France

Phone: 33298675103

Email: lereste@univ-brest.fr

Background: Multimorbidity is an attractive concept for General Practice (GP). An EGPRN working group has defined, translated in 11 European languages and published a comprehensive consensual definition of multimorbidity. It was of importance to determine if European General Practitioners (GPs) recognize and would add some new themes in this definition.

Research Question: How European FPs perceive and work with the concept of multimorbidity and whether this is fully consistent with the EGPRN definition?

Method: Qualitative surveys using focus groups or semi structured interviews with a purposive sample of in practice GPs in seven European countries designed to achieve maximal variation. The focus/interview guide was internationally designed then tested and translated into each language. Data collection was performed till saturation. Analysis was undertaken in a phenomenological perspective, using a grounded theory based method with four independent researchers and pooling at each coding step for all national teams. Finally an international team of 10 researchers undertake a pooling of the axial and selective coding of all teams to highlight emerging themes.

Results: Sample's maximal variation was reached in each country with 211 included GPs. Saturation was achieved in each country. The 11 themes describing multimorbidity in the EGPRN definition were recognized in each country. Two new themes did emerge with the GPs' expertise (including the Wonca's core competencies and the GPs' gut feeling) and the dynamic of the doctor patient's relationship for detecting and managing Multimorbidity.

Conclusion: European GPs add the core competencies of GP, the GPs gut feeling and the dynamics of the patient doctor relationship to the definition of Multimorbidity as helps for detecting and managing Multimorbidity. This result opens new perspectives for the management of complexity using the concept of Multimorbidity in GP.

Points for discussion:

-

**PRESENTATION 22: Saturday 9th May, 2015
11.40.-12.10 h.**

**FREESTANDING PAPER
Almost finished study**

A New European model to enhance GPs workforce throughout Europe: be positive and competent.

Bernard Le Floch, Hilde Bastiaens, Jean Yves Le Reste, Heidrun Lingner, Czachowski S, Sowinska A, Robert Hoffman, Radost Assenova, Patrice Nabbe, Tuomas Koskela, Klemenc-Ketic Z, Lietard C, Lieve Peremans

Médecine Générale, SPURBO Brest, 18, rue de Men Meur, 29730, Le Guilvinec-France

Phone: 33662231192; Fax: 33298583130

Email: blefloch1@univ-brest.fr

Background: General Practice (GP) seems to be perceived as less attractive throughout Europe. Most of the policies on the subject focused on negative factors. An EGPRN research team from eight participating countries was created in order to clarify the positive factors involved in appeals and retention in GP throughout Europe.

Research question: Which positive factors determine the appeal and staying in GP?

Method: The European team undertook qualitative researches in each involved countries with a phenomenological perspective. GPs were selected, using a purposive sampling strategy, until data saturation. Descriptive thematic data analysis was performed. Each participating country did a translation and back translation of the codes. During the Malta and Barcelona EGPRN meetings the team clarified and compares the codes. The final codebook and themes were defined in Antwerp (2014).

Results: Eight European codebooks were pooled in this collaborative research. Positive factors to stay in practice were summarized in the following themes: 1) The GP as a person, 2) Special skills or competencies needed in practice, 3) Supportive factors for work-life balance, 4) Freedom to personalize your work, 5) Characteristics of the GP work content, 6) Elements of work organization, 7) Relationship with other professionals, 8) specific relation with patients, 9) Perception of the profession by society, 10) Attitudes towards GP, 11) Teaching and learning and 12) Positive experiences.

Conclusions: The Womanpower study identified themes for a new positive model of European GP. Crucial is the GP as a person, who needs a continuous support and professional development of special competences and wants to have freedom to choose his working environment and organize his practice.

Points for discussion:

1. Who wants to go on quantitative research using this model?
2. Who wants to validate these themes in a quantitative study?

**PRESENTATION 23: Saturday 9th May, 2015
12.10-12.40 h.**

**FREESTANDING PAPER
Almost finished study**

Self-care practices used for common colds across 14 European countries: Regional differences for frequently used practices.

Birgitta Weltermann, Biljana Gerasimovska Kitanovska, Anika Thielmann, Tuomas Koskela, Kathryn Hoffmann, Heidrun Lingner, Melida Hasanagic, Robert Hoffman, Enzo Pirrotta, Marija Petek Ster, Juliette Chambe, Slawomir Czachowski, Krzysztof Bu
*University Hospital Essen, Institute for General Medicine, Hufelandstr. 55, 45122, Essen-Germany
Phone: +49 201 87 78 69-0; Fax: +49 201 87 78 69-20
Email: Anika.Thielmann@uk-essen.de*

Background: Patients use various self-care measures to relieve symptoms of common colds.

Research question: We studied the spectrum of self-care practices used for common colds throughout European countries.

Method: This cross-sectional study was performed at 27 sites in 14 European countries. Participating sites distributed 120 questionnaires to consecutive patients. Inclusion criteria were age above 18 and the ability to answer the questionnaire. A 27-item questionnaire provided a selection of 105 self-care measures. Based on descriptive analysis stratified by country, the most prevalent self-care items were identified.

Results: A total of 3074 patients participated, 62.6% were females, the mean age was 46.5 years (18-99). On average, patients used 11.4 self-care measures for common colds (SD 7.11), with Romania using the most (mean 21.5; SD 10.01) and Sweden using the lowest number of items (mean 5.9; SD 2.9). In 86% of countries, food and over the counter medications (OTC) were the three most measures used, while in North and Central Europe extras at home such as hot bath/shower or rest at home were selected more frequently. In 8 countries plenty of water was among the most frequently reported three items, followed by honey, OTC and chicken soup. In six countries, over the counter medications were among the top three (vitamin C, Paracetamol).

Conclusions: In all 14 countries, liquids such as water, orange or lemon juice, tea, and chicken soup were the most frequently reported self-care practices for common colds.

Points for discussion:

-

**PRESENTATION 24: Saturday 9th May, 2015
11.10-11.20 h.**

**ONE-SLIDE/FIVE MINUTES
Research in Progress, without results**

General practitioners' and patients' awareness about Alternative/Complementary medicine in general practice: discussing optimal method for carrying out the study.

Yordanka Staykova-Pirovska, Despotova-Toleva L.

General practice, Trakia University, Armeiska 11, 6000, Stara Zagora-Bulgaria

Phone: 359 897 992797

Email: orhideakatlea@abv.bg

Background: The authors report the second stage of research devoted to implementation of AM/CM in general practice /PhD thesis/. After a careful analysis of bibliographical scientific data of global trends in AM/CM in general practice /already published/, a sample questionnaires for GPs and patients are presented. In order to go in depth into this unexplored by now in Bulgaria topic, we focused our attention to find out the best research method for our study.

Research question: Which method is optimal for carrying out the study on Alternative/Complementary medicine in general practice: structured interview, questionnaires or mixed method?

Method: Based on literature search and analysis of our own and foreign experience and published data we designed the first Bulgarian questionnaires, especially created and adapted for GPs and patients. Structured interviews are also considered and discussed for both groups. Applying mixed method could be appropriate and contribute to the study, too.

Results: Based on the brief questionnaire of the preliminary study we present two versions of the questionnaire - one for GPs and other for patients. The questionnaires cover four main areas: (1) socio-demographic with questions about age, residence, sex, etc; (2) awareness and knowledge about different available/offered alternative therapies; (3) revealing the use/desire of AM/CM by patients and GPs; (4) willingness to learn more about the opportunities and benefits of AM/CM in GP. The structure of the both questionnaires is the same for the two target groups, allowing direct comparison of the results, but the questions are transformed according to the relevant target group. The same topics are covered also in the structured interview.

Conclusions:

The discussion about the research method is of key importance not only for our study of Bulgarian GPs and patients groups, but also for the comparison of our results with those reported by other authors worldwide.

Points for discussion:

1. To what extent GPs need knowledge and skills in AM/CM or just awareness?
2. Which method is optimal for carrying out study on Alternative/Complementary medicine in general practice: structured interview, questionnaires or mixed method?

**PRESENTATION 25: Saturday 9th May, 2015
11.20-11.30 h.**

**ONE-SLIDE/FIVE MINUTES
Ongoing study with preliminary results**

Smartphones in medical education and practice-Student's expectations towards and adoption of an educational medical application on general practice.

Maximilian Sandholzer, Tobias Deutsch, Alfred Winter, Thomas Frese

Institute for Medical Informatics, Statistics and Epidemiology, University of Leipzig, Hartelstraße 16-18, 4107, Leipzig-Germany

Phone: 8,6186102435e+012

Email: m.sandholzer@gmx.de

Background: Smartphones and tablet computers gain increasing relevance in the healthcare domain. Aside employing these technologies as tools for diagnosis and management of clinical tasks or for telemedicine, they also provide attractive perspectives for medical education.

Research Questions: What is the smartphone and app usage of medical students as well as their attitude and expectations towards education and practice supporting apps? Which factors are associated with frequent application usage?

Methods: A first classroom-survey among fourth year medical students at the Leipzig Medical School was conducted in 2013: A semi-structured self-designed questionnaire was used.[1] We developed a web-based prototype of the application and piloted it in 2014.[2] Results were assessed in second survey with a semi-structured self-designed questionnaire. Univariable comparisons should identify differences between those students who frequently used the application and those who did not. Multivariable binary logistic regression should reveal independent predictors of frequent application usage.

Results: In the first survey, the response rate was 93.2% (n = 293/311). Most of the students owned a smartphone (64.2%) or a tablet (22.5%). 32.4% were using medical applications and 68.7% would like to see an app on general practice containing drug reference information, guidelines for differential diagnosis, medical pictures libraries and physical examination videos. Willingness-to-pay averaged at 14.35 Euros.[1] In the second survey, the response rate was 99.3% (n=305/307). Only 2.3% (n=7/303) did not use the app while 68.0% (n=206/303) used it more than five times. Being female, a higher perceived benefit of the supplied application, a higher personal interest in new technologies, and a higher perceived impact of previous experiences on smartphone adoption independently predicted frequent usage (Pseudo-R²Nagelkerke = 0.245).[2]

Conclusion: Our app should not only be a digitalized textbook but also comprise multimedia content. Our results are useful to guide the implementation and the design of respective applications.

Points for discussion:

We are interested in your opinions regarding the potential of such platforms in a European context. Specifically to which extent mobile technologies can help to (1) Link medical students throughout European countries, (2) Build up doctor networks and (3)

**PRESENTATION 26: Saturday 9th May, 2015
11.30-11.40 h.**

**ONE-SLIDE/FIVE MINUTES
Study proposal / idea**

Health Related Quality of Life In Arthritis Patients.

Elif Selin Yalcin, Ayse Caylan

Dept. Family Medicine, Trakya university, Balkan yerleskesi, 22030, Edirne-Turkey

Phone: +905436737543

Email: elifselin_esy@hotmail.com

Background: Arthritis is a chronic disease which affects the individual's capacity to live an active life. Apart being a medical problem it also has impact on person's functional capacity and quality of life. Although researches on prevalence of arthritis is rare, according to the studies done so far it has been stated to be 0.5 to 1%.

Aims and objectives: In this study the aim is to determine the quality of life in patients having arthritis and impact of disease on health status and well being as perceived and reported by the patient and better understanding the effect of chronic disease on overall functioning and well being which leads to improve quality of care provided for arthritis patients.

Planned method: This study will be designed as cross-sectional and descriptive study. Patients with a diagnosis of arthritis who applies to romatology clinic in the department of internal medicine of Trakya University Medical School will be included in the study. The duration of the study will be two months. A questionnaire will be implemented by face to face interview. Questionnaire will containe socio-demographic information prepared by the researcher and The Short Form (36) Health Survey and AIMS (Arthritis Impact Measurement Scale).

Points for discussion:

1. Which AIMS would be ideal to use for this research (AIMS, Shortened AIMS, AIMS2 or AIMS2-SF).

**PRESENTATION 27: Saturday 9th May, 2015
11.40-12.10 h.**

**FREESTANDING PAPER
Almost finished study**

Adaptation and validation of the patient assessment of chronic illness care (pacic) in a healthcare system undergoing transition: Romanian case.

Adrian Vasile Horodnic, Cristian Incaltarau, Doru Lucian Botezat, Liviu Oprea

Gr. T. Popa University of Medicine and Pharmacy of Iasi, Universitatii Street, nr. 11, 700115, Iasi-Romania

Email: adi_horodnic@yahoo.com

Background: Chronic diseases (CD) are certainly a major challenge in both developed and developing countries. Considering that PACIC is the most appropriate instrument to assess the implementation of Chronic Care Model (CCM), our aim is to adapt and validate the questionnaire in the Romanian context - RO-PACIC (Romanian Older Patient Assessment of Chronic Illness Care).

Research question: Is RO-PACIC a valid instrument for assessing chronic illness care in Romania? How does the medical system in Romania comply with the CCM?

Method: The process of translation and adaptation of Romanian version of PACIC scale follows the methodology suggested by World Health Organization, including: (1) forward translation, (2) expert panel and back-translation, and (3) pre-testing: cognitive interviewing. A pilot study was conducted on chronic ill persons with one or more chronic conditions (n=45) from Iasi and surrounding villages, 55 years or older, which had at least one visit to the doctor in the last six months. Further, we have used confirmatory factor analysis to fit and test the construct structure for each PACIC subscale.

Results: Our pilot study yielded Cronbach Alpha coefficients greater than 0.6 for each subscale, suggesting very good internal consistency, and factor loadings generally greater than 0.5, indicating that most of the items fit well into their particular subscale. Overall, the results showed that our approach is suitable and that the final study can be carried out for validating RO-PACIC.

Conclusions: We expect RO-PACIC to be a reliable and valid instrument to assess the chronic care in Romania. Furthermore, the preliminary positive correlation between PACIC scores and patient satisfaction proves the importance of CCM for developing policies and quality improvement strategies to enhance the delivery of patient-centred healthcare.

Points for discussion:

1. RO-PACIC - a valid instrument for assessing chronic illness care in Romania and not only.
2. How far does the medical system in Romania comply with CCM?

**PRESENTATION 28: Saturday 9th May, 2015
12.10-12.40 h.**

**FREESTANDING PAPER
Almost finished study**

Quality of health services in Primary Health Care in Greece

Chrysanthi Tatsi, Vasiliki-Eirini Chatzea, Antonios Bertias, Dimitra Sifaki-Pistolla, George Duijker, Wienke Boerma, Schafer Willemijn, Christos Lionis

Clinic of Social and Family Medicine, School of Medicine, University of Crete, University of Crete - Faculty of Medicine - Department of Social Medicine, P.O. Box 2208, 71003, Iraklion-Greece

Phone: +30 2810 394621; Fax: +30 2810 394614

Email: chrisa2580@gmail.com

Background: During the ongoing austerity period in Greece, studies regarding the quality of healthcare services in Primary Health Care (PHC) could be of major importance. This paper reports on data that has been collected from two independent studies aiming to report evidence on quality in PHC.

Research Questions:

1. What types of PHC services are adequate for Greece?
2. What clinical skills are required of the primary care physicians to respond to the population needs?
3. What patients' experiences and preferences should the new model satisfy?

Methods: The seven core dimensions that determine strong primary care (Kringos et al, 2013) and elements of theoretical insights of the work of Barbara Starfield (2009) were utilized as theoretical background. We combined data from: "QUALICOPC study" (220 General Practitioners [GPs] and 2000 patients of PHC in Greece) "National Operational Integration (NOI) of PHC Units study" (124 PHC Units in Greece).

Results: GPs reported that rarely or never participated in treatment and follow-up of certain clinical entities including Chalazion (22.7%) and Parkinson's disease (21.5%). The patients reported that before visiting their GP, almost 50% knew which doctor they would see, felt that they will keep their appointment (34.7%) and that the doctor had read their medical file (29.4%). The patients' expectations during the consultation were their doctor to listen to them attentively (68.8%), not feel pressure for time (59.4%), be treated as persons, (57.8%) and be understood (56.7%). The NOI study found that more than 80 out of the 124 PHC units did not integrate with other capacities. Six Health Centers and five Regional Clinics reported that medical records were not kept. More than 50% out of the 124 units were not integrated due to efficiency, coordination, governance, continuity and comprehensiveness factors.

Conclusions: Both studies confirm the lack of integration in PHC settings in Greece, while clearly indicate areas of quality improvement by taking into account the current performance of GPs' and patients' expectations.

Points for discussion:

This study arrives on a time when the patient-centered approaches are on the centre of discussion in US and Europe.

1. How can the US PCMH model be applied in times of austerity?
2. How significant is a focus on PHC, based on an integrated model?

**PRESENTATION 29: Saturday 9th May, 2015
14.15-15.30 h.**

**POSTER
Ongoing study with preliminary results**

ICT, spirituality and patient-doctor relationship: part of a pilot study.

Hieromonk Ioan (Ivanov Ivan), Despotova-Toleva L

General practice, Medical University - Plovdiv, 15-a Vassil aprilov str, 4002, Plovdiv-Bulgaria

Phone: +359 888 22 59 63; Fax:

Email: ivan.ivanov70@gmail.com

Background: Talking about spiritual needs in general practice requires strong patient-doctor relationship based on mutual understanding and trust. Most doctors and patients need to be encouraged and motivated to integrate spirituality, spiritual needs and the use of spiritual resources into the doctor-patient conversation, because there are many recognized barriers and difficulties when discussing such a matter.

Research question: Could ICT contribute to better patient-doctor relationship when discussing spirituality and particularly for our study to reach a representative sample of general practitioners and patients from different countries and faiths.

Method: Web-based electronic questionnaires are designed. Opportunities for automatic generation and grouping lodged with time periods of data in files suitable for electronic statistical processing are provided.

Results: We present our Web-based electronic questionnaires in English, German, French, Greek and Russian devoted to GPs and patients. They are hosted on a company web-site. Links to them are placed and will be placed on other web-sites - National association of General practitioners in Bulgaria, university web-sites, patients' and medical associations' web-sites etc. They can be integrated as a part of the electronic patient record. The questionnaires can be filled out on-line or of-line, in the doctors' office or at home at the appropriate time. Contact with authors and opportunity to provide additional and personalized information are offered both for patients and medical doctors.

Conclusions: Offering the multilingual questionnaires on the web ensures broad easy access, privacy and time to think and fill them out in convenient environment not being disturbed or feel uncomfortable because of many reasons. Anonymity of the web could be of advantage and help reaching significant number of respondents from a broad variety of religious denominations and countries. We expect our web-based questionnaires to contribute to strengthen confidence and trust between the GPs and their patients and improve patient-doctor relationship.

Points for discussion:

1. How patients evaluate the use of ICT in medicine when speaking of patient-doctor relationship?
2. Does ICT distract the attention from the patient as a personality and focuses it only on the medical problem to be solved?
3. How information on the web

PRESENTATION 30: Saturday 9th May, 2015
14.15-15.30 h.

POSTER
Ongoing study with preliminary results

New methods and electronic databases to help family physicians Review and analysis of the challenges facing general practice.

Plamen Spasov, Lyubima Despotova-Toleva

Ophthalmology and General practice, Trakia university, Armeiska 11, 6000, Stara Zagora-Bulgaria

Phone: 3,5988740531e+011

Email: spasopl@gmail.com

Background: The authors report the first stage of research devoted to need of optimization of drug therapy in general practice /PhD thesis/. A careful analysis of regulations and actions in EU and Republic of Bulgaria, which affect general practice and report about strategic goals of Bulgarian Ministry of Health. We focused our attention to the challenges.

Research question: What is the progress on adopting an e-recipe system and universal ATC code of drugs, satisfaction of GPs about existing electronic sources and databases to have product specific information about medicines.

Method: Based on literature search and analysis of our own and foreign regulations and published data we made analysis about progress and proposal to include in our questioner for GPs a questions about their satisfaction on electronic databases about drugs and terms of implementation of electronic services as electronic health card and e-recipe.

Results: Bulgarian and EU regulations were selected and analyzed. Based on analysis, we present report on progress of adopting electronic health card and universal code for medicines. Start of these systems is delayed for 2015 due to technical issues.

We present also questionnaire for GPs. The questionnaire covers following main areas: (1) demographic, with questions about age, residence, sex, etc; (2) awareness and knowledge about electronic databases about drugs and effects; (3) revealing the use and desire of electronic databases and e-services by GPs, incl. e-recipe; (4) learning ability of GPs for more about the opportunities and benefits of electronic databases and e-services in primary care.

Conclusions: The forthcoming adoption of electronic services is crucial for our research in the fields of presence of information up to date for Bulgarian family doctors, but also for patients groups and the need to optimize the overall therapy in primary care.

Points for discussion:

1. Having in mind EU regulations, do we need to standardize e-recipe system?
2. To what extend GPs need product specific information about medicines to be incorporated in their electronic systems, e-patient records or e-recipe system??
3. E-recipe beyo

**PRESENTATION 31: Saturday 9th May, 2015
14.15-15.30 h.**

**POSTER
Finished study**

Unbalanced rather than balanced randomized controlled trials are more often positive in favor of the new treatment: an exposed and non-exposed study.

Clarisse Dibao-Dina; Agnes Caille; Bruno Giraudeau
DUMG Tours, Faculté de Médecine de Tours, 2 bd Tonnelé, 37000, Tours-France
Phone: +33 6 11 13 09 81
Email: clarisse.dibao-dina@univ-tours.fr

Background: Unbalanced randomized controlled trials (RCTs) are trials with an unequal probability to be allocated to one group instead of another. Clinical equipoise is a prerequisite for a RCT and is defined as a state of uncertainty where a person believes it is equally likely that either of two treatment options is better. A 1:1 ratio thus appears to best fit this state of uncertainty.

Research question: Is the clinical equipoise principle respected in unbalanced randomized controlled trials, i.e. in trials in which more patients are allocated to the new treatment, as compared to the control one?

Method: Observational and comparative study between unbalanced and balanced RCTs. We searched the “core clinical journal” of MEDLINE to identify reports of 2 parallel-group superiority unbalanced RCTs published between January 2009 and December 2010. For each unbalanced RCT, we identified a maximum of four reports (to maximize power) of matched balanced RCTs dealing with the same population. Our primary outcome was the proportion of positive RCTs, i.e. when results for its primary outcome were statistically significant ($P < 0.05$) with greater efficacy with the new treatment than the control treatment.

Results: Forty-six reports of unbalanced RCTs and 164 of balanced RCTs were selected. We found that 65.2% unbalanced RCTs and 43.9% balanced RCTs were positive [Odds Ratio, 2.38; 95% confidence interval: 1.23, 4.63]. As compared with balanced RCTs, unbalanced RCTs were more often industry-funded and their control treatments were more often inactive. Adjusting on these latter variables did not modify the results.

Conclusions: This result questions the respect of the clinical equipoise principle in unbalanced RCTs.

Points for discussion:

1. Unbalanced RCTs and primary care research
2. Ethics and RCTs in primary care

**PRESENTATION 32: Saturday 9th May, 2015
14.15-15.30 h.**

**POSTER
Almost finished study**

Influence of socio-economic deprivation on the prognosis of Heart Failure patients.

Miguel-Angel Muñoz, José-María Verdú-Rotellar, Ernest Vinyoles, José Luis del Val, Xavier Mundet, Jordi Real, Mar Domingo, Cilia Mejía-Lancheros, Helene Vaillant-Roussel

*Unitat de Suport a la Recerca de Barcelona, Institut Català de la Salut. IDIAP- Jordi Gol, Sardanya
375. Entlo, 8025, barcelona-Spain*

Phone: +34618653790

Email: mamunoz.bcn.ics@gencat.cat

Background: It has been found that living in low-income areas is followed by a higher rate of unplanned hospital readmissions and death as a consequence of heart failure.

Research question: The objective of our study is to know if patients suffering HF and living in deprived socioeconomic areas have a different prognosis than the others, in the context of a Universal and free Health System.

Method: Retrospective cohort study based on clinical information including all patients living in the city of Barcelona (Spain) between January 2007 and December 2012, who had the diagnostic of HF (International Classification Diseases: I.50) registered in their primary healthcare medical records on December, 31th.

The prognosis of patients was determined by the hospital admission as a consequence of a cardiovascular event (heart failure, myocardial infarction or unstable angina) or the mortality occurred during the period of the study.

Regression models were performed to analyze the differences in the prognosis of patients depending on the MEDEA socio-economic deprivation index.

MEDEA index categorizes socio-economic level of the population according to unemployment, number of temporary workers, manual workers and low educational level in a district

Results: a total of 8736 HF patients were included. Median follow up was 16,3 months. Women represented 55,9% of patients and mean age was 78.0 (SD 10.2) years.

Multivariate adjusted models found that patients at the most unfavorable socio-economic position had an odds ratio of 1.30 (95% CI 1.13-1.49) of being admitted to a hospital as a consequence of a decompensation of HF. When a combined outcome of hospital admission or death was considered, HF patients at the lowest socioeconomic level had a odds ratio of 1.15 (95% CI 1.02-1.29) respect to those at the best one.

Conclusions: Heart failure patients in the lowest socioeconomic position have a worse prognosis than the rest.

Points for discussion:

1. Why Socioeconomic deprivation can affect prognosis of Heart failure patients?
2. What is the pathway in which socioeconomic deprivation leads to a worse prognosis?

**PRESENTATION 33: Saturday 9th May, 2015
14.15-15.30 h.**

**POSTER
Ongoing study with preliminary results**

Developing research on family violence in primary health care.

Leo Pas, Fernandez Alonso Carmen, Dascal Weichendler Hagit, Kenkre Joyce, Pekez-Pavlovski Tanja, Kopcavar Nena, Papadakaki Maria

Pubic health and primary care research, University Leuven, Jozef de Keyzerstraat 22, 1970, Wezembeek Oppem-Belgium

Phone: +32470642067

Email: lodewijkpas@gmail.com

Background: In some European countries and abroad screening for intimate partner violence is promoted, although WHO guidelines indicate lack of sufficient evidence for screening and insufficient information about lack of harm. Facilities are created to support victims disclosing violence and collaboration with primary health care is required. Expectations of victims to discuss their suffering with primary health care providers pose mayor ethical and educational challenges.

Research question: 1. What services are available in Europe to support specifically primary care of family violence? 2. What should be the roles of family physicians and other caregivers in primary health care in dealing with violence in the family? 3. How can implementation of these roles be promoted effectively?

Method: An update of literature and inquiry of representatives within the Wonca networks was performed to describe the situation in represented countries and compare available national guidance and training.

Results: National guidelines have been developed in a limited number of countries for intimate partner violence and less for child abuse and elderly abuse. In countries where specialized services are available identification of violence and referral are the mayor tasks for primary care physicians. Standardized questions are proposed in specific risk situations to promote disclosure of violence. Definition of exact risk groups for routine inquiry needs further consensus development and is dependent of existing facilities. Counselling clients should be oriented to support psychological consequences , create a network for support and safety. Blended learning seems the best implementation strategy.

Conclusions: A specific research strategy is proposed to collect more systematically data on identification, the care process and outcomes. A research project is proposed extending the description of country facilities and guidelines linked to a pilot of online supported blended learning. Use of online charts for risk and outcome measures will be explored.

Points for discussion:

1. A further European online inventory of available primary care resources for psycho-social support is suggested.
2. Specific ICPC coding is needed for family violence as well as process and outcome measures to be included in regular registration without mand

**PRESENTATION 34: Saturday 9th May, 2015
14.15-15.30 h.**

**POSTER
Almost finished study**

Stress level and indications for depression in pupils at seventeen. Results from a pilot study - 2013.

Lyubomir Kirov, A. Kirova

Faculty of medicine, Sofia university "Snt. Kliment Ochridski, National association of GPs in Bulgaria,, Nikolai Vapzarov blvd" â„– 17-21, fl 2, ap 5, 1407, Sofia-Bulgaria

Phone: +359 887 62 65 62; Fax: +0359 2 868 28 94

Email: kirov.lyubomir@gmail.com

Background: We focused our attention on a severe and common problem - stress and depression in teenagers. The study is based on preliminary research of 44 pupils at a high school in Sofia, 2011.

"We experience permanent stress in school due to relationship in class, marks, teachers' comprehension, wandering whether I will be the best in class, etc. We are constrained about our parents' feelings: are they pleased with our marks, are they proud of us?" The authors present results from a pilot study 2013.

Research question: What is the level of the school-related stress in teenagers and can we prove causal relationship between stress and depression in this target group?

Method: Pupils from 11th class at the language highschool "Bertold Brecht" , Pasardzhik, Bulgaria. Two questionnaires were used 1) self-assessment questionnaire on stress and Self-Rating Depression Scale . The anonymous study was carried out in 2013 .

Results: There is data, that 27.3 % of pupils experience low level of stress and 72.7%- moderate level . Data from investigation of random sample of pupils shows that 22.3% of the girls and 11% of the boys report a present or experienced episode of unipolar depression. According to data from our research almost 79% of the respondents experience high levels of stress. Indications for depression were determined among 62.5% of respondents and correspond with the high prevalence of high level stress experienced by pupils.

Conclusions: The high levels, revealed in the study, are 3.75 fold more frequent among girls in comparison to boys. The prevalence of indications for depression among girls is higher compared to that among boys - almost 2/3 (66=7%), 1/2 (50%) respectively.

Points for discussion:

1. Can you assume that there is a causal relation between stress and depression in teenagers?
2. Can you assume that girls are more prone to stress and depression than boys?
3. Do you agree that there is outstanding need to create and implement techniqu

**PRESENTATION 35: Saturday 9th May, 2015
14.15-15.30 h.**

**POSTER
Almost finished study**

Responding To Child Maltreatment: A structured literature review of French Family physician challenges from suspicion to clinical follow-up.

Delphine Tchimbakala, C.A. Khau, Y. Ruelle, E. Bachelard

Family medicine, University of Paris 13-La Sorbonne Paris Cité, 74 rue Marcel Cachan, 93017, Bobigny-France

Phone: +33650601922

Email: delphine.tchim@gmail.com

France has an ongoing public interest to child abuse prevention and passed a Child Protection Reform Act in 2007 with an asset model approach. Family physicians practical contribution to formal child protection procedure remains scarce. This study aimed at exploring the barriers that hinder French family physicians from being actively involved in child protection.

What are the core issues related to French family doctors' experiences regarding early detection, prevention and management of maltreated children?

Two researchers undertook a structured review of field research studies between July 2013 and April 2014. A purposive search for family physician residents' theses from 2008 obtained from two main French thesis indexing databases was conducted. Theses were retrieved according to defined inclusion criteria. Checklists and various assessment techniques were used to extract data from results sections of theses, appraise, categorize and group study findings. Study outcome has provided a thematic synthesis according to the interpretive qualitative approach used which implied a line by line coding, descriptive themes generation, analytic themes development.

Ten quantitative and five qualitative studies were selected. Major findings highlighted three barriers with practical implications for family physicians in the field: (1) diagnosis stage problems with difficulties to assess complex family situations and psychological obstacles during the decision making process; (2) reluctance to report instances, underpinned by fear of medical misjudgment, doctor-patient relationship or family structure breakdown; (3) a low level of legislative awareness as well as knowledge of child protection partners' roles, resulting in a feeling of inadequacy in the child protection network.

Despite the presence of bias in the primary studies, findings indicated consistencies with international published reviews. Given the extent of the study findings, providing French family physicians with process-oriented training and guidance to develop reflexivity in complex family situations could lead to a better outcome for maltreated children.

Points for discussion:

1. Methodology learning outcomes and limitations.
2. GP's core competencies involved in responding to child maltreatment instances.
3. GP's vulnerabilities and possible levers.

**PRESENTATION 36: Saturday 9th May, 2015
14.15-15.30 h.**

**POSTER
Almost finished study**

Smoking cessation and personality.

Krzysztof Buczkowski, Malgorzata Basinska, Anna Ratajska, Alicja Sieminska, Katarzyna Lewandowska
Family Medicine, Nicolaus Copernicus University, Sklodowskiej-Curie 9, 85-094 Bydgoszcz-Poland
Phone: +48601567927
Email: buczkowskik@cm.umk.pl

Background: Cigarette smoking is a leading cause of preventable disability and death around the world. The only way to improve this situation is to increase the effectiveness of attempts to quit smoking. One way to improve efficiency in the smoking cessation is taking into account the patient's personality .

Research question: Are personality traits connected with smoking status?

Method: The studied group consisted of 333 current, 277 former and 294 never smokers. Personality traits were assessed with the Revised NEO Personality Inventory during a self-administered survey.

Results: Never smokers scored higher than former and current smokers on Self-consciousness, Compliance and Deliberation. The groups of current and former smokers scored higher on Activity and Excitement-Seeking.

Conclusions: Personality traits play a role in a complex behavior such as smoking and are connected with smoking status.

Points for discussion:

1. Why do people smoke cigarettes?
2. How to improve smoking cessation rate?

Exposure to workplace stressors and its effects to perception of depersonalization and job dissatisfaction in physicians.

Sanda Kreitmayer Pešić, Nurka Pranjić, Anja Pranjić, Ljiljana Maleš- Bilić
Family Medicine, Medical Faculty Tuzla, Univerzitetska 1, 75000, Tuzla-Bosnia and Herzegovina
Phone: ++387 61 151 700; Fax:
Email: kreitmayerdrsanda@yahoo.com

Background: Depersonalization is described as suffering from episodes of surreal experiences. Some of these experiences have been also reminiscent of panic attacks and paroxysmal anxiety.

Aim: To examine the prevalence of workplace stress, depersonalization and job dissatisfaction; to assess the association between differential levels of distress and job dissatisfaction on depersonalisation among physicians in Bosnia and Herzegovina.

Methods: A cross- sectional study was conducted in one calendar year. Questionnaires were distributed to a convenience sample of 715 physicians employed in Hospital Clinical Centers in Banja Luka, Tuzla and Brčko. The response rate was 71% (n=511). Data were collected using the Occupational Stress Assessment Questionnaire (OSQ) and the Maslach-Burnout Inventory.

Results: Twenty three percent of respondents (n=511) reported a high level of workplace stress, 13% perceived a high level of job dissatisfaction and 15% a high level of depersonalization. Feeling of moderate level of depersonalisation was present in about 49% of respondents (about half of physicians). Perception of depersonalisation predicted following stressors: need to using knowledge and skills during working tasks ($\beta=0.132$; 95% CI, -0.032-0.508) and work has phases that are too difficulty ($\beta=0.136$; 95% CI, -0.001-0.574). Job dissatisfaction was predictor for perception of depersonalisation ($\beta=0.238$; 95% CI, 0.236-0.816).

Conclusion: The study results underline the importance of continued education, work organization, improving job satisfaction on way to protect development of depersonalisation in physicians.

Keywords: depersonalisation, distress, job dissatisfaction, physicians.

Points for discussion:

1. Exposure to work stressors
2. Job dissatisfaction among physicians due to being expose to work stressors

**PRESENTATION 38: Saturday 9th May, 2015
14.15-15.30 h.**

**POSTER
Almost finished study**

Perspectives of the thyroid ultrasound screening using TIRADS classification (Thyroid Image Reporting and Data System Classification) along with Real Time Elastography, in neighboring regions affected after radioactive disasters, by family doctors.

Mihai Iacob, Sorina Saftescu, Madalina Gligor, Mihai Ghiris.

Family medicine and pediatrics, Advitam medicis medical center, Str.Capitan Damsescu nr.40, 300150, Timisoara-Romania

Phone: 40722303054; Fax: 40256454346

Email: dr_iacob@yahoo.com

Background: Latest statistics, places Romania at a high level among EU countries in terms of morbidity and incidence of the thyroid diseases. In recent decades in Romania, after the nuclear accident at Chernobyl, especially in the Banat Mountains, where there are still incorrect disused uranium mines, we observe a clear increase over ten times of thyroid diseases predominantly because of multinodular goiter and autoimmune thyroiditis. The prevalence of malignant thyroid nodules are growing, most being 80% papillary micro carcinomas. We tried to analyze this, using Doppler ultrasound and then were made the Strain Elastography to identify tumors stiffness.

Research question: How to improve early diagnosis and differentiation of thyroid diseases by GP, in radioactive risk areas?

Method: We report a prospective thyroid ultrasound screening performed on 1169 adults with oncological risk factors, aged over 20 years, followed for two years, sex ratio 3:1. As an initial diagnostic method, the Doppler ultrasound was the main investigation technique. We designed in our study an Ultrasound Scoring System for predicting thyroid malignancy. Each patient entered was stored into an electronic database in Microsoft Access, executed by us. For standardization and accuracy of reporting, we used TIRADS classifications by Russ and strain elastographic scores by Rago.

Results: Were found a total of 119 patients with diffuse diseases and 227 with benign and malignant thyroid nodules. The prevalence of thyroid diseases was 29.60%(95%CI:26.99%to 32.31%), with sensitivity 95.38%, specificity 94.78%, accuracy 94.95%,PPV 88.47%, NPV 97,99%, $p<0.01$. Then we did a comparative statistical analysis of our ultrasound methods used(ROC curve analysis, ANOVA $p<0.001$).

Conclusions: Ultrasonography proves to be a very efficient method with a high value in thyroid screening for the early detection of diffuse diseases and tumors of thyroid in asymptomatic stage, for diagnosis of vascular network in tumors and absence of elasticity in the nodule certifying malignancy.

Points for discussion:

1. Do you think the measurements of tumor vasculature and elasticity can guide to malignancy?
2. What is the role of the family doctor in thyroid pathology?
3. How can we identify early thyroid malignancy?

PRESENTATION 39: Saturday 9th May, 2015
14.15-15.30 h.

POSTER
Ongoing study with preliminary results

Ankle brachial index can be correlated with arterial stiffness.

Ioana Budiu; Claudia Iftode; Andrada Iftode; Mircea Iurciuc
Medicina Familiei, Societatea timis de medicina familiei, bd. cetatii nr.85, 300626, Timisoara-Romania
Phone: 40742426421; Fax: 40256243202
Email: claudia_iftode@yahoo.com

Background: Ankle-Brachial Index (ABI) changes with the periphery arterial damage. Pulse wave velocity (PWV) represents the gold standard for determining arterial stiffness.

Research question: Does ABI correlate with arterial stiffness at hypertensive person directly or indirectly?

Method: We selected 95 hypertensive patients aged between 40 and 80 years. Secondary hypertension has been excluded. Using the Guideline of European Cardiology Society, we evaluate the ABI for each patient with an (8M continuous bidirectional) doppler device. PWV has also been determined for each patient, using an Arteriograph (Medexpert) device. Trying to establish a correlation, the patients have been split into two groups, group A patients with $ABI \leq 1$ and group B patients with $ABI > 1$. We calculate the Pearson correlation index.

Results: We calculate the correlation index between ABI and PWV:

A) The correlation index in group A between $ABI = 0.921$ (standard deviation (SD) $=\pm 0.072$) and $PWV = 9.29 \text{ m/s}$ ($SD = \pm 1.94$) was found $r = -0.701$ (negative correlation)

B) The correlation index in group B between $ABI = 1.178$ ($SD = \pm 0.089$) and $PWV = 9.29 \text{ m/s}$ ($SD = \pm 1.94$) was found $r = 0.691$ (positive strong correlation).

Conclusions: Arterial stiffness measurement represents a simple method to evaluate patients in Primary Care (General Practitioners). PWV correlates positively to ABI when it surpasses unitary value and negatively when ABI is sub unitary.

Points for discussion:

1. Clinical utility of ABI for Family Doctors regarding hypertensive patients
2. Utility of measuring arterial stiffness in Primary Practice (General Practitioners).

PRESENTATION 40: Saturday 9th May, 2015
14.15-15.30 h.

POSTER
Ongoing study with preliminary results

Influence of pharmaceutical industry in general practitioner residents of Catalonia.

Maria Isabel Fernández, Jacobo Mendioroz, Judit Pertiñez, Joan Anton Vallès, Francisco Díaz, Ana Vall-llosera, Angel Cano

Unitat Docent, Atenció Familiar i Comunitària. Barcelona. ICS, sardenya 375, 8025, Barcelona-Spain

Phone: 675782689; Fax:

Email: mifsanmartin.bcn.ics@gencat.cat

Background: Although collaboration between the pharmaceutical industry and health care professionals has important benefits, there is a growing concern about whether these relationships may become a threat to professional education and subsequently, to patient care. Little is known about the influence of the pharmaceutical industry on the medical residents of Catalonia

Research question: Is the pharmaceutical industry influencing the drug prescription of the medical residents of Catalonia?

Method: During 2015, 17 teaching units of Catalonia will send through e-mail an on-line based survey to their 910 four-year general practitioner residents. Participation will be voluntary and data collection anonymous. However, non-responders will be re-contacted in order to minimize losses. We will perform a descriptive analysis centered on their knowledge of the evidence-based medical prescription, the interactions between the residents and pharmaceutical industry and the resident's perceptions of the industry. Also, we will study the association between prescription and relationship/attitudes. Data will be analyzed by gender, age, residence year, country of origin and rural/urban localization of the health care center. Appropriate non-parametric statistical test will be applied for the analysis. Chi-squared test for bivariate linear trends will be used to determine significant differences in responses

Results: We expect to identify the different sources of information used by medical residents and the channels used preferably by the pharmaceutical industry to disseminate his information. Also, we expect last year residents to be more influenced by the pharmaceutical industry. We do not have an established previous hypothesis established for the other categories

Conclusions: This study will provide valuable data about the interactions between the pharmaceutical industry and the medical residents of Catalonia. Targeted actions based on this data may improve evidence-based prescribing, enhance a good patient care and reinforce the general population trust on the public medicine

Points for discussion:

1. Is the drug prescription of residents influenced by the pharmaceutical industry?
2. Should the teaching units protect their residents of this influence?
3. Are appropriated the information sources consulted by the residents?

Annual accumulated duration of time of Primary Care visits and its association to Quality Indicators in Preventive Medicine: a Cross-Sectional study.

Talya Nathan, Shlomo Vinker

Dept. of Family Medicine, Tel Aviv University, Nachal Lachish 8 POB 14238, 77041, Ashdod-Israel

Phone: 972-50-6263224; Fax: 972-3-7604838

Email: vinker01@zahav.net.il

Background: The Primary Care consultation is the main modality to address a patient's medical complaints and to promote preventive health care measures. Longer consultations had been related to better compliance to preventive medicine; it has yet to be examined whether the accumulated annual duration of time (AADT) of consultations has any effect.

Objectives: Characterize the association between performance rates in Preventive Medicine Quality Indicators (PMQI) - Mammography, CRC screening tests and Influenza vaccination - and number of visits and AADT.

Methods: A cross-sectional study based on a national random sample of 77,247 adults aged 20 and over, members of Clalit Health Services. Variables included annual number of visits and AADT with a PCP, demographic characteristics, Charlson comorbidity index and Performance rates of PMQI. Results: During 2012, the average annual number of visits to a primary care physician (PCP) was 8.8 ± 9.1 while the mean AADT was 65.8 ± 75.7 minutes. In a multivariate analysis a higher annual number of visits to a PCP was found to be associated with higher performance rates of PMQI - Mammography (OR=1.02, 95% C.I. 1.01-1.02), CRC screening tests (OR=1.02, 95% C.I. 1.02-1.03) for each annual visit; and Influenza Vaccination among patients 65 and over (OR=1.08, 95% C.I. 1.07-1.1) and age 20-64 with chronic disease (OR=1.1, 95% C.I. 1.1-1.1) for each visit during the Influenza season. The addition of every 10 minutes to the AADT was positively associated only with the performance of CRC screening tests.

Conclusions: The number of annual visits, as opposed to the AADT, has a more significant association with higher performance rates of PMQI. Therefore, although the average length of visits to PCPs is decreasing due to growing work load, this is compensated by the increased number of visits without affecting the quality of care given in the field of Preventive Medicine.

Points for discussion:

1. Work load and preventive medicine in primary care.
2. Length of visit - how short is still effective?

**PRESENTATION 42: Saturday 9th May, 2015
14.15-15.30 h.**

**POSTER
Ongoing study with preliminary results**

CT Colonography – an almost unused tool in the detection of colorectal cancer in Romania.

Gratian Dragoslav Miclaus, Nicoleta Iacob

Computer Tomography, Neuromed, 16 Decembrie 1989 nr. 43, 300218, Timisoara-Romania

Phone: 40752199830; Fax: 40256490182

Email: gratianmiclaus@yahoo.com

Background: Ever since 1994 when CT colonography was introduced in practice, the method was widely spread and became a powerful tool in the diagnostic of colorectal polyps and cancer. Despite its wide use in Western Europe, in Romania, despite being introduced in the daily practice of Neuromed Diagnostic Imaging Center since 2006, the method is still almost unknown and almost unused by our physicians.

Research question: May CT Colonography be implemented as a diagnostic tool in the arsenal of physicians from Romania, taking notice to its global implementation?

Method: Taking into consideration the incidence of morbidity and mortality due to colorectal cancer in Romania (second cause of death after pulmonary cancer), we examined, during 8 years, a number of 601 patients, 260 male (43,26%) and 341 female (56,74%), using CT Colonography. We focused on discovering colon polyps, tumors and diverticula. Extra colonic lesions, that had not been discovered through optic colonoscopy, were also put in evidence.

Results: Colonic polyps were found in 135 patients, diverticula in 195 patients, tumors in 53 subjects, extra colonic lesions were identified in 375 patients. We observed a greater incidence of polyps and tumors in males, while in women there are more diverticula and extra colonic lesions.

Despite the recommendations of international guidelines, we considered that even the small polyps (bellow 5 mm) should be reported and referred the patients for optical colonoscopy and resection of the confirmed polyps.

We have obtained good results by paying special attention to the preparation of the patients, a thorough scanning and an attentive and competent image interpretation, that resulted in a high concordance with optical colonoscopy.

Conclusions: Our results demonstrate that this method is, for the time being, still not well known by the Romanian medical practitioners, despite its very good results and wide spreading in other countries.

Points for discussion:

Examining method for GPs in the screening of colorectal cancer in general population.

Nonadherence to antihypertensive treatment in primary care.

Elena Ardeleanu, Daniel Lighezan, Rodica Lighezan, Alexandra Deleanu, Daniela Gurgus, Shamsa Baaj, Patricia Nicola

Family Medicine, University of Medicine and Pharmacy „Victor Babeş” Timisoara, Bv. Revolutiei 16-18, 300034, Timisoara-Romania

Phone: +400729959616

Email: ardeleanu.elena@clicknet.ro

Background: Low compliance to prescribed medical interventions is an ever present and complex problem, especially in patients with a chronic illness as hypertension.

Research question: To assess the prevalence of nonadherence to antihypertensive treatment in primary care and to analyze the factors correlated to nonadherence.

Method: From 2010 to 2014 we evaluated clinical, by laboratory and questionnaires a number of 3145 hypertensive from 19 family medicine offices of Timiș County.

Results: After one year of monitorization, from 1102 uncontrolled hypertensive 584 (52.99%) demonstrated to be nonadherent to treatment. The comparison between the characteristics of nonadherent vs. adherent hypertensive showed no difference regarding gender or mean age (58.7 ± 11.8 vs. 62.4 ± 12.4), though we noticed a higher nonadherence (without statistical significance) in the age groups under 40 and over 75 years. In nonadherent patients smoking was present in 24.1% vs. 17.2% (adherent), BMI >30 kg/m² in 46.23% vs. 34.9%, organ damage in 19% vs. 26.72% and cardiovascular disease in 16.6% vs. 20.9% ($p < 0.05$ for all comparisons). SBP/DBP was higher in nonadherent (164/92 mmHg vs. 141/79 mmHg) ($p < 0.05$). 74.14% of nonadherent patients had a high cardiovascular risk, an intermediate risk was present in 18.49% and a low risk was present in 7.36%. Nonadherence was associated with the following lifestyle factors: obesity (in 46.06%), sedentary behaviour (in 45.03%), excessive alcohol consumption (in 42.12%) and salt consumption >6 g/day (in 42.12%).

Conclusions: Nonadherence was associated with poor socioeconomic level, low confidence in the medical team and limited educational information about the disease and treatment. The main factors associated with nonadherence were smoking, excessive alcohol consumption, obesity, physical inactivity, administration of multiple medication and the appearance of secondary effects of the antihypertensive medication.

Points for discussion:

1. Can detection of nonadherence in primary care improve hypertension outcome and prevent its complications.
2. How can the medical team of the general practitioner improve the hypertensive awareness about the disease and treatment.

Low back pain in general practice: epidemiology and clinical guidelines adherence.

Joseph Azuri, Daniel Deutscher, Ido Zion, Anat Raskin Segal, Avi Porath
Dept. Family Medicine, Tel Aviv University, 17 emeq bracha st, 67456, TEL AVIV-Israel.
Phone: +972-50-8800068; Fax: +972-3-6954841
Email: azuri_yo@mac.org.il

Low back pain (LBP) is the 5th leading cause for medical visits to primary care physicians (PCP), with an estimated annual cost of 86 billion USD in US. There are clinical guidelines for the investigation and treatment of LBP.

Characterize patients with LBP and investigate PCP adherence to clinical guidelines.

Maccabi Healthcare Services (MHS) is the second largest HMO in Israel, with a population of more than 2,000,000 people. All medical visits and clinical data are fully computerized. We identified all LBP visits during 2013. We defined 'new' LBP visit if there was no prior diagnosis of LBP during the preceding 6 months. 'Red flags' were identified by specific diagnoses. We also recorded imaging studies and medications prescribed.

We identified 151,455 patients (7.5% of MHS population) who had at least one 'new' LBP visit. 57% of these visits were to PCP's. 73.93% of patients were 25-65 years old with a peak incidence in 35-45yrs. Women had more LBP visits than men in most age groups. Highest frequency was noted during January-February and the lowest during April and September (national holidays). 'Red flags', were identified in 24,743 (14%) patients. 6.5% of patients with no 'red flags' were referred to imaging studies (X-Ray, CT and MRI) during the first month from diagnosis (61%, 36% and 3% respectively). 11% of patients were referred to imaging studies during the first year from diagnosis. PCP's who referred more to imaging studies used more X-Rays, where PCP's who referred less to imaging studies used more CT scans. 11.5% of patients were referred to physiotherapy. 3.6% of patients purchased prescribed narcotics, 3.8% benzodiazepines, 8.3% analgesics and 24.5% NSAIDS.

LBP is one of the most frequent causes of medical visits to PCP. Although clinical guidelines address issues of imaging and medical treatment, we found discrepancies in common practice.

Points for discussion:

1. What is the role of clinical guidelines in LBP
2. What are the options to enhance adherence to clinical guidelines

**PRESENTATION 45: Saturday 9th May, 2015
14.15-15.30 h.**

**POSTER
Ongoing study with preliminary results**

Implementation of a protocol for early diagnosis of abdominal aortic aneurysm in Primary Care.

Adriana Suárez Hernández, Ángel Cano Romera, Francesc López Expósito, Anna Galinsoga Jordà, Nieves Guardiola Martínez, Anna Vall•llosera Moll D`Alba
CAP Bon Pastor, Instituto Catalan de Salud, Carrer Mollerussa s/n, 8021, Barcelona-Spain
Phone: +34933458791; Fax: +34933110999
Email: suarhez@gmail.com

Background: Complications of abdominal aortic aneurysm (AAA) have a high mortality. Echography is a sensitive and specific test for diagnosis and can be performed by trained family physicians (not radiologists). Previous studies have shown the benefits of AAA screening by ultrasound. The main limitation is the low ratio of patients' attendance.

Research question: To evaluate the patients' attendance to a programme of early diagnosis of AAA in a Practice in Spain and the prevalence and clinical characteristics of the AAA diagnosed.

Method: Descriptive study of male patients between 65-79 years old from a Practice in Spain (N=791). The sample is form by patients assigned to three family physicians (N=284). Previously diagnoses patients with AAA, life quality very limited, home-care patients, survival prognostic minor of 1 year, transferred and impossibility telephone contact, were excluded. The family physician contacted by telephone with the patient for abdominal echography and requests informed consent. Patients were classified into 4 groups according to the diameter of AA (normal <25mm, 25-29mm ectasia, aneurysm ≥ 30 mm).

Results: A 23.9% of total sample were excluded; most of them do not localized (44.1%). The percentage that do not agree to participate was 5%. Finally, ultrasound examination was performed in 93.5% of patients.

The average of the patients age is 71.42 years old (SD: 4.3), while those diagnosed with AAA was 68,73 years old.

The 94.6% of the patients have an AA standard diameter, the 4.5% ectasia and only the 0.9% aneurysm. In the present study, the estimated prevalence of AAA was 2.9 (CI 95% 0.4 to 5.5)

Conclusions: Our results show a high adhesion to the test performance. However, the AAA prevalence is lower than the expected based on the previous published literature. In addition, it has been possible to find statistically significant relation with hypertension risk factor.

Points for discussion:

-

**PRESENTATION 46: Saturday 9th May, 2015
14.15-15.30 h.**

**POSTER
Research in Progress, without results**

Premature ejaculation in primary care: an interventional multicentered study in progress.

Marie Barais, H el ene Vaillant Roussel, David Costa, Bruno Pereira, S ebastien Cadier
*Dept. de M edecine G en erale, Universit e de Bretagne Occidentale, 22, Avenue Camille Desmoulins,
29238, Brest Cedex 3-France
Phone: +33698189681
Email: marie.barais@gmail.com*

Background: Premature ejaculation is the most common sexual dysfunction. According to patients, the family practitioner is the appropriate professional with whom to discuss this issue. However, few patients receive the medical help needed. A previous qualitative study provided six strategies described by general practitioners who did tackle the topic during consultation. A pilot study showed that using one of these strategies after a training course led to an increase in the rate of consultations where the topic arose from 6.6 % to 30.8 %. The strategies were practicable within the time schedule of a primary care consultation.

Research question: The aim of this study is to compare the efficacy on the incidence of patients suffering from premature ejaculation of a training in communication skills oriented to the pathology to usual care procedures.

Method: A randomized clustered controlled trial, stratified over four areas comparing an intervention group, which will receive the six strategies training session, and a control group, which ensures routine medical care. The main assessment criterion is the incidence of new cases of patient complaining about their premature ejaculation. The amount necessary to highlight a significant difference between the two groups from 5 % to 20 % is 100 patients. This plan is replicated for the four areas, and therefore a total of 600 patients are expected (40 GPs, 15 patients per GP; $\alpha = 5\%$; power = 90%; intra-cluster correlation coefficient $\rho = 0.2$; Hawthorne effect = 15%; lost to follow-up rates for GPs = 10% and for patients = 20%). The secondary criterion for judgment is the modification of quality of life estimated with the SF 12 questionnaire before and one week after the consultation.

Results: This research is in progress.

Conclusions: The implication for practice is the improvement in the quality of patient-centered care within a topic area which encompasses almost 30 % of male sex-related complaints.

Points for discussion:

1. Do you have any experience in cluster controlled trial you want to share?
2. How GPs are trained in communication skills on sexology issues in your country?

**PRESENTATION 47: Saturday 9th May, 2015
14.15-15.30 h.**

**POSTER
Almost finished study**

Management of hyperlipidemia in patients with contraindications in using convectional medicines.

Vitas G. Athanasios, Vitas G. Andreas, Mihailidou G. Anastasia, Panagiotidis Ch. Panagiotis, Fragkoudi Ch. Fotini, Vlachogiannis P. Anestis.

Regional Surgery of Doxato, General Hospital of Drama, Sotiros 3, 66100, Drama-Greece

Phone: +30-6974212472

Email: athanasiosgvitas@yahoo.gr

Background: the aim of this study was the management of hyperlipidemic patients that presented with contraindications to statins and/or ezetimibe and their lipidemic profile had to be improved via use of alternative medication.

Method: the study was conducted over three years in Northern Greece with 52 patients included (age range? 54-84 years). Individual patient medical history including lipidemic biochemistry were recorded at initial evaluation, during administration of nutraceuticals (NU-Oryza Sativa, Policosanol, Astaxanthin, Coenzim Q10) and during three-month follow-up visits. Levels of liver transaminases,CPK and urea and creatinine were further evaluated. Statistical analysis was performed via S.P.S.S.

Results: we evaluated 29 males (55.7%), mean age (SD) 67.09? \pm 10.1 and 23 (44.2%) females, mean age 69.8? \pm 10.4. In total 32 (61.5%) patients suffered from chronic renal failure with mean SD GFR 49.09? \pm 13.98ml/min, 16 (30.7%) suffered from liver disease and 4 (7.6%) had a medical history of rhabdomyolysis or had continuously elevated CPK values. Furthermore, 82.6% of the patients exhibited comorbid diabetes mellitus and cardiovascular disease. SD of Total Cholesterol (TH) prior use of NU was 281.1? \pm 29.9mg/dL. Following administration of NU, SD levels of TH were 239.8 \pm 26mg/dL (p<0.03) at three months and 198? \pm 18.9mg/dL (p<0.002) at six months. A similar pattern was recorded for LDL-cholesterol levels:147.7? \pm 33.04 at baseline, 102.6? \pm 29.7 - p=0.043 at three months and 74.02? \pm 17.7 - p<0.02 at six months. No significant variations in the levels of liver transaminases, CPK and GFR (49.09 / 50.81 - p NS) were observed during the study.

Conclusions: administration of NU resulted in a significant decrease of the lipidemic parameters of the patients and it was seen as early as the first three months of treatment. In conclusion, NU appears to be an ideal choice with regards to the safety and the overall reduction of cardiovascular risk for the management of hyperlipidemic patients for whom convectional medicines are contraindicated.

Points for discussion:

1. Hiperlipidemia.
2. Contraindications.
3. Alternative medication.

**PRESENTATION 48: Saturday 9th May, 2015
15.50–16.20 h.**

**FREESTANDING PAPER
Ongoing study with preliminary results**

Gut Feelings transdisciplinarity in detection of children's serious infections at french paediatric emergency departments?: a national consensus.

Thomas Pernin, Laurence Baumann

Departement de Médecine Générale, Université Paris 7 - Diderot, 18 rue Henri Huchard, 75018, Paris-France

Phone: 33686485471; Fax:

Email: docteur.pernin@gmail.com

Background: In general practice, children are an important part of our patients. In 2012, article ? «Clinician's Gut Feeling about serious infections in children?: observational study»? underlines the important role of Gut Feeling in detection of serious infections in children if no red flag is identified within the consultation. Gut feeling is a transcultural concept studied by GPs with precise definition criterias.

Research question: The aim of this study is to know if this concept exists in french paediatric emergency departments and if there are new criterias and a need to create a specific definition of Gut Feeling for these specific situations.

Method: Focus group with 6 paediatric emergency medicine physicians of a parisian hospital in order to evaluate the transdisciplinarity of Gut Feeling concept and collect criterias to propose a specific definition. Afterwards, national DELPHI rounds with french experts from the French Society of Paediatric Emergency Medicine in order to validate these criterias and propose a national consensus about Gut Feeling definition in the detection of serious infections in children.

Results: Gut feeling is also identified with paediatric emergency physicians in France. On going study for DELPHI rounds.

Conclusions: Gut feeling is also identified with paediatric emergency physicians in France with a new definition (criterias waiting for final results). It can help children health care between GPs and hospital specialists.

Points for discussion:

1. referring a child to ER by mentioning "gut feeling" in the letter?
2. founding a definition for paediatric emergency situations in english?
3. European consensus to go?

**PRESENTATION 49: Saturday 9th May, 2015
16.20-16.50 h.**

**FREESTANDING PAPER
Ongoing study with preliminary results**

Patient's perception regarding a family medicine outpatient clinic embedded in a teaching hospital: Urgent integrated care is needed!

Mehmet Akman, S. Simsek, Serap Çiğçili, D. Karaçizmeli, S. Sakarya
*family medicine, marmara university school of medicine, vali konagi cad. akkirman sok. Nayir apt. c blok
no 30 d: 46 sisli, 34364, istanbul-Turkey*
Phone: 9,0532606685e+011
Email: makman4@gmail.com

Background: During the long introductory phase of family medicine scheme in Turkey, family medicine outpatient clinics (FMOC) were established in teaching hospitals in order to create an teaching environment for residents. After the completion of primary care reforms the presence of university outpatient clinics become questionable.

Research question: What are the perceptions and experiences of patients regarding FMOC embedded in teaching hospitals (TH)?

What are the reasons for them to continue seeking family medicine service from teaching hospitals albeit they all have a family physician (FP) assigned to them in their community?

Method: This is a qualitative study based on focus groups of patients who received health care from both their assigned family physician and teaching hospital family medicine outpatient clinic during the previous 6 months. Each focus group consisted of 6 to 8 patients who gave their informed consent.

Results: Totally 19 patients were participated to 3 focus group sessions. Among the patients 13 were female, 10 were primary school graduates. FP's coordinator role was clearly described. Participants found health care provided by FMOC in TH has a higher quality, on the other hand continuity of care found to be better in community primary care centres (CPCC). CPCC is chosen for only "small" health problems whereas TH is the place to go for serious health problems. TH is described as the place one should go for diagnostic tests. According to patients, FMOC in TH functions as a hub to access specialist care when needed.

Conclusions: Clear borders between primary care and hospital care perception of patients underlines fragmented nature of current health care delivery. Patients benefit from the coordination role of the FMOC in TH most, showing the need of integrated care between primary care and hospitals.

Points for discussion:

Can an integrated care be established without any obligatory referral system?

Can FMOC in TH be a tool to facilitate establishment of integrated care

**PRESENTATION 50: Saturday 9th May, 2015
16.50-17.20 h.**

**FREESTANDING PAPER
Finished study**

Determinants of the compliance with clinical guidelines for the management of chronic conditions in primary care.

Villán-Villán YF, Sonia García-Pérez , Mispireta-Loli S, Sarría-Santamera A
AETS, ISCIII, Monforte de Lemos 5, 28029, Madrid-Madrid
Phone: 34676053400; Fax:
Email: soniagarcia@isciii.es

Research question: The aim of the study was to identify the determinants associated with the compliance of clinical guidelines for the management of chronic conditions in primary care.

Method: Cross sectional study using data from the population survey conducted for the EUprimecare project in Germany, Spain, Estonia, Lithuania, Finland, Hungary, and Italy. The chronic conditions selected for the analysis were Asthma, Chronic bronchitis, Diabetes Mellitus, Hypercholesterolemia, and Hypertension. A logistic regression was conducted. The dependent variable was a composite indicator which determined compliance with recommendation in clinical guidelines for the 5 conditions. The independent variables were a selection of social, clinical characteristics and factors related with the health care system.

Results: The sample was constituted by 1383 patients with median age of 58 (IQR: 19) and 50% women. The dependent variable determined compliance with clinical guidelines in 478 (34,6%) of the patients. All countries presented a lower adherence to clinical guidelines when compared to Spain: Germany (OR: 0.529; CI95%: 0.339-0.825), Lithuania (OR: 0.436; CI95%: 0.290-0.655), Estonia (OR: 0.343; CI95%: 0.222-0.530), Finland (OR: 0.305; CI95%: 0.195-0.475), Hungary (OR: 0.234; CI95%: 0.150-0.365), and Italy (OR: 0.121; IC95%: 0.072-0.202)]. Comorbidity increased compliance (OR: 1.811; CI95%: 1.546-2.121). For individuals with higher satisfaction with their general practitioner, the compliance was also higher (OR: 2.458; CI95%: 1.168-5.175) than for unsatisfied patients. The following of recommendations was lower when it came to men than women (OR: 0.693; CI95%: 0.542-0.886).

Conclusions: Identification of the determinants associated to an adequate performance of procedures in primary care may be useful to improve processes and quality of care. The most relevant finding in terms actions for improvement, is the association of satisfaction and compliance with clinical guidelines.

Points for discussion:

-