EUROPEAN GENERAL PRACTICE
EGPRN
RESEARCH NETWORK

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

EGPRN Co-ordination Centre: Mrs. Hanny Prick
Netherlands School of Primary CaRe Research (CaRe), 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

Heraklion (Crete) – Greece

23rd – 26th October, 2014

SCIENTIFIC and SOCIAL PROGRAMME

THEME: "Economic Crisis and Research in Primary Care"

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

CONFERENCE VENUE

Koinonikos Choros
(Social Space of A. & M. Kalokerinos Foundation)
Koinonikos Choros of A. & M. Kalokairinou Institutes
9 Monis Agarathou street, 71202 Heraklion, Crete (Greece)
Tel. +30 2810 244115
e-mail: koinwnikos.xwros@gmail.com

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 sponsors:

- University of Crete - website: http://www.fammed.uoc.gr/Joomla/
- A. & M. Kalokerinos Foundation - website: https://www.facebook.com/KoinonikosChoros/info
- Regional & local authorities of Cretan Region
- Region of Crete – website: http://www.crete.gov.gr/index.php?lang=en
- Municipality of Heraklion - website: http://www.heraklion.gr/en

ΠΑΝΕΠΙΣΤΗΜΙΟ ΚΡΗΤΗΣ
UNIVERSITY OF CRETE

crete
THE ISLAND INSIDE YOU

MUNICIPALITY OF HERAKLION

ΠΕΡΙΦΕΡΕΙΑ ΚΡΗΤΗΣ
REGION OF CRETE

ΚΟΙΝΩΝΙΚΟΣ ΧΩΡΟΣ
ΙΔΡΥΜΑΤΑ Α.&Μ. ΚΑΛΟΚΑΙΡΙΝΟΥ

"EGPRN and Local Organizing Committee would like to specially thank the local volunteers for their contribution to this conference"

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 during the meeting in Heraklion.

"Economic Crisis and Research in Primary Care".

Dear doctors, researchers, and colleagues,

There is an ongoing interest in the medical literature on exploring the impact of the economic crisis on health care. In general, the impact of the economic crisis can be studied on the utilization of health care services and their quality, on health care outcomes on health care provision in vulnerable groups including immigrants and aging population and on health professional themselves. The impact of economic crisis may be reflected on the increase of healthcare cost, may contribute to the adoption of unhealthy lifestyles, and affect continuity of patient care. The economic crisis has also consequences on the physicians' response to the increasing health needs of the population, workload, and professional or academic career. However, little has been reported on the impact and the role of primary care in alleviating the burden from the society and families/patients and as well as on the quality of primary care services. The October 2014 EGPRN meeting may invite general practice researchers and primary health care practitioners to share either their research outcomes or their research ideas for collaboration on the impact of the economic crisis on primary health care and potential strategies to tackle with the consequences.

Abstracts related to research work on:

- Empirical evidence related to economic crisis and primary health care
- Populations: general population but also vulnerable groups including immigrants, aging population, health professionals
- Barriers to adequate delivery of primary care during economic crisis
- Primary care interventions
- Outcomes: healthcare cost, healthy lifestyles, continuity of patient care, physician's workload

Local Organizing Committee:

- Professor Christos Lionis, MD, PhD, FRCGP (Hon) Professor of General Practice and Primary Health Care, Director of Clinic of Social and Family Medicine, School of Medicine, University of Crete (Local Host)
- Dr. Athina Tatsioni, Assistant Professor, General Medicine, Faculty of Medicine, School of Health Science, University of Ioannina (National representative for Greece at EGPRN).
- Agapi Angelaki MPH, Scientific Researcher, Clinic of Social and Family Medicine, School of Medicine, University of Crete
- Dimitra I.Sifaki-Pistolla, Msc, PhD st, Geographer, GIS analyst, Clinic of Social and Family Medicine, School of Medicine, University of Crete

MEETING EXECUTIVE BOARD
GENERAL COUNCIL MEETING

Executive Boardmeeting
Thursday 23rd October, 2014

09.30 – 12.30: Executive Board Meeting
Executive Board members
Coffeebreaks at 9.30 and 11.00

Location: Koinonikos Choros of A. & M. Kalokairinou Institutes
9 Monis Agarathou street
71202 Heraklion, Crete (Greece)
in: room Library

General Council meeting with the National Representatives
Thursday 23rd October, 2014

14.00 - 17.00 : Council Meeting
Executive Board members and National Representatives
Coffeebreak at 15.30

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

Location: Koinonikos Choros of A. & M. Kalokairinou Institutes
9 Monis Agarathou street
71202 Heraklion, Crete (Greece)
in: room Elytis A and B

REGISTRATION

► Thursday 23 October 2014

REGISTRATION FOR PARTICIPANTS OF **PRE-CONFERENCE WORKSHOPS ONLY**

Location: Koinonikos Choros of A. & M. Kalokairinou Institutes
9 Monis Agarathou street, 71202 Heraklion, Crete (Greece)

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 24 October 2014

REGISTRATION FOR ALL PARTICIPANTS
Time: 08.00 – 08.30 h.

Location: Koinonikos Choros of A. & M. Kalokairinou Institutes

On arrival, every participant, who has not yet paid/registered online, will pay € 400,= (or € 250,= if an EGPRN-member) per person.
+ on site payment +€50 extra administration costs.

FOR ALL EGPRN PARTICIPANTS

Social night on Saturday 25th October 2014 – 19.30 hrs.
Dinner, speeches and party.
Location: 'Steki tou Ippokrati'
Address: Voutes-PAGNI area; 70013 Heraklion
Phone: 2810 542500
Entrance Fee: € 40,= per person.
Please address to EGPRN Registration Desk.

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 Heraklion-Crete (Greece)

with a mark on the location of the Social Space **Koinonikos Choros of A. & M. Kalokairinou Institutes**

See the EGPRN conference website http://meeting.egprn.org/conference-venue-event for an enlarged image.

E G P R N 23rd – 26th OCTOBER, 2014

PROGRAMME OF THE EUROPEAN GENERAL PRACTICE RESEARCH NETWORK IN HERAKLION (CRETE)-GREECE

THURSDAY 23rd OCTOBER, 2014:

Location : Koinonikos Choros of A. & M. Kalokairinou Institutes;
9 Monis Agarathou street, 71202 Heraklion, Crete (Greece)
or
The Megaron Hotel in Heraklion, 9D Beaufort street, Heraklion.
The room will be displayed at the reception.

09.00 - 18.00 : Collaborative Study Group
"WomanPower"
at: **The Megaron Hotel, 9D Beaufort street, Heraklion hotel**
(room: will be displayd at the reception)

09.00 - 18.00 : Collaborative Study Group
"FPDM-Study"
at: **The Megaron Hotel, 9D Beaufort street, Heraklion hotel**
(room: will be displayd at the reception)

09.30 - 12.30: Business Meeting
EGPRN Executive Board Meeting
(only for Executive Board Members)
in: Koinonikos Choros of A. & M. Kalokairinou Institutes
Room: Library

10.00 - 12.30: 2 EGPRN Pre-Conference Morning Workshops;
€65 (€35 for EGPRN members) each per person.
Parallel workshops:
in: Koinonikos Choros of A. & M. Kalokairinou Institutes

a. ***Joint Pre-Conference Workshop European Journal of General Practice and Scandinavian Journal of Primary Care: "Writing for publication"-meet the editors!***
Chairs: Jelle Stoffers and Hans Thulesius (The Netherlands/Sweden)
Room: Teaching room 1

b. ***Pre-Conference Workshop "Submitting a Proposal for HORIZON 2020; focus on content and technical guidance"***
Chairs: Prof. Christos Lionis (Greece)
Room: Teaching room 2

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

13.30 - 16.00: 1 EGPRN Pre-Conference Afternoon Workshop;
€65 (€35 for EGPRN members) each per person.
in: Koinonikos Choros of A. & M. Kalokairinou Institutes

c. ***Pre-Conference Workshop "The (non-)Importance of Statistical Testing (and evidence based practice)"***
Chair: Sil Aarts (The Netherlands)
Room: Teaching room 1

14.00 - 17.00 : Business Meeting
EGPRN General Council Meeting.
Meeting of the Executive Board Members with National Representatives (only for Council Members).
in: Koinonikos Choros of A. & M. Kalokairinou Institutes
Room: Elytis A+B

During the last part of this Council meeting, the EGPRN Committees will take place as well: ►Educational Committee, ►Research Strategy Committee, ►PR & Communication Committee.

17.00 - 17.45 : Business Meeting
Meeting of the EGPRN Working Groups (last part of the Council meeting)
- **Research Strategy Committee – room: Library**
- **Educational Committee – room: Elytis A+B**
- **Communication and PR Committee – room: Elytis A+B**

Social Program: **For ALL EGPRN-participants of this meeting who are present in Heraklion at this time. (Entrance Free)**
18.30 – 20.00 :
- **Welcome Reception and Opening Cocktail for all participants.**
- **Welcome by *Mr. Stauros Arnaoutakis*, President of the Regional Office in Crete;**
- **Welcome by *Mr. Vasilios Lamprinos*, Major of Heraklion;**
- **Welcome by the Dean of the Medical Faculty, University of Heraklion.**

Location: The Basilica of Saint Markus
Address: "Kallergon Square" opposite the fountain of Four Lions.

FRIDAY 24th OCTOBER, 2014

Location : Koinonikos Choros of A. & M. Kalokairinou Institutes;
9 Monis Agarathou street, 71202 Heraklion, Crete (Greece)

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 Keynote Speaker: *Prof. David Stuckler*; (University of Oxford – Dept. of Sociology, United Kingdom).
Theme: *"The Body Economic. How strategies to address economic crisis by several countries have influenced health, especially public health and primary care ".*

09.30 – 11.30 : 4 Theme Papers (plenary) – *"Social"*
in: Elytis A

1. **Maria Papadaki (Greece)**
   Supporting communication in cross-cultural consultations in primary health care settings in Crete: The RESTORE project.

2. **Liliana Constantino (Portugal)**
   Trend of evolution on icpc2 chapter z in primary care in a group of health centres in Portugal.

3. **Jean Sébastien Cadwallader (France)**
   Why and how collecting the social position in general practice?

4. **Darinka Klancar (Slovenia)**
   Health Center as a medical care form on the primary level in countries of former Yugoslavia.

11.30 – 12.00: Coffee break
in: Hall Elytis A

12.00 - 12.40 : Parallel session A – 4 One-Slide/Five Minutes Presentations
in: Elytis A
Chair: E. Diaz

5. **Martin Beyer (Germany)**
   Updating the European Research Agenda of EGPRN: A Conceptual Paper.

6. **Simona Anzivino (Italy)**
   Remote control and setting of medical apparatus for critical patients assisted at home.

7. **Ana Luisa Neves (United Kingdom)**
The implementation of a pay-for-performance (P4P) system on primary care settings: effect on patient-centered outcomes.

8. **Joan Llobera (Spain)**
Use of the health information system for the study of social inequalities**.**

12.00 - 12.50 : Parallel session B – 5 One-Slide/Five Minutes Presentations
in: Library
Chair: C. Huas

9. **Sevim Aksoy Kartci (Turkey)**
The Effects of Weight Loss on Hearing Impairment and Tinnitus.

10. **Ángela Asensio Martínez (Spain)**
Differences in the incidence of unipolar depressive disorder between male and female Spanish national and male and female immigrant patients.

11. **Marie Barais (France)**
Gut feelings questionnaire in real settings: a feasibility study protocol.

12. **Makbule Neslisah Tan (Turkey)**
Pregnancy brain: Does really exist?

13. **Michael Harris (United Kingdom)**
What factors affect GPs' decisions to refer patients with early cancer symptoms for further investigation?

12.50 – 14.00: The Educational Committee Lunch workshop.
Meet the expert: 60 minutes with Professor Christos Lionis who will present and discuss "Developing family practice research with limited resources and poor capacity: towards a practice based model".
in: Elytis A

12.50 -14.00: Lunch
in: Hall Elytis A

12.50 -14.00: Working Group on 'Common Colds'
in: Library
Chair: Birgitta Weltermann.

14.00 - 15.30 : Parallel session C 3 Freestanding Papers *"Geriatrics"*
in: Elytis A

14. **Kiril Slaveykov (Bulgaria)**
Cost effective screening for diabetic retinopathy in the general practice setting during economic crisis.

15. Michal Shani (Israel)
Risk of development of dementia during treatment of hypertension with different calcium channel blockers.

16. Vivien Weiß (Germany)
Attitudes and experiences of family and hospital doctors concerning to the prescription of hypnotics and sedatives.

14.00 - 15.30 : Parallel session D 3 'Special Methodology Workshop'
in: Teaching room 1
chair: J.K. Soler

17. Ioanna Tsiligianni (Greece)
Financial crisis and prescription refills in a rural area in Crete, Greece.

18. Anthony Heymann (Israel)
Assessment of the Underestimation of the Childhood Diarrheal Diseases Burden in Israel.

19. Marie Cederholm (Sweden)
Hypothyrodism and subclinical hypothyroidism- presence, diagnosis and treatment on newly diagnosed patients at Kvartersakuten Matteus in the years 2010-2011,

15.30 - 16.00: Coffee break
in: Hall Elytis A

15.30 – 16.00: 'PROCOPD STUDY'
Chair: Ana Claveria
in: Social Health Practice

16.00 - 17.30 : Parallel session E - 3 Freestanding Papers – "Alternative/Screening"
in: Elytis A

20. Yordanka Staykova-Pirovska (Bulgaria)
Alternative/Complementary medicine in general practice I: opportunities and trends/literature review.

21. Lisa Maria Parisius (Germany)
Use of home remedies: a cross-sectional survey of patients in Germany.

22. Tanju Yilmazer (Turkey)
The Smoking Behaviour of Pregnant Women Consultated at Obstetrical Outpatient Clinic.

16.00 - 17.30 : Parallel session F - 2 Freestanding / 1 Theme Papers – "Methods"
in: Library

23. Patrice Nabbe (France)
FPDM (Family Practice Depression and Multimorbidity): the Hopkins Symptoms

Checklist-25 items (HSCL-25) translation in 10 European languages..

24. Clarisse Dibao-Dina (France)
Cost-effectiveness analysis of asymptomatic peripheral artery disease screening in primary care.

25. Ljiljana Majnaric (Croatia)
Routinelly collected data and Knowledge Discovery/Data mining - an opportunity for research in PHC.

17.30 – 18.00: **Plenary Session**
in: Elytis A

17.30 – 17.50: **Closing of the day by *Prof. David Stuckler,*** keynote speaker, who will summarize on today's theme papers.

17.50 – 18.00: **Prof. Alexis Kalokerinos,** President of the Society of Cretan Historical Studies (SCHS); Ass.Prof. of Linguistics, Dept. of Philology, University of Crete-Greece.

18.00 – 20.00: **Collaborative Study Group**
Joining teams!
Collaborative European General Practice Study 'Family Practice Depression and Multimorbidity' + 'WoManPower'.
Chair: Jean Yves Le Reste.
at: **Elytis A**

Social Programme :

18.00 – 19.30 : **Practice Visits to local Health Centres inside the Koinonikos Choros of A. & M. Kalokairinou Institutes** (conference venue)**.**
Group Visit to the Social Health Care Practice of the Koinonikos Chorus and another group will visit to the Historical Museum of Crete, which is at walking distance.

SATURDAY 25th OCTOBER 2014

Location : Koinonikos Choros of A. & M. Kalokairinou Institutes;
9 Monis Agarathou street, 71202 Heraklion, Crete (Greece)

08.30 - 09.15: **2nd Keynote Speaker: *Dr. Athina Tatsioni*;** (University of Ioannina – Medical School, Greece).
Theme: *"The challenges raised –in the era of economic crisis – for research in primary care ".*

09.15 -10.45: Parallel session G - 3 Theme Papers "Miscellaneous"
in: Elytis A

26. Martina Kamradt (Germany)
Experiencing difficulties in colorectal cancer care: patients`, physicians` and other health care professionals` perspectives on cooperation.

27. Emilie Ferrat (France)
Five-Year Effects of an Interactive General-Practitioner Education Programme on Antibiotic Therapy for Respiratory Tract Infections: A randomised trial.

28. Mihai Sorin Iacob (Romania)
Socioeconomic impact of venous active ulcers and modern treatment with Low Level Laser Therapy (L.L.L.T.) in red and infrared spectrum versus UVA Phototherapy by general practitioners.

09.15 -10.45: Parallel session H - 3 Theme Papers "Mental Health"
in: Library

29. Rosa Magallón Botaya (Spain)
Economic crisis and mental health. SESPAS 2014 Report.

30. Quintí Foguet-Boreu (Spain)
Trends in mental and behavioural disorders through primary care Electronic Health Records during the economic crisis in Catalonia (Europe), 2007-2013.

31. Fiona O'Reilly (Ireland)
Health and homelessness in Ireland from economic boom to bust.

10.45 – 11.15: Coffee break
in: Hall Elytis A

11.15 – 12.45: Parallel session I - 3 Freestanding Papers "Children+"
in: Elytis A

32. Naz Tursun (Turkey)
A Mixed-Method Study About Childhood Obesity Management in Primary Care.

33. Delphine Tchimbakala (France)
Confronting child maltreatment in France: an overview of family physician challenges from suspicion to clinical follow-up.

34. Ana Margarida Menezes (Portugal)
Advantages of using the rapid test in antibiotic prescription in pediatric streptococcal tonsillopharyngitis in Primary Health Care.

11.15 – 12.45: Parallel session J - 3 Freestanding Papers "Cancer+"
in: Library

35. Erika Baum (Germany)
Tiredness/Fatigue as a Symptom in General Practice Results from a systematic review.

36. Lisa Maria Falk Sele (Denmark)
Respiratory alarm symptoms and contact to general practice. A population-based study.

37. Kirubakaran Balasubramaniam (Denmark)
Gynecological cancer alarm symptoms and contact to specialist care – A population-based study.

12.45 – 13.45: Lunch
in: Hall Elytis A

13.45 - 14.15: Plenary: Chairperson's report by Dr. Jean Karl Soler.
Report of Executive Board and Council Meeting.
in: Elytis A

The meeting continues with 5 parallel Poster sessions till 15.45 h.

14.15 – 15.45 : Posters
In five parallel sessions (5 groups)

14.15 – 15.45: Parallel group 1: Posters: *"Mental Health"*
in: Elytis A
chair: Sanda Kreitmayer Pestic

38. Bernard Le Floch (France)
FPDM (Family Practice Depression and Multimorbidity): The French version of the Hopkins Symptoms Check List-25 items (HSCL-25), validation in general practice – Study proposal.

39. Ivan Ivanov (Bulgaria)
Improving quality of patient care by focusing on spiritual problems in general practice: Part of a Pilot Study.

40. Saridaki Aristea (Greece)
Exploring a new indicator to measure well-being: a focus on "eudaimonia" and its association with the economic crisis.

41. Olimpia Maria Varva (Romania)
Naturopathic Disease Prevention on Cardiometabolic Syndrome/Diabetes Approaches.

42. Vildan Mevsim (Turkey)
How does being target-oriented affect test anxiety on high-school students?.

14.15 – 15.45: Parallel group 2: Posters: *"Infections"*
in: Elytis B
chair: Tuomas Koskela

43. Tuomas Koskela (Finland)
Influence of patients' disease understanding and subjective discomfort on self-care practices for common colds: A cross-sectional study at 27 European sites (CoCo study).

44. Christos Lionis (Greece)
Reporting the impact of the economic crisis on vaccination coverage: experiences gained from the vaccination programme on children from families without health care coverage.

45. Bernadett Markus (Hungary)
Step-up versus step down therapy of GERD in the Hungarian primary care.

46. Kalina Trifonova (Bulgaria)
The use of telementoring when dealing with ophthalmology patients as a cost effective-tool in general practice.

14.15 – 15.45: Parallel group 3: Posters: *"DM/HT+"*
in: Library
chair: Radost Asenova

47. Alain Moreau (France)
Symbolic interactions between physicians and type 2 diabetes patients using an educational patient-centered approach (a qualitative study).

48. Ana Clavería (Spain)
Did pharmaceutical expenditure policies modify statins consumption and/or spending?

49. Agnès Peltier (France)
Experience of insulin initiation in type 2 diabetic patients : a qualitative study.

50. Pemra C. Ünalan (Turkey)
Knowledge and beliefs of pharmacists and pharmacy technicians about the pharmacological methods used for smoking cessation.

51. Nur Gündoğan Güneş (Turkey)
Use of hypertension diagnosis and treatment guidelines by family physicians working in primary care and obstacles of guideline use.

14.15 – 15.45: Parallel group 4: Posters: *"Administrative"*
in: Teaching Room 1
chair: Miguel Angel Munoz Perez

52. Francesco Chimuo (Italy)
Can Tele monitoring systems, for better delivery of health care at chronic patients, help General Practitioner?

53. Chatzea Vasiliki-Irene (Greece)
Integration among Greek primary care facilities during an austerity period: First results from a national project.

54. C.Tatsi (Greece)
The Economic crisis and its impact on the health of a rural population on Crete: Three years follow up.

55. Jean Yves Le Reste (France)
Bosnian, Bulgarian, Croatian, French, German, Greek, Italian and Polish General Practitionners add the core competencies of General Practice to the EGPRN definition of Multimorbidity.

14.15 – 15.45: Parallel group 5: Posters: *"Geriatry / Cancer"*
in: Teaching Room 2
chair: Frank Peters-Klimm

56. Zornica Ambareva (Bulgaria)
Health care management of geriatric patients in general practice.

57. Anika Thielmann (Germany)
Chronic stress in German primary care physicians.

58. Antonios Bertsias (Greece)
Dementia screening through primary care physicians: preliminary results from an integrated multidisciplinary project among rural elders in Crete, Greece.

59. Serap Cifcili (Turkey)
An Analysis of the Knowledge and Behaviors regarding Breast and Cervical Cancer Among Non-Health Related Female Personnel at Marmara University Educational Research Hospital: An Educational Intervention Project.

60. Dimitra Sifaki Pistolla (Greece)
Reporting most common cancer cause in the population of crete: preliminary results from the cancer registry and the impact on research in primary care.

15.45 – 16.15: **Coffee break**
in: Hall Elytis A

16.15 – 17.15: **Plenary Session 2 Theme Papers**
in: Elytis A

61. Shlomo Vinker (Israel)
Inequity in the treatment of diabetes mellitus with anti-diabetic agents.

62. Sandra Dijkstra-Kersten (The Netherlands)
The impact of financial strain and income on depressive and anxiety disorders.

The meeting continues with a Plenary Session till 17.55 hrs.
in: Elytis A

17.15 – 17.30 : **Closing of the day by *Dr. Athina Tatsioni,*** keynote speaker, who will summarize on today's theme papers.

17.30 – 17.40 : **Presentation of the EGPRN Poster Prize by *Dr. Tiny van Merode.***

17.40 – 17.50 : **Introduction on the next EGPRN-meeting in Timisoara-Romania by the Romanian national representative.**

17.50 – 17.55 : **Closing of the conference by *Dr. Jean Karl Soler,* EGPRN Chairperson.**

Social Programme :

19.30 - : **Social Night – Gala Dinner, Speeches and Party**
Location: **'Steki tou Ippokrati'**
Address: Voutes-PAGNI area; 70013 Heraklion
Phone: 2810 542500
Entrance Fee: €40,= per person.

The transfer will be by bus.
Meeting point: Opposite Astoria Hotel at 19:00 (at the bus stop).

SUNDAY 26th OCTOBER 2014

Location : Koinonikos Choros of A. & M. Kalokairinou Institutes;
9 Monis Agarathou street, 71202 Heraklion, Crete (Greece)

09.30 – 12.00: 2nd Meeting of the EGPRN Excecutive Board
Room: Library

FRIDAY 24th OCTOBER, 2014:

Location : Koinonikos Choros of A. & M. Kalokairinou Institutes;
9 Monis Agarathou street, 71202 Heraklion, Crete (Greece)

08.45 - 09.30: **1st Keynote Speaker:** ***Prof. David Stuckler*****;** (University of Oxford – Dept. of Sociology, Oxford-United Kingdom).

Theme: *" The Body Economic. How strategies to address economic crisis by several countries have influenced health, especially public health and primary care ".*

The global financial crisis has had a seismic impact upon the wealth of nations. But we have little sense of how it affects one of the most fundamental issues of all: our physical and mental health.

This keynote, based on the speaker's own groundbreaking research, looks at the daily lives of people affected by financial crisis, from the Great Depression of the 1930s, to post-communist Russia, to the US foreclosure crisis of the late 2000s. Why did Sweden experience a fall in suicides during its banking crisis? What triggered a mosquito-borne epidemic in California in 2007? What caused 10 million Russian men to 'disappear' in the 1990s? Why is Greece experiencing rocketing HIV rates? And how did the health of Americans actually improve during the catastrophic crisis of the 1930s? The conclusions drawn are both surprising and compelling: remarkably, when faced with similar crises, the health of some societies - like Iceland - improves, while that of others, such as Greece, deteriorates. Even amid the worst economic disasters, negative public health effects are not inevitable: it's how communities respond to challenges of debt and market turmoil that counts.

This keynote puts forward a radical proposition. Austerity, it argues, is seriously bad for your health. We can prevent financial crises from becoming epidemics, but to do so, we must acknowledge what the hard data tells us: that, throughout history, there is a causal link between the strength of a community's health and its social protection systems. Now and for generations to come, our commitment to the building of fairer, more equal societies will determine the health of our body economic.

David Stuckler, PhD
University of Oxford – Dept. of Sociology, Oxford-United Kingdom
e-mail: david.stuckler@chch.ox.ac.uk

SATURDAY 25th OCTOBER, 2015:

Location : Koinonikos Choros of A. & M. Kalokairinou Institutes; 9 Monis Agarathou street, 71202 Heraklion, Crete (Greece)

08.30 - 09.15: **2nd Keynote Speaker: *Dr. Athina Tatsioni*;** (University of Ioannina – Medical School, Greece).

Theme: *"The challenges raised –in the era of economic crisis – for research in primary care ".*

The global economic and financial crisis, which began six years ago, poses a major threat to health and affects mainly Europe and several other countries [1]. The challenges for European health care systems of high health care costs and poor health outcomes in individuals of low socioeconomic status have been well documented [1-5].

Evidence-based medicine is the conscientious, explicit and judicious use of current best research evidence in making decisions about the care of individual patients [6]. The practice of evidence-based medicine means integrating individual clinical expertise with the best clinical evidence available from systematic research [6]. Examples of evidence-based products include clinical guidelines and quality indicators for measuring performance. However, austerity measures may often pose additional difficulties in the implementation of evidence-based medicine. This gap is particularly apparent in primary care, which has its own distinctive research and implementation culture [7,8]. Moreover, it is expected to be more visible in countries like Greece where integrated primary care is lacking [9].

To bridge the evidence to practice gap in primary care, we need to consider: the causes, usually described as barriers to, and facilitators of implementation. Additional challenges may also rise during economic recession. Thus, we need to evaluate the effectiveness of strategies in optimizing implementation of interventions. Implementation strategies are aimed at optimizing the uptake and/or implementation of research evidence, by overcoming barriers identified by those charged with implementation (eg, practice nurses, general practitioners), to ensure fidelity (deliver the intervention as intended). Implementation strategies are also aimed at optimizing patients' adherence to effective interventions. Besides effectiveness of the interventions, medical decision-making in primary care needs to consider cost as well as patients' priorities and preferences under the new condition of economic recession. Research that will apply cost-effectiveness and cost-utility analytic models may help towards that direction.

Challenges during economic crisis may include the appearance of new diseases (infections), or the evolution of new diseases' combinations (multimorbidity). They may also include complexities in underlying mechanisms and invisible disease determinants as well as more needs for multiple clinical skills and interprofessional collaboration. All these require a skillful practitioner and researcher, and potentially new approaches in family practice research.

To address all the previous issues, which may impede the implementation of evidence-based medicine in primary care, we can enhance research towards the following directions:

- Increase the external validity of good quality trials
- Identify the barriers to implementing effective interventions
- Evaluate patient-centered and compassionate health care outcomes
- Address (socioeconomic) disparities

Well-conducted research in primary care may inform decisions on health policy and contribute to a better recognition of the effectiveness of general practice. More delivery and payment models will need to focus specifically on subsets of the vulnerable population that are at highest risk for poor outcomes and high costs. Models that will be shown to be effective and efficient should be widely disseminated and implemented. In addition, evidence-based community prevention and wellness programs should be expanded to reach individuals who have been highly affected by austerity measures mostly focusing on behavior modification models and interprofessional collaboration. Finally, patient-centered outcomes need to inform the development of future clinical practice guidelines, best practices, and quality measures that will take into consideration socioeconomic disparities, while may re-direct the medical curricula to a more social accountability [10].

Given the rapid pace of change in the health care needs during economic crisis and the current drive of the health care systems to implement more effective and cost-effective interventions,

high quality research in primary care is imperative to provide viable answers for health issues in European societies.

Athina Tatsioni, MD, Assistant Professor General Medicine
Department of Internal Medicine, Faculty of Medicine, School of Health Sciences, University of Ioannina, Ioannina, Greece
e-mail: atatsion@cc.uoi.gr; atatsioni@gmail.com

Christos Lionis, MD, PhD, HonFRCGP
Professor of General Practice and Primary Health Care
Head of Clinic of Social and Family Medicine
Faculty of Medicine, University of Crete, Heraklion, Greece
e-mail: lionis@galinos.med.uoc.gr

References

1. Karanikolos M, Mladovsky Ph, Cylus J, Thomson S, Basu S, Stuckler D, Mackenbach JP, McKee M. Financial crisis, austerity, and health in Europe. Lancet 2013;381:1323–1331.
2. Suhrcke M, Stuckler D. Will the recession be bad for our health? It depends. Soc Sci Med 2012; 74:647–653.
3. Kentikelenis A, Karanikolos M, Papanicolas I, Basu S, McKee M, Stuckler D.
Health effects of financial crisis: Omens of a Greek tragedy. Lancet 2011;378:457–458.
4. Withham, G. Child Poverty in 2012: It Shouldn't Happen Here; Save the Children: London, UK, 2012.
5. Rajmil L, Fernandez de Sanmamed MJ, Choonara I, Faresjö T, Hjern A, Kozyrskyj AL, Lucas PJ, Raat H, Séguin L, Spencer N, Taylor-Robinson D; International Network for Research in Inequalities in Child Health (INRICH). Impact of the 2008 economic and financial crisis on child health: a systematic review. Int J Environ Res Public Health. 2014;11:6528-46.
6. Sackett DL, Rosenberg WM, Gray JA, et al. Evidence based medicine: what it is and what it isn't. BMJ 1996;312:71–2.
7. Salmon P, Peters S, Rogers A, Gask L, Clifford R, Iredale W, Dowrick C, Morriss R. Peering through the barriers in GPs' explanations for declining to participate in research: the role of professional autonomy and the economy of time. Fam Pract 2007;24:269–75.
8. Carlsen B, Glenton C, Pope C. Thou shalt versus thou shalt not: a meta-synthesis of GPs' attitudes to clinical practice guidelines. Br J Gen Pract 2007;57:971–8.
9. Lionis C, Symvoulakis EK, Markaki A, Vardavas C, Papadakaki M, Daniilidou N, Souliotis K, Kyriopoulos I. Integrated primary health care in Greece, a missing issue in the current health policy agenda: a systematic review. Int J Integr Care 2009;9:e88.
10. Lionis C, Petelos E. The impact of the financial crisis on the quality of care in primary care: an issue that requires prompt attention. Qual Prim Care 2013;21:269-73.

PRESENTATION 1: Friday 24th October, 2014 THEME PAPER
09.30–10.00 h. Ongoing study with preliminary results

Supporting communication in cross-cultural consultations in primary health care settings in Crete: The RESTORE project.

Christos Lionis, Maria Papadakaki, Aristoula Saridaki, Maria Vlahadi, Anne MacFarlane and on behalf of the RESTORE Consortium-Clinic of Social and Family Medicine, University of Crete, Faculty of Medicine-Graduate Entry Medical School
University of Crete Medical School, PO Box 2208, 70013 Voutes Residential Area, Heraklion (Crete)-Greece
Phone:+3028 1039 4621; Fax: +3028 1039 4606
E-mail: lionis@galinos.med.uoc.gr

Background: Cross-cultural communication is imperative to be able to support patients of different backgrounds. Currently the migrant population in Greece accounts for more than 10% of the total population and interpreting services is a missing issue and their health needs are not being met.
Research question: The EU-funded RESTORE project [REsearch into implementation STrategies to support patients of different ORigins and language background in a variety of European primary care settings] that is in progress aims to seek interventions that support cross-cultural communication and testing their implementation in various primary health care (PHC) settings across Europe, including Greece.
Method: The RESTORE project combines the Normalisation Process Theory (NPT) and Participatory Learning and Action(PLA) methods consisting of focus groups with stakeholders (health care professionals, migrant representatives, regional health authorities and NGO representatives) using purposeful sampling to choose and implement one pilot intervention at a PHC centre in Heraklion, Crete. An Irish Guideline was selected and culturally adapted entitled "Guideline for Communication in Cross-Cultural General Practice Consultations" (MacFarlane A et al 2012).The 6 month intervention included two phone interpreting services covering over ten languages. Exit questionnaires with the stakeholder group were developed for the health professionals and migrants to evaluate the intervention. The focus groups with stakeholders were audio recorded and will be analysed using qualitative methods to measure the impact of the intervention.
Results: Preliminary results indicated a low uptake of the phone interpreting service. The intervention will be formally evaluated by using NPT and PLA methods through focus group sessions with the stakeholders.
Conclusions: The findings will explore the feasibility of an interpreting service in the Greek PHC setting. The results can promote ideas and shape the PHC reform that is underway in Greece and to be utilised further for General Practice vocational training and regional health care authorities in Crete.

Points for discussion:
1. The austerity periods effect on vulnerable populations
2. New methodology for promoting active research in primary care

PRESENTATION 2: Friday 24th October, 2014 THEME PAPER
10.00–10.30 h. Ongoing study with preliminary results

Trend of evolution on icpc2 chapter z in primary care in a group of health centres in Portugal.

Liliana Constantino, Luiz Miguel Santiago, Inês Rosendo
Rua das Flores Nº 7, 3780-179, Anadia-Portugal
Phone: 963106043
Email: lilyrute@gmail.com

Background: There are conflicting documents regarding Portugal having or not a qualitative/quantitative difference in Health regarding the recent economic crisis (OPSS2012-14). Psychosocial problems may affect heath status. Studies refer a direct relationship between increase in unemployment in context of economic/financial crisis and premature deaths. In 2012 a study on the Portuguese families well-being(n=980) indicated that 22.2%respondents reported reduction of health expenditure. In families with >1 unemployed members (20% of surveyed households), occurred in 39.9% (SEATS, 2012).
Increasing anxiety/depression in Portugal has been identified by sources including clinical records of family doctors(GP). Preliminary data from a northern region analysing the evolution of the GP codes recorded showed a30% increase in diagnosing depression between 2011-2012. More diagnosis are needed.
Research question: How important is the weight(%) of coded Chapter-Z ICPC2 in a group of GP practice(ACES) registers, before and after 2012-2013? What´s the evolution trend in coding regarding Motive for consulting(S), Diagnosis(A),TherapeuticalPlan(P)?
Method: Observational, analytic study of registered ICPC-2 codes in electronic support in GP` appointments; data from each doctor`s clinical files from 2010-2013 on all given Health Centres(HC) in Central Portugal regarding (S), (A),(P). Through MIM@UF electronic statistical program. Analysed data with SPSS 17.0:Descriptive and Inferencial statistics (Kruskal-Wallis, OneWay ANOVA, t – student, Wilcoxson signed rank test.
Results: All results will be available for October presentation. To this point not all results are present. In 2010, before the recent crisis, the coding for Z-chapter was 0,4%(S), 0,4%(A) and almost 0%(P). No quantitative and little qualitative difference between HC. No comparative data to other Portuguese regions.
Conclusions: To be readdressed after all provided results. Little expression in Z-chapter use in GP registers vs some sociologic studies consulted. Investing in Health may serve to protect people and may have an important role to consider in the economic recovery.

Points for discussion:
1. Should ICPC-2 change?: Regarding Z chapter with or without expressed patient agreement, likewise other chapters, or should Z problems be recorded whenever they are important to manage the patient' clinical situation, but only with his/her consent?

PRESENTATION 3: Friday 24th October, 2014 **THEME PAPER**
10.30–11.00 h.

Why and how collecting the social position in general practice?

Jean Sébastien Cadwallader; Yannick Ruelle; Thomas Cartier; Alan Charissou; Sophia Chatelard; Cédric Cheymol; Pierre Chauvin; Mady Denantes; Agnès Giannotti; Hector Falcoff; Delphine Floury; Julien Gelly; Gladys Ibanez; Anne-Marie Magnier; Virginie Ringa
Department of General Practice Paris 6, University Pierre et Marie Curie, 21 Rue Lasson, 75012 Paris-France
Phone: +3368 6674 376
Email: jscadwallader@yahoo.fr

Background: In Europe and especially in France, social inequalities in health exist and are not systematically investigated in general practice.
Research question: What are the most efficient indicators that can be collected to measure the social position of a patient in day-to-day practice by GPs?
Method: Modified Delphi procedure of 14 professionals (GPs, academic GPs, directors of health networks, researchers in public health) frequently in contact with the subject of health inequalities. The first sequence of the procedure consisted in the selection of 33 efficient indicators after a literature review. The second sequence was the consensus phase, lasting one year with two electronic Delphi rounds and 15 meetings.
Results: Seven "essential" indicators were considered as efficient, simple to collect in GP routine: age, gender, address, occupation, employment status, social insurance, understanding written language of the country. Nine other indicators were considered as necessary to collect in some consultations: country of birth, family situation and number of children, living alone, study level, socio-professional category, type of residence, receiving social minimum benefits, perceived financial status.
Conclusions: Those 16 indicators are considered as useful in every day practice. The others are useful at an epidemiological level for research and sharing data. This procedure led to national guidelines edited in January 2014 by the French college of general practitioners. In France there are more than 15 non interoperable systems of data collection and these guidelines insist on the importance of the development of medical software capable of collecting such data.

Points for discussion:
1. Guidelines were published thanks to this work in France
2. Mixed method evaluation is in process for the implementation of such criteria in GP
3. GPs have to be aware of this concept (social inequalities in health)

PRESENTATION 4: Friday 24th October, 2014 THEME PAPER
11.00–11.30 h. Ongoing study with preliminary results

Health Center as a medical care form on the primary level in countries of former Yugoslavia.

Darinka Klancar, Igor Svab
Poljanski nasip 58, 1000 Ljubljana-Slovenia
Phone: +3864 1706 973; Fax: +3861 7050 552
Email: darinka.klancar@siol.com

Background: Many countries implement primary care principles in their policies. The community-oriented health center (COHC) has often been identified as an appropriate organizational model for implementing these ideas. The countries of former Yugoslavia have a long tradition of health centers.They face the challenge of reforming their health care systems.
Research question:
-describe the role of COHC
-identify principles of primary health care and differences between countries
-determine whether COHC is associated with the provision of primary health care principles
Method: The qualitative part of the study was carried out between 2010 and 2011. A questionnaire was sent to two key informants from each of the six former Yugoslavian countries. The set of questions encompassed the following categories: organization and financing, accessibility, community involvement, quality control and academic position of primary care. The qualitative information has been validated by quantitative data from different sources (international studies on primary care and official statistical data for the countries).
Results: Primary care is officially declared as a priority and health centres are still the main organizational form. Other organizational forms were: predominant independent practices and coexistence health centres and independent practices. Primary care was predominately funded by the state, usually through the national insurance company. The main barriers in accessing primary care were financial, geographical and the lack of human resources. Medical care providers cannot independently change the range of services which is defined by the state. Problems of quality control were present in all the countries, mainly due to lack of expertise. In all the countries family medicine was recognized as an academic discipline and was taught in under and postgraduate education.
Conclusions: Formally, health centres still play an important role in the countries of former Yugoslavia. However, the changes in their systems have led to the development of different policies and practices.

Points for discussion:
1. COHC- your experiences about this organizational model on primary health care level
2. What do you think about the statement: »Health center the relict of the past or the vison of the future« ?
3. How can the state enforce the provision of primary

PRESENTATION 5: Friday 24th October, 2014 ONE SLIDE/FIVE MINUTES
12.00–12.10 h. Study proposal / idea

Updating the European Research Agenda of EGPRN: A Conceptual Paper

Martin Beyer
Theodor-Stern-Kai, D-60590 Frankfurt -Germany
Phone: +49-(0)69-6301-83877; Fax: +49-(0)69-6301-6428
Email: Beyer@allgemeinmedizin.uni-frankfurt.de

Background: The European Research Agenda, published in 2009/10, was a major achievement of EGPRN in the last decade. It was the first document to state the 'art' of research in general practice/primary care based on systematic study retrieval before the background of the WONCA definition of general practice/family medicine. The Agenda aimed to help researchers in the field to get funding support for their activities on the ground of research priorities. Five years ahead of that, an updating process of the Agenda is in place. The decision to update will be a complex process with many participants; in this paper I want to propose some ideas which not only involve the Research Strategy Committee (RSC) but the entire EGPRN.
Methods: Very different documents and activities have to be considered: the initial debate about the Agenda (Eur J Gen Pract 2010), adapted definitions of general practice, important national position papers (e.g. on 'generalism' in U.K., or the 'Zukunftspositionen' of DEGAM), and many others. Additionally the 'state of the art' in cross-cutting fields like quality improvement, chronic care, and patient safety will be appraised. EU publishes new directives for further research funding [Horizon2020]. The methodology of producing the agenda can be enabled by new technologies like 'horizon scanning', 'scoping review' or 'evidence mapping'.
Results: An Update of the Research Agenda will (ever) be based on the core competencies of general practice (in their current definition). Cross-cutting research themes should be expanded. The new Agenda should fit to directives of EU or other funding bodies to ease funding.
Benefit for EGPRN: My paper shall be a general appeal to all EGPRN-members to support an update of the Agenda (a decision is not yet met). A programme will clearly depend on participation of many other EGPRN-members as experts in their fields.

Points for discussion:
1. Is the need for updating the Agenda accepted?
2. How can the different activities and and competencies in EGPRN be bundled for the Agenda?
3. Who will support the project?

PRESENTATION 6: Friday 24th October, 2014 ONE SLIDE/FIVE MINUTES
12.10–12.20 h. Research in Progress, without results

Remote control and setting of medical apparatus for critical patients assisted at home

Simona Anzivino, D. Franceschini, A. Gardumi, G. Camin, R. Nardelli, G. Nollo
Healthcare Research and Implementation Program, Fondazione Bruno Kessler, Via Sommarive 18, 38123 Povo (Trento)-Italy
Phone: +39 0461314626
Email: anzivino@fbk.eu

Background: Ageing, increase of chronic diseases, cost savings, and technological advances, are driving to the development of new forms of assistance for assuring continuity of care at home. At home healthcare have to be pursued ensuring the same level of professional assistance that in hospital also thorough appropriate medical devices.
Research question: Can a platform of tele assistance provide advantages in the physician's workload ensuring continuity of care and safeness with high level of assistance?
Method: The system, named RENSY, interfaces different medical devices to a remote platform to allow multiple professionals figures to control apparatus, performances and patient health status. In this way Physicians, Clinical Engineers, Nurses, and caregivers can remotely monitor or act on the patient and on the devices.
Results: The prototype, is currently under testing on patients at the department of pneumology of Health Trust of Provincia di Trento were it is devoted to remotely control bedridden and with limited mobility patients, that require oxygen therapy. By Rensy it is possible to continuously measure and to set the concentration, the flow and the pressure of the outgoing oxygen of an oxygen concentrator and to monitor physiological parameters as micturition, SPO2, heart rate, etcetera.
Conclusions:
Remote control of apparatus and patients is necessary for improving quality of care of critical patients keeping them longer at home in safe and controlled conditions. This technological solution can indeed protect patients and professionals by misusing, malfunctions, false alerts.

Points for discussion:
1. Is the remote control of critical patient an affordable way of care?
2. Healthcare delivery at home poses several questions on physician workload and compliance to safety directive of ambient and devices.

PRESENTATION 7: Friday 24th October, 2014 ONE SLIDE/FIVE MINUTES
12.20–12.30 h. Study proposal / idea

The implementation of a pay-for-performance (P4P) system on primary care settings: effect on patient-centered outcomes.

Ana Luisa Neves, Liliana Laranjo, Ana Costa
Faculty of Medicine, Imperial College London, 34 Comeragh Road, w14 9hr London-United Kingdom
Phone: +4474 7447 9179
Email: ana.luisa.neves@gmail.com

Background: Pay-for-Performance (P4P) schemes are increasingly being implemented in primary health care as a means of both measuring and improving the quality of care provided. Despite the popularity of these incentive programs as a way to meet clinical and organizational targets, there is not strong evidence to support any success in improving patient-centred outcomes.
Research question: Our aim is to evaluate the effect of the implementation of P4P schemes on the quality of delivered care, perceived as patient-centered outcomes.
Methods: A systematic search of the literature will be performed using PubMed, Embase and CINAHL, with the MeSH terms: 'Primary Health Care', 'Reimbursement, Incentive' and 'Task Performance, Analysis'. An additional strategy will include searching the reference list of the articles selected for review. The inclusion criteria for this review (based on the PICOS criteria) are: 1) The population/setting of the study is primary care-centered; 2) The intervention involves P4P; 3) Any type of comparison is accepted (e.g. with control group, with another intervention, pre-post); 4) The outcomes are patient-centered; 5) The study is prospective in design, either experimental (RCT or quasi-experimental) or observational prospective (e.g. cohort). Studies will be screened by independent investigators, and assessed using Cochrane's 'risk of bias' tool. A narrative synthesis will be undertaken and, if viable, a meta-analysis will be conducted.
Expected Results: P4P schemes have been suggested to change the nature of the office visit, make physicians to focus on tasks with high performance scores only and lead to undesirable behaviours such as forced disenrollment of noncompliant patients. We expect our results to clarify the extent of the impact of P4P schemes on the quality of care as viewed from the patients' perspectives, thus leading us to a better understanding of the less clear consequences of these types of financial incentive schemes.

Points for discussion:
1. Which are the unintended consequences of P4P schemes?
2. To which extent may P4P schemes impact the quality of care, in what concens patient-centered outcomes?

PRESENTATION 8: Friday 24th October, 2014 ONE SLIDE/FIVE MINUTES
12.30–12.40 h. Research in Progress, without results

Use of the health information system for the study of social inequalities

Joan Llobera, Elena Cabeza, Angels Pujol, Josep Mateu, Angels Pujol, Bartomeu Sastre, Mateu Mesquida, Sebastià March
Mallorca Priamry health care reseach unit, IB-Salut, C/Reina Esclaramunda nº9, 07003 Palma-Spain
Phone: 971175897
Email: jllobera@ibsalut.caib.es

Background: The sudden fall of public revenues in 2008 initiated and long economical crisis has led Spanish heath care system to cut public health financing though high copayments on drug prescription. In the income-based copayments implanted in 2012 there is a exemption o minimum copayment for disadvantageous situation.
Because of the new information needed to apply the pharmaceutical copayment nowadays we have available information about social health determinants and health inequalities.
Research question: This information about social health determinants is associated with health inequities at individual level and population level?
Objectives: Low income or to be exempt of pharmaceutical copayment is related with: A) Morbidity and risk factors? B) Use/cost of health services? C) MEDEA validated deprivation index?
Methods: Cross-sectional study based on health information system of the Balearic Islands.
Population and study area: All the population covered by the Balearic Public Health Care System (around 1.030.000 people, 490 GPs working in 56 primary care teams).
Sources of information: exclusively from health information system.
Independent variables:
- Low income (<€ 18,000) and disadvantageous situation without copayment for prescribed drugs.
Dependent variables:
- Morbidity and risk factors: Diabetes, HIV, depression, cancer, hypertension, COPD, cardiovascular diseases, high cardiovascular risk, smoking and obesity.
- Use/cost of services: Polymedication; frequent attendance; income and hospital stays; direct healthcare costs.
- Social deprivation: MEDEA.
Adjustment variables: Sex, age, nationality.
Analysis: Multivariate linear/logistic models for each morbidity variable, service use/cost, social position.
Discussion: If the study hypotheses are confirm, the Spanish Health Care System Information would have good indicators of social health determinants. It would have many applications: To evaluate the impact of the crisis (or the political measures associated), to measure social inequalities, to assign resources, for budget allocation for primary care teams or to adjust the impact of the interventions.

Points for discussion:
1. Social determinants of health and use/cost of sanitary services.
2. Impact evaluation of the public policies (and so impact of the crisis on population).
3. Take into account of the health inequalities in primary health care.

PRESENTATION 9: Friday 24th October, 2014 ONE SLIDE/FIVE MINUTES
12.00–12.10 h. Study proposal / idea

The Effects of Weight Loss on Hearing Impairment and Tinnitus.

Çiğdem Apaydın Kaya, Sevim Aksoy Kartcı, Gülşah Yiğit, Ufuk Derinsu, Serap Çifçili
Family Medicine, Marmara University, Barbaros Mah.Karanfil sok. KEnt Pkus E7/17, 34762 Istanbul-Turkey
Phone: +9053 2376 6896; Fax: 2163 491 181
Email: cigdemapaydin@yahoo.com

Background: Hearing loss and tinnitus are very common symptoms in primary care and have important implications for patients' quality of life. However, these symptoms are substantially underdetected and undertreated. Obesity is thought to be a novel risk factor for hearing loss in adults. According to the literature, some chemicals secreted by adipose tissue may be responsible for hearing loss and tinnitus. But there are no information about whether weight loss decreases obesity related hearing loss in humans. Improvement of tinnitus and hearing loss with weight loss will provide a new knowledge to primary care practice.
Research question: Whether weight loss may help reduce hearing loss and tinnitus?
Method: This is a prospective intervention study. The patients between 18-65 years having obesity will be admitted to the study. After medical history questionnaire, all subjects will underwent otoscopy, thmpanography and pure tone audiometric examination. In adddition to these assessments, whispered voice test, tuningforks tests, blood pressure, fasting plasma glucose, lipid, TSH, and creatinin concentration will be measured. Height and body weight and waist circumference will be assesed. In addition to Beck Depression and Anxiety Scale, Tinnitus Handicap Inventory will be applied.
Exclusion criterias are family history of early onset hearing impairment, cognitive dysfunction, pregnancy, women on hormone replacement therapy, known ear disease, exposure to high environmental noise and toxic drugs, neurological or psychiatric disease, brain tumour, vertigo, chronic kidney disease, cancer, head and neck radiation exposure, flying history, travelling up a mountain.
As the intervention to obesity, combination of diet, exercise, and behavioral modification will be used. At 3rd and 6th months of the intervention, all of the measurements will be repeated.
For the analysis continuous variables will be compared by student's t-test, categorical variables will be compared by chi-square test.
Results: We expect weight loss will improve hearing loss and tinnitus.

Points for discussion:
1. In this study, how we should select the patients.
2. Are the suggested control times appropriate?
3. For the measurement of hearing loss and tinnitus which other tests do you suggest?

PRESENTATION 10: Friday 24th October, 2014 ONE SLIDE/FIVE MINUTES
12.10–12.20 h. Study proposal / idea

Differences in the incidence of unipolar depressive disorder between male and female Spanish national and male and female immigrant patients.

Angela Asensio Martínez, Elsan Marlies Esmeyer, Rosa Magallón Botaya
Arrabal health center, Research unit on primary care, St. Aragües del Puerto 26, 50015 Zaragoza-Spain
Phone: +34 635274038
Email: angelacasensio@gmail.com

Background: Unipolar depressive disorder is one of the most prevalent psychiatric disorders in general populations of all western countries. Annually between 4% and 10% from the western population suffers from a depressive disorder. Unipolar depressive disorder is a serious illness that substantially affects sufferers' lives and those of their families. Different studies report that unipolar depressive disorder is highly prevalent among migrants. The prevalence of depression for women is roughly twice that for men worldwide. There are few studies existing about the incidence of depression amongst male and female immigrants in Spain.
Research question: Does the incidence of unipolar depressive disorder and the use of primary care within the region of Aragón differ between immigrant (male and female) patients and Spanish (male and female) national patients?
Methods: A retrospective observational study. The data will be obtained from the electronic medical records register from the region of Aragón, Spain, contains the medical records from all people who make use of the public health centers within the region of Aragón; including the morbidity and the frequency of visiting primary care centers. The main variable will be defined as the total incidence of unipolar depressive disorder within the primary health care centers in the region of Aragón, Spain. The incidence of unipolar depressive disorder will be analyzed by gender. The independent variables are nationality and gender. A immigrant will be defined as a person whose nationality is not Spanish (foreign national). The diagnosis of unipolar depressive disorder is defined by the Diagnosis and Statistic Manual of Mental Disorders (DSM-5). I will collect the data from the electronic medical records register, and analyze this data. After the collection of data it will perform a statistical analysis. The outcome will be described in a research report.

Points for discussion:
1. The incidence of unipolar depressive disorder amongst male and female immigrants compared to Spanish male and female nationals within primary health care centers
2. The morbidity and the frequency of visiting primary care centers
3. Healthcare costs

PRESENTATION 11: Friday 24th October, 2014 ONE SLIDE/FIVE MINUTES
12.20–12.30 h. Study proposal / idea

Gut feelings questionnaire in real settings: a feasibility study protocol.

Marie Barais, Johannes Hauswaldt, Slawomir Czachowski, Claire Liétard, Erik Stolper
Paul Van Royen
Département Universitaire de Médecine Générale, Université de Bretagne Occidentale
22 avenue Camille Desmoulins, 22238 Brest Cedex 3-France
Phone: +3369 8189 681; Fax: +3329 8016 474
Email: marie.barais@gmail.com

Background: The Gut Feelings Questionnaire (GFQ) is a 10 items questionnaire based on the consensus statements defining the Gut Feelings. The aim of the GFQ is to determine the presence or absence of gut feelings in diagnostic reasoning of general practitioners (GPs). The GFQ can be used in a study to measure the prevalence of gut feelings and their predictive value for a serious disease. The construct validity of the questionnaire was tested using case vignettes. The questionnaire was never evaluated in real settings by GPs during office hours.
Research question: How feasible is it to use the gut feeling questionnaire in daily practice in primary care?
Method: Mixed methods approach with a quantitative part covering GPs filling in the GFQ after each consultation during two half days within one week, and a qualitative part covering semi structured interviews with the GPs involved in the feasibility. Average time of filling out the questionnaire as estimated by the GP, and disruption of daily routine and additional workload from execution of the questionnaire are both estimated on a four point scale. Interviews are guided by open questions: “How do you assess the practicality of the questionnaire in your daily practice? In your opinion, are there defects in the questionnaire? Are there unclear points you would change in the questionnaire?” A content analysis of the transcribed interviews is intended. This study is an international EGPRN project involving GPs in France, the Netherlands, Belgium, Germany and Poland.
Results: -
Conclusions: -

Points for discussion:
1. Which experience regarding feasibility studies would you like to share?
2. How to integrate questionnaire administration in daily practice?

PRESENTATION 12: Friday 24th October, 2014 ONE SLIDE/FIVE MINUTES
12.30–12.40 h. Study proposal / idea

Pregnancy brain: Does really exist?

Makbule Neslisah Tan, Aysen Mert Bengi, Vildan Mevsim
Family Medicine,Dokuz Eylul University, Mithatpasa Cad. No: 374/6 Karatas Izmir, 35280 Izmir-Turkey
Phone: +90 505 5669019
Email: drnesli293@hotmail.com

Background: Women frequently report cognitive problems, particularly forgetfulness, both during pregnancy and shortly after becoming mothers. Many of them start to see at least some improvement once they adjust to their new lives. It's sometimes called “placenta brain” or sometimes "pregnancy brain". Some authors reported that pregnancy brain is a myth, but if it's real?
Although there is a variety of theory that support the reports of cognitive deficits in pregnancy and post-partum period, still there isn't enough information to support the existence of pregnancy brain. One of the theories includes brain shrinkage says that the brain returns to normal after birth. The other theory states that the problems are driven by hormonal fluctuations during pregnancy. While others believe that it is just a period of time where the mother has so much to think with all the changes the future holds.
Before investigating the potential causal factors; we think that these deficits have not yet been clearly demonstrated because they may be mild impairments. Using an appropriate test for mild cognitive dysfunction can detect the difference, and if it exists our mission is to give advice what to do.
Research question: Does cognitive performance change in pregnancy when compared to the postpartum period?
Method: A cross-sectional study is designed based on a questionnaire, consisting of questions including sociodemographic characteristics, factors that influence cognitive functions and the Montreal Cognitive Assessment (MoCA) test. The questions will be administered face-to-face who agree to participate. The survey will be done on a representative sample of 3 primary health care practitioners and 200 pregnant women. To examine cognitive function the data will be collected in the same women during the third trimester of pregnancy and again within 6-8 weeks after delivery. The analysis of quantitative data will be carried out using SPSS 15.0.
Results: -
Conclusions: -

Points for discussion:
1. Design of study population - Is it better to examine the difference in the two groups (pregnant and non-pregnant)?
2. What confounding factors should I account for?
3. Should we exclude pregnant woman with a progesterone treatment?

PRESENTATION 13: Friday 24th October, 2014 ONE SLIDE/FIVE MINUTES
12.40–12.50 h. Study proposal / idea

What factors affect GPs' decisions to refer patients with early cancer symptoms for further investigation?

Michael Harris
Gore Cottage, Emborough, Old Gore Lane, BA3 4SJ Radstock-United Kingdom
Phone: +441761241366
Email:michaelharris681@btinternet.com

Background: There is wide variation in the 1-year cancer survival rates across Europe.
One possible cause is delay in referral from primary care, leading to more advanced stage of disease at diagnosis.
Research question: What factors affect GPs' referral decision-making in patients who may have cancer, how do those vary across countries and how does that correlate with national cancer survival rates?
Method: Our EGPRN group plans an exploratory questionnaire using validated vignettes to explore the factors that affect GPs' referral decisions.
Each of the 13 countries in our Örenäs European collaborative research network will be asked to recruit 50 primary care doctors to take the survey.
Results: The data will be analysed for links between variations in factors affecting likelihood of referral and high/low year-1 cancer survival rates.
Conclusions: The results will help us to produce recommendations on how countries with poorer cancer survival rates can improve them, and how those that already have good survival rates can make them even better.

Points for discussion:
1. 1-year cancer survival rates are generally taken to be an indicator of how advanced the disease is at the time of diagnosis.
2. GPs' referral decision-making is thought to be one factor that can affect the speed of diagnosis.

PRESENTATION 14: Friday 24th October, 2014 FREESTANDING PAPER
14.00–14.30 h. Ongoing study with preliminary results

Cost effective screening for diabetic retinopathy in the general practice setting during economic crisis.

Kiril Slaveykov, Ivan Tanev, Kalina Trifonova, Lyubima Despotova
Dept. of Ophthalmology and General medicine, Trakia University, Armeiska 11 str, 6000 Stara Zagora-Bulgaria
Phone: +359 886 712 078
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. In the conditions of world economic crisis methods applicable in the general practice setting become of primary importance as they offer excellent cost/ effectiveness ratio.
Research question: Is the Welch-Allyn iExaminer system a cost effective alternative for diabetic retinopathy screening?
Method: A Welch-Allyn iExaminer system was used, including panoptic opthalmoscope, iPhone 4S and phone adapter. Non-mydriatic fundus images were taken by general practitioners in general practice centers. A 100 eyes were photographed (both eyes in 50 patients with diabetes). The images are then send to an ophthalmologist for evaluation, while and on site ophthalmologist examines the patients. A comparison is made between the image evaluation and the direct examination.
Results: The system has passed FDA approvement and is already in use in the USA. Screening days were announced, during which the presented method will take place. Preliminary results show over 80% specificity and sensitivity. The method is cost effective, with initial prize of the system around 1/10th of that of a mobile fundus camera, no travel expences, reduced waiting time and loss of working days.
Conclusions: The presented method is part of a larger study and the main tool in a PhD thesis that aims to present a cost effective method with high sensitivity and specificity for screening and monitoring of diabetic retinopathy in remote areas.

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?

PRESENTATION 15: Friday 24th October, 2014 FREESTANDING PAPER
14.30–15.00 h.

Risk of development of dementia during treatment of hypertension with different calcium channel blockers.

Michal Shani, Leonid Feldman, Shlomo Vinker
Family Medicine Department Tel Aviv University, Tel Aviv University, Box 1056
76804 Mazkeret Batya-Israel
Phone: +9725 6260 973; Fax: +9728 9454 383
Email: michal.shani@gmail.com

Introduction: Arterial hypertension (HTN) is proved to be a risk factor for development of dementia [Curr Cardiol Rep. 2003;5; 435-40]. Medical treatment with blood pressure lowering drugs may decrease the risk of dementia [Arch Neurol 2006; 63: 686-92]. Experimental study pointed to the possibility of difference between different calcium channel blockers (CCB) in their neuro-protective effect [Mol Med 2011;17;147-62]. The aim of our study was to compare the risk of dementia during treatment of hypertension with one of three different CCB with such a risk during treatment without CCBs.
Methods: This is a retrospective cohort study based on electronic database of Clalit Health Services, Central District. Study period was 11 years (2002-2012). Inclusion criteria: age 40-75, diagnosis of HTN and absence of diagnosis of "Dementia" at the follow-up starting point before 2002, minimal duration of treatment > 30 month with single specific CCB. Patients with HTN who never treated with CCB were the control group. Diagnosis of dementia was established according to appearance of its diagnostic code or prescription of medication for its treatment – whatever occurred first.
Results: 19,689 patients were included in the study. The mean age was 60.4 years, 50.1% were males and the mean creatinine was 1.01 mg/dL. Dementia developed in 1,184 (6.0%) patients.

Table 1. Risk of dementia during treatment with 3 different CCBs

Amlodipine n=4,044	Lercanidipine n=630	Nifedipine n=2,093	No CCB N=12,922
Treatment period, months	Amlodipine- 68.1	Lecarnidipine- 79.1	Nifedipine- 90.7
HR of dementia (not adjusted)			
Amlodipine- 0.81 P=0.006;	Lercanidipine- 1.31; P=NS;	Nifedipine- 1.1 P=NS	No CCBs- 1.0
HR of dementia (adjusted)			
Amlodipine- 0.67 P<0.001;	Lecarnidipine- 0.89 P=0.440;	Nifedipine 0.74 P=0.001;	No CCBs- 1.0

Conclusions: Treatment of arterial hypertension with Amlodipine or Nifedipine may be associated with decreased risk of development of dementia, than treatment without use of calcium channel blockers.

Points for discussion:
There are differences between different CCBs in their protective effect against dementia.

PRESENTATION 16: Friday 24th October, 2014 FREESTANDING PAPER
15.00–15.30 h. Ongoing study with preliminary results

Attitudes and experiences of family and hospital doctors concerning to the prescription of hypnotics and sedatives.

Vivien Weiß; Kati Straube; Roland Nau; Wolfgang Himmel, Eva Hummers-Pradier
University Medical Center Göttingen, Institut of General Practice, Humboldtallee 38
37073 Göttingen-Germany
Phone: +49 (0) 551 39-14227; Fax: +49 (0) 551 39-9530
Email: vivien.weiss@med.uni-goettingen.de

Background: Little is known about the prescription of benzodiazepines and Z-drugs (benzo-Z's) at the interface of hospitals and family doctors. Our mixed methods project (funded by the federal ministry of health) addresses the potentially risky use of benzo-Z´s in the elderly as well as the attitudes and experience of hospital and family doctors concerning advantages and disadvantages of benzo-Z's. Aim of this work package is to reconstruct and understand the decisions of prescribing benzo-Z's at the interface of hospitals and family doctors.
Research questions:
• Which attitudes and experiences do hospital and family doctors have in regard to the prescription of benzo-Z's?
• Which relevance does the discharge medication from hospitals have for family doctors?
• Which aspects of the prescribing process could be improved?
Method: This part of the project is explorative with a qualitative approach. To understand and reconstruct the prescribing process at the interface of hospitals and family doctors those will be interviewed explorative. Sampling will consider gender, age, job function, experience practice and practice location. The interview guidelines are developed based on a previous quantitative survey and a systematic literature review and include subjects like: experiences and attitudes regarding the prescription of benzo-Z's, external influence by reimbursement method and physician-patient relations, knowledge of benzo-Z's, alternative therapies, critical incidents. The data material resulting from those interviews will be analyzed with Mayring's qualitative content analysis.
Results: The study is still developing the interview guideline, results are not yet available.
Conclusions: For the first time in Germany, this qualitative study will provide knowledge about the process of prescribing benzo-Z´s as well as knowledge about attitudes and experiences of healthcare professionals with regard to benzo-Z's. In future, interventions which have a positive effect on the prescription of benzo-Z's, should be developed.

Points for discussion:
1. Should other parties also be considered as well in order to be able to reconstruct the process of the prescription of benzo-Z's?
2. Which aspects for the study or subjects for the interview guideline are important, too?

PRESENTATION 17: Friday 24th October, 2014 SPECIAL METHODOLOGY WORKSHOP
14.00–14.30 h. Ongoing study with preliminary results

Financial crisis and prescription refills in a rural area in Crete, Greece.

Ioanna Tsiligianni, Christos Lionis
Asites Rural Practice, Faculty of Medicine, University of Crete, University of Crete - Faculty of Medicine - Department of Social and Family Medicine, 71003 Heraklion-Greece
Phone: +30 2810 261048
Email:pdkapa@yahoo.gr

Background: The economical crisis in Greece has been described as omens of a Greek tragedy with significant consequences in terms of mortality, suicide rates, depression and poor medication adherence and compliance. Although it is well known that medication adherence and compliance is poorer in austerity periods, data from rural practices are limited.
Research question: The aim of this ongoing study was to explore the reasons why patients visiting a rural practice refilled the same prescription more than twice per month.
Method: Over a 6 months period in a rural area in Crete, Greece 94 patients asked for a refill of the same prescription in the same month. Since the prescription, patients have 5-7 days to purchase the medications from the pharmacy. Sometimes patients overpass these days therefore they have to refill the prescription as the prescription is not valid anymore. For these patients an open question of 'what was the reason that you did not take your medications from the pharmacy in time' was adressed .
Results: Mean age was 65. Almost all participants (92 out of 94) had an annual family income of less than 10.000 Euros and 86 patients suffered from more than three chronic conditions. Seventy two patients answered that they often miss the prescription because of financial problems (resulting in a cost-related medication non-adherence). Twelve patients reported that they had forgotten to go to the pharmacist. Ten patients stated that they did not find the medications in the pharmacies so while they searched for alternative pharmacies the prescription was not valid anymore.
Conclusions: The findings reveal that many chronically ill patients living in rural areas, often have to refill their prescriptions due to financial reasons resulting in poor medication adherence. The austerity in Greece may have significant health consequences for adults with chronic illness.

Points for discussion:
1. Ways to improve medication address in daily clinical practice; if this is poor due to financial restrictions.

PRESENTATION 18: Friday 24th October, 2014 SPECIAL METHODOLOGY WORKSHOP
14.30–15.00 h.

Assessment of the Underestimation of the Childhood Diarrheal Diseases Burden in Israel.

T. Ziv, Anthony Heymann, J. Azuri, M. Leshno, D.Cohen
Dept. General Practice, Tel Aviv University, Ramat Aviv, 62612 Tel Aviv -Israel
Phone: +9725 0880 0130
Email: tonyheymann@gmail.com

Background: There is considerable underreporting of diarrheal disease in the community. Absenteism from work is a common result and is associated with high societal economic costs.
Research question: We determined the extent by which mandatory reporting on isolates of Shigella and Salmonella underestimates the burden of diarrheal diseases among children aged 0-17 citizens under 17 years old in Israel and examined pediatricians' knowledge, attitudes and practices related to patient visits with diarrheal diseases.
Method: A telephone nationwide population-based survey for presence of diarrheal diseases, Maccabi Healthcare Services databases and a mail survey among its pediatricians were the sources of data.
Results: Approximately six percent 7% of 14921 subjects reported a diarrheal episode during the two weeks prior to the interview. The rate of visiting a physician with and without fever was 86% and 16% respectively. Around 20% of patients performed a stool culture and the isolation rates were 7.1% for Shigella and 2.1% for Salmonella. Pediatricians (n=214) ranked a very young age of the patient and the complaint "bloody diarrhea" as the most important determinants.
Conclusions: One reported isolate of Shigella or Salmonella represented 152 diarrheal episodes of all etiologies. This estimate is important for further assessments of the true burden of diarrheal diseases.

Points for discussion:
1. Is the method chosen for gathering data appropriate?
2. What would be the most appropriate method of assessing the economic consequences of this phenomenon in the follow up research?

PRESENTATION 19: Friday 24th October, 2014 SPECIAL METHODOLOGY WORKSHOP 15.00–15.30 h.

Hypothyrodism and subclinical hypothyroidism- presence, diagnosis and treatment on newly diagnosed patients at Kvartersakuten Matteus in the years 2010-2011.

Marie Cederholm, Lars Backlund
Kvartersakuten Matteus Stockholm, Sankt Eriksgatan 19, 11239 Stockholm-Sweden
Phone: 0736824611
Email: mariecederholm@hotmail.com

Background: Suspected hypothyroidism causes testing to see if decreased function of the thyroid gland is present. Subclinical hypothyroidism is a condition where the thyroid stimulating hormone (TSH) is elevated while the levels of thyroid hormone(T4) are within the reference range. The prevalence of hypothyrodism is between 4% and 8% of the population. The evidence for thyroxine treatment of subclinical hypothyroidism is inadequate.
Research question: To investigate the presence of patients with newly diagnosed hypothyroidism and subclinical hypothyroidism at Kvartersakuten Matteus. How many patients were newly diagnosed with each condition, during the years 2010-2011? What was the decision making for diagnosis (TSH/T4-levels, presence of TPO-antibodies) based on? What proportion of patients received treatment?
Method: A retrospective quantitative journal study. Adult patients who visited the health center and had newly diagnosed hypothyroidism and those patients with laboratory value of TSH> 3.5 from 2010-01-01 to 2011-12-31 were studied
Results: The study population consisted of 70 (80%) women and 18 (20%) men. Number of patients with subclinical hypothyroidism or normal TSH values were 83 (94%) and the number with hypothyroidism were 5 (6%). Of the 83 patients with defined subclinical hypothyroidism or normal TSH 64 (77%) were diagnosed as hypothyroidism. In these groups 31 (37%) were positive for TPO- ab, 28 (30%) were negative for TPO-ab and in 24 (29%) this information was absent.The number who received treatment with thyroxine, 73 (83%). Among those who had normal TSH or subclinical hypothyroidism 68 patients (82%) received treatment with thyroxine. In the group not diagnosed as hypothyroidism 9 (47%) received treatment.
Conclusions: The majority of patients with newly diagnosed hypothyroidism had a subclinical hypothyroidism. The presence or absence of TPO AK showed no clear relationship to the setting of diagnosis. The majority of patients with hypothyroidism and subclinical hypothyroidism were treated with Thyroxine.

Points for discussion:
1. The decision making for setting for diagnosis hypothyrodism.
2. The role of general practice-are there other reasons, perhaps through relathionship building, that affects our decision making in setting diagnosis and treeting och subclinical hypothyroid.

PRESENTATION 20: Friday 24th October, 2014 FREESTANDING PAPER
16.00–16.30 h. Ongoing study with preliminary results

Alternative/Complementary medicine in general practice I: opportunities and trends/literature review.

Yordanka Staykova-Pirovska, Lyubima Despotova-Toleva
Ophthalmology and Family medicine, Trakia University, Stara Zagora, str. Armeiska №11
6000 Stara Zagora-Bulgaria
Phone: 0897992797
Email: orhideakatlea@abv.bg

Background: In recent years studies have shown that alternative/complementary medicine(AM / CM) is one of the fastest growing areas in the modern healthcare. AM /CM is becoming more and more popular not only among patients, but also among family doctors. Here we present some results from the initial stage of the research devoted to implementation of AM/CM in general practice \PhD thesis\. Such a study is performed for first in Bulgaria.
Research question: Are GPs and patients aware of the opportunities and trends in the implementation of AM/CM in general practice?
Method: Bibliographic search was conducted, using approved medical data bases /PubMed, Embase, free seach on Internet/. Three steps selection filtered initially found materials /scientific articles/. Initially we used several word combinations according to the topic and selected materials by title. Than selected abstracts were screened. At the end full text articles were assessed.
Results: On the first step the search revealed over 7 million results for AM/CM and Family medicine. Abstract selection reduced our search on approximately 150 articles closely related to our parameters. They analyze AM/CM in general practice. Final selection approved 50 full text articles. Half of them describe the use of CAM in General practice from family doctors perspective, and the other half from patient point of view. After materials were collected and analyzed, two questionnaires - for patients and for GPs - were created.
Conclusions: From our results become clear that in many countries in Europe, US, Australia, etc., patients are aware and search AM/CM treatments from their GPs. GPs show marked interest towards these methods. They are ready to discus and offer such options to patients.. On the next stage of the study we intend to compare the Bulgarian results with those described in the foreign scientific literature.

Points for discussion:
1. Do you recommend AM/CM methods to your patients?
2. Are you feeling comfortable when your patients are asking about AM/CM opportunities?
3. Which methods of AM/CM you prefer or recommends to your patients?

PRESENTATION 21: Friday 24th October, 2014 FREESTANDING PAPER
16.30–17.00 h.

Use of home remedies: a cross-sectional survey of patients in Germany.

Lisa Maria Parisius, Beate Stock-Schröer, Sarah Berger, Katja Hermann and Stefanie Joos
General Practice and Health Services Research, University Hospital Heidelberg, Voßstraße 2 69115 Heidelberg-Germany
Phone: +49 (0)6221-56-4825; Fax: +49 (0)6221-56-1972
Email: lisa.parisius@med.uni-heidelberg.de

Background: Reliable information regarding patient knowledge of home remedies and the types of health problems patients use them for is scarce. Nevertheless, anecdotal evidence indicates that home remedies are used by patients for managing minor health problems and that this can be sufficient for symptom management.
Research question: The aim of the study was to explore patient use of home remedies in Germany.
Method: The developed and revised questionnaire was comprised of questions about general knowledge and experienced efficiency of home remedies, the use of home remedies for common health problems and socio-demographic data. Patients were recruited via randomly selected addresses of general practitioners (GPs) in three regions of Germany (Heidelberg, Erfurt and Hanover and surrounding areas). The questionnaire was handed out in the waiting area of GP practices. The data was analyzed descriptively.
Results: 480 of 592 patients from 37 GP practices were included, according to a response rate of 81%. Based on the survey results, home remedies were widely known and used by about 80% of our respondents (on average 22 different home remedies were used per person). The most frequently used home remedies were steam-inhalation, hot lemon drink, honey, chamomile tea and chicken soup. 80% of respondents tried home remedies before pharmaceutical options. Information about home remedies was most commonly gained from family members, rather than from written guides, media or GPs.
Conclusions: These results provide an initial overview on the use of home remedies from the patient's perspective. Bearing in mind the high use of home remedies that was reported by patients in the study, it is highly likely that GPs in Germany may need to advise patients on their use of home remedies during consultations. To this end, given the scarcity of reliable information on home remedies, further research is needed.

Points for discussion:
GPs lack of knowledge on the use of home remedies of their patients.

PRESENTATION 22: Friday 24th October, 2014 FREESTANDING PAPER
17.00–17.30 h. Ongoing study with preliminary results

The Smoking Behaviour of Pregnant Women Consultated at Obstetrical Outpatient Clinic.

Tanju Yilmazer, Pınar Koksal, Haluk Mergen, Kurtulus Ongel
Family Medicine, Izmir Tepecik Training and Research Hospital, Gaziler Cd No:468
35183 Izmir-Turkey
Phone: +90 505 5079 612; Fax: +90 232 4330756
Email: tjyilmazer@hotmail.com

Background: Smoking during pregnancy leads serious health problem at the mother and the foetus. We aimed to display the factors and changes at smoking behaviour of 15 to 49 years old women who smoke during pregnancy.
Research question: Do pregnant women quit smoking and what are the obstacles and setbacks for the pregnant women who quit to continue on cessation of smoking?
Method: This is a descriptive study where a revised form of Pregnancy Risk Assessment Monitoring System (PRAMS) questionnaire was used through an online consent from the editors at CDC. The questionnaire was given to 523 pregnant women who have applied to Obstetrical outpatient clinic. SPSS statistical package was used and Pearson Chi square was used to determine significance
Results: 523 pregnant women were given the Survey; 153 (%30) had smoked anytime during the last two years. Nonetheless %21 percent smoked during their pregnancy. The pregnancy was planned for 68.8% of pregnant women. Yet only 9.6% quit smoking before becoming pregnant and 20.4 had quit when they learned about their pregnancy. Age, education level, occupation, comorbid disease, number of previous children, economical income level played no significant role in smoking during the pregnancy.
Only 16.9% of the pregnant women who quit smoking stated that they will continue at cessation of smoking. Of those who have quit (35%), only 8.9% said they received any medical help. Among those who smoked during the pregnancy 89.7% said they have decreased the number of cigarettes smoked daily
Conclusions: Primary Health Care Units and health workers must provide information on the dangers of smoking not only to pregnant women but also to all women of childbearing age and offer methods to those who wish to quit. Those who successfully quit should also be helped to avoid postpartum smoking relapse.

Points for discussion:
What might be some of the ways for health units and health workers in managing pregnant smokers?
Why is it important to make the household of the pregnant women in cessation of smoking?

PRESENTATION 23: Friday 24th October, 2014 FREESTANDING PAPER
16.00–16.30 h.

FPDM (Family Practice Depression and Multimorbidity): the Hopkins Symptoms Checklist-25 items (HSCL-25) translation in 10 European languages.

Patrice Nabbe, J.Y. Le Reste, B. Le Floch, S. Czachowski, C. Doer, R. Asenova, S. Stojanovic-Spehar, M. Hasanagic, D. Lazic, H. Lingner, C. Lygidakis, S. Argyriadou, A. Claveria, M.I. Fernandez San Martin, M.A. Munoz Perez, J. Derrienic, E. Melot, M. Barais, H. Van Marwijk
Département de Médecine Générale, ERCR SPURBO, Faculté de Médecine et des Sciences de la Santé, Université de Bretagne Occidentale, 22 avenue Camille Desmoulins, CS 93837 29238 Brest Cedex 3C-France
Phone: +332 98 01 65 52; Fax: +332 98 01 64 74
Email: patrice.nabbe@univ-brest.fr

Background: GPs often diagnosed depression. Diagnostic depression tools had been developed in primary care. Under the hospice of the European General Practitioner Research Network (EGPRN), a study was in order to select one diagnostic tool usable in general practice. By a consensus procedure throughout Europe, a tool had been selected for his effectiveness, reliability and ergonomics combined: the Hopkins Symptom Check list-25 (HSCL-25). The HSCL-25 is a screening instrument to identify common psychiatric symptoms. It is a self-questionnaire used to compare the assessment of psychiatric illness made by GPs.
Research question: In order to conduct European studies, HSCL-25 needs reproducible translations taking into account of cultural specificities.
Method: For each language, HSCL-25 undergone a Forward/Backward translation. Two translators (an academic translator and a GP researcher) were recruited for the forward translation. A panel of each countries expert English practitioner, partly researchers, was build. The panel of experts finalised the forward translation by a Delphi procedure. A different translator who did not know the original version did an English backward translation.
Results: The study already yielded to obtain translation in Greek, Polish, Bulgarian, Croatian, German, Catalan, Galician, Castilian, Italian and French. To avoid selection bias, the composition of each panel was strictly controlled. One to two Delphi round was sufficient for each language.
Conclusions: Translation in Greek, Polish, Bulgarian, Croatian, German, Catalan, Galician, Castilian, Italian and French are finished. A cultural control check will follow to ensure the homogeneity of translation. Next, the HSCL 25 will be validated quantitatively in each country.

Points for discussion: -

PRESENTATION 24: Friday 24th October, 2014 FREESTANDING PAPER
16.30–17.00 h.

Cost-effectiveness analysis of asymptomatic peripheral artery disease screening in primary care.

Arnaud Franceschi, Emmanuel Rusch, Clarisse Dibao-Dina, Anne-Marie Lehr-Drylewicz, Jean-Pierre Lebeau, Daniel Alison, Jean-Louis Guilmot
DUMG Tours, Equipe EES - Université François Rabelais, 10 boulevard Tonnelé, 37000 Tours-France
Phone: +336 1113 0981
Email: clarisse.dibao-dina@univ-tours.fr

Background: Peripheral Artery Disease (PAD) screening by measuring the Ankle Brachial Index (ABI) is recommended in French guidelines, followed by management of the other cardiovascular risk factors and medication by a tri-therapy (statin, aspirin and angiotensin-converting enzyme inhibitor). However, this screening has never been evaluated in terms of efficiency in primary care and is not done in practice.
Research question: What is the estimated efficiency of a systematic screening strategy of PAD in primary care?
Methods: Interventional prospective study in primary care. Voluntary physicians of the Centre area were recruited and asked to include at least 5 patients over 50 years old (men) or 60 years old (women) with at least two cardiovascular risk factors. Physicians were asked to measure their ABI by a furnished Doppler device, to manage their results the way they wanted and to assess the feasibility of PAD screening in primary care. The primary outcome was the Incremental Cost-Effectiveness Ratio (ICER) of the screening strategy of the PAD and its management by the number of avoided cardiovascular event at 10 years. Cost-efficacy analyses were performed with an actualization rate at 10 years of 4%.
Results: Twenty-nine physicians accepted to participate and 24 of them recruited 216 patients between the 1st October 2013 and the 30th April 2014. Patients were 64 (±11) years old with an ABI at 1.08 (±0.13). Physicians measured the ABI during a dedicated consultation for 164 patients (76%). After this screening, 179 patients (87%) did not receive any additional medication. The risk of a cardiovascular event at 10 years for the 216 included patients was estimated at 30.36% before the screening and 28.83% after the screening. The ICER was estimated at 43 419 euros.
Conclusion: Sensibility analyses are still in progress.

Points for discussion:
1. The tri-therapy of PAD has never been evaluated in terms of efficiency: how could we evaluate it?
2. How to manage the extension of this first efficiency study to 400 physicians?
3. A qualitative study is planned to explore the burdens to perform

PRESENTATION 25: Friday 24th October, 2014 FREESTANDING PAPER
17.00–17.30 h. Research in Progress, without results

Ljiljana Majnaric
Family Medicine, University of Osijek, Hutllerova 4, 31000 Osijek-Croatia
Phone: +385 31 512 800; Fax: +385 31 376 160
Email: ljiljana.majnaric@hi.t-com.hr

Background: Research in life-sciences and clinical medicine, today, is known to require huge costs to be performed and is therefore allocated in the centers of financial power. PHC is usually avoided and its scientific potential low-rated. Information systems (IS) and electronic health records (eHRs), established in PHC in many European countries, provide new avenues for research and for linking capacities in molecular, clinical and population-based medicine.
Research question: What is the potential of IS and eHRs, in PHC, for research and how to use them?
Method: Solution is in exploiting, by applying Knowledge Discovery/Data mining techniques (KDD), the routinelly collected data in PHC. The problem, when using these data for modelling, is in the complexity, heterogeneity and variable quality of data and non-systematically performed records. We need computer science and KDD experts to exploit these data. It is a medical expert who is needed to suggest the way of data collecting for the input, who can recognize important problems and interpret patterns derived from KDD. Only a close collaboration between medical experts and KDD experts, called Human-Computer-Interaction (HCI) initiative, working together with businessmen and policy makers, can pave a way for the future.
Results: The main objectives of the HCI-KDD initiative, within the COST Action ENiKNO EU Project, where an author is an active participant, are presented. An example of a research, conducted by an author, is provided.
Conclusions: Learning how to use data from health care routine to generate new knowledge and to modify their content at the time of input to allow KDD procedures, could have long-term positive consequences on research and the processes of health care improvement. Moreover, a tendency towards standardized input in health data records is shared with the process of Quality Indicators development and Safety of Care improvement.

Points for discussion:
1. The role of physician (a medical expert) in Knowledge Discovery/data mining procedures.

PRESENTATION 26: Saturday 25th October, 2014 **THEME PAPER**
09.15–09.45 h.

Experiencing difficulties in colorectal cancer care: patients`, physicians` and other health care professionals` perspectives on cooperation.

Martina Kamradt, Ines Baudendistel, Gerda Längst, Joachim Szecsenyi, Dominik Ose
Department of General Practice and Health Services Research
University Hospital Heidelberg, Voßstr. 2, Geb. 37, 69115 Heidelberg-Germany
Phone:+49 (0)6221-56-5213; Fax: +49 (0)6221-56-1972
Email: martina.kamradt@med.uni-heidelberg.de

Background: Colorectal cancer care is a life-long and complex challenge, involving numerous physicians and other health care professionals (HCP). High quality of cancer care is crucial from a medical and economic point of view as well as from the patients' perspective. For this reason cancer care is required to be well coordinated to ensure the needed quality of care. Relevant knowledge regarding cooperation in cancer care, especially interprofessional and cross-sectoral, remains scarce. Therefore it is necessary to explore experiences of all those involved to minimize this gap and provide the best possible care.
Research question: Which difficulties do patients, physicians and HCPs in colorectal cancer care experience regarding cooperation? Which consequences can be caused by ineffective cooperation?
Method: A total of ten focus groups were conducted exploring views of patients with colorectal cancer (n=12), patients mandatories (n=2) as well as physicians (n=17) and potentially involved HCPs (n=16) from several healthcare settings. Participants were asked to share their current experiences regarding colorectal cancer care. All data were audio- and videotaped, transcribed and thematically analyzed using qualitative content analysis.
Results: Patients, physicians and HCPs experienced difficulties mostly in two aspects of cooperation in cancer care: (a) communication between involved and (b) sharing of information, which were generated during the process of care. A lack of communication between all persons involved and a shortage of sharing information resulted in an ineffective coordination of care. Moreover inappropriate healthcare and problems regarding transition between different healthcare settings and providers were further consequences caused by the above described difficulties in cooperation.
Conclusions: Colorectal cancer care requires an effective cooperation of all involved physicians and HCPs to ensure the best possible care. For this reason it is necessary to find ways to facilitate communication and information flow between all those involved with a special focus on GPs.

Points for discussion:
1. Possibilities to facilitate the inclusion of all involved physicians, especially GPs, and HCPs in cancer care
2. Ways to facilitate sharing of information between involved and to secure the information flow with special focus on the role of GPs.

PRESENTATION 27: Saturday 25th October, 2014 **THEME PAPER**
09.45–10.15 h.

Five-Year Effects of an Interactive General-Practitioner Education Programme on Antibiotic Therapy for Respiratory Tract Infections: A randomised trial.

Emilie Ferrat, Julien Le Breton, Esther Guéry, Sophie Brossier, Etienne Audureau, Olivier Montagne, Françoise Roudot Thoraval, Claude Attali, Philippe Le Corvoisier,Vincent Renard
Département de médecine générale, Université Paris-Est Créteil, 8 rue du Général Sarrail, 94000 Créteil-France
Phone:06.33.08.52.25
Email: emilie_frisouille@yahoo.fr

Background: Respiratory tract infections (RTIs) constitute a common reason for receiving antibiotics (ATBs) in primary care. ATBs overuse is associated with increased antibiotic resistance. Antibiotic consumption and bacterial resistance rates in France remain among the highest in Europe. Only few studies assessed the 5-year effect of educational interventions on ATBs prescribing showing conflicting results.
Research question: To assess the 5-year effect of an interactive educational programme for general practitioners (GPs) on antibiotic therapy for respiratory tract infections; the programme was expected to decrease antibiotic use.
Method: Randomised controlled trial conducted in 168 GPs of the 203 randomized, between 2004 and 2009 in Paris suburbs. Control GPs (n=98) provided usual care. GPs assigned to the intervention group attended a two-day didactic educational seminar focusing on evidence-based guidelines for RTIs (n=70). Primary outcome was the between-group change in the proportion of prescriptions containing ATBs in 2008 and 2009. Secondary outcomes included between-group differences in the proportion of prescriptions containing a symptomatic drug for RTI, cost of prescribed antibiotics, and cost of prescribed symptomatic drugs. An intention-to-treat sensitivity analysis was performed using multiple imputation.
Results: After 5 years, absolute changes in the primary outcome measure were -1.1% (-2.2 to 0.0) and +1.4% (0.3 to 2.6) in the intervention and control groups, respectively, yielding a crude between-group difference of -2.6% (-4.2 to -0.9), p=0.002. Multilevel analysis showed a larger decrease in the intervention group, with an adjusted between-group difference of -2.2% (-2.7 to -1.7), p<0.001 [(OR of 0.84 (0.81 to 0.87)]. Although symptomatic drugs were more often prescribed in the intervention group, the cost difference was not significant. Multiple imputation did not significantly change the results for the primary outcome
Conclusions: An interactive GP education programme on antibiotic therapy for RTIs significantly decreased antibiotic use after 5 years, without increasing the cost of prescribed symptomatic drugs

Points for discussion:
1. Few studies with an adequate methodology assessed very long term effect of interactive educational seminar on GP's prescription behavior.

PRESENTATION 28: Saturday 25th October, 2014 **THEME PAPER**
10.15–10.45 h.

Socioeconomic impact of venous active ulcers and modern treatment with Low Level Laser Therapy (L.L.L.T.) in red and infrared spectrum versus UVA Phototherapy by general practitioners.

Mihai Sorin Iacob, Sorina Saftescu, Sorina Verebes, Madalina Gligor, Mihai Ghiris.
Dept. 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

Venous active ulcer is the most common etiology of legs ulceration, affecting about 3% of the Romanian population. Possible causes of venous ulcers include inflammatory processes resulting in leukocyte activation, endothelial damage, platelet aggregation and intracellular edema. Our study contributes with the concomitant use in dermatological therapy of L.L.L.T. both in red and infrared spectrum, with a great contribution especially on profound chronic disease with increasing and improving the healing rate considerably and consequent lower costs.
Research question: How to treat active venous ulcers?
Method: Our randomized controlled trial, has been achieved on 390 patients, five years study, with a laser device combined cluster probe (red and infrared spectrum). The cases were divided into three groups with identical distribution with chronic venous insufficiency CLASS 6 CEAP: first the control group treated with conventional therapy, the second treated plus laser and the third treated plus ultraviolet exposure.
Results: After therapy, we quantified the results on a self clinical scale (measured in mm) in three steps: unsatisfactory without improving primary lesion, good with reducing by half of initial injury and very good with disappearance of active local lesions. We had established a venous clinical activity score (VCAS) with scoring among 6 to 18, and we assessed each active ulcer before and after treatment, followed by comparative statistical analysis of lots. Our results were as follow: in first group we have very good results only about 50% of patients, in second group 80% of patients obtained very good results and in third group we had very good results about 60% of studied patients, $p<0,01$. It is obvious that positive developments occurred faster in the group of lasertherapy.
Conclusions: We can say that L.L.L.T combined in compared only with allopathic treatment, is a better, cheaper and faster method to treat all active venous leg ulcers.

Points for discussion:
1. How can we reduce the high cost of active venous ulcers?
2. Who should treat active venous ulcers?
3. Do you think it is a socio-economic problem of the stasis ulcer treatment?

PRESENTATION 29: Saturday 25th October, 2014 THEME PAPER
09.15–09.45 h.

Economic crisis and mental health. SESPAS 2014 Report.

Rosa Magallón Botaya, Ángela Asensio Martínez, Margalida Gili, Javier García Campayo y Miquel Roca
Arrabal Health Center
Research unit on Primary Care, St. Aragües del Puerto, 26, 50015 Zaragoza-Spain
Phone: +34 635274038
Email: angelacasensio@gmail.com

Background: Numerous studies have tried to determine the consequences of the economic crisis on the health of citizens. The results of these studies raise some controversy about the positive or negative impact of economic hardship on physical health. Studies published before the financial crisis of 2008 suggest that economic difficulties contribute to poorer mental health.
Research question: The objective of this study is to present the data available so far on different aspects of the economic crisis and mental health, such as morbidity, suicide and psychotropic drug consumption, with particular attention to certain vulnerable groups or specific issues such as unemployment (IMPACT study), comparing the prevalence of common mental disorders in primary care in two different economic times (before and during the current economic crisis) and analyze the impact of rising unemployment on the prevalence of common mental disorders.
Method: Epidemiological, cross-sectional multicenter study. A final sample of 5876 patients. The instruments used were a sociodemographic and occupational characteristics questionnaire, and the Spanish version of PRIME-MD diagnostic interview validated.
Results: The IMPACT study conducted in primary health care centers in Spain found significant increase in common mental disorders. Between 2006 and 2010, mood disorders increased by 19%, anxiety disorders by 8% and alcohol abuse disorders by 5%. There were also gender differences, with increased alcohol dependence in women during the crisis period. The most important risk factor for this increase was unemployment.
Conclusions: The reviewed studies suggest an increased prevalence of common mental disorders, although these data do not reflect an increasing number of suicides in Spain. Parallel to the increase in the prevalence increased consumption of antidepressant drugs is observed during the current economic crisis. All this suggests that the service planning in the coming years in mental health must conform to any increase in demand.

Points for discussion:
1. The mood disorders, anxiety disorders and somatoform disorders and alcohol abuse, increased significantly during the economic crisis.
2. There has been a significant increase, about 10% in the consumption of antidepressants between 2009 and 2012.

PRESENTATION 30: Saturday 25th October, 2014 THEME PAPER
09.45–10.15 h.

Trends in mental and behavioural disorders through primary care Electronic Health Records during the economic crisis in Catalonia (Europe), 2007-2013.

Quintí Foguet-Boreu, Mariona Pons-Vigués, Teresa Rodriguez-Blanco, Albert Roso-Llorach, Enriqueta Pujol-Ribera, Concepció Violan
Central Research Unit, Institut Universitari d'Investigació en Atenció Primària Jordi Gol (IDIAP Jordi Gol)
Gran Via Corts Catalanes, 587 àtic, 08007 Barcelona, Catalonia-Spain
Phone: +3493 4824 124; Fax: +3493 482 4174
Email: qfoguet@idiapjgol.org

Background: The last recession that started in 2007 has affected the European Union, causing a mental health impact in the population. The study examines the trends in prevalence of major mental and behavioural disorders in patients attended in primary care in Catalonia from 2007 to 2013.
Research question: Are there any changes in prevalence of mental disorders during the economic crisis?
Method: The top 12 most prevalent mental and behavioural disorders (ICD-10) by sex in 2007 were obtained from EHR database. All ages were included. Time-trends were analyzed with annual percentage change (APC) using joinpoint regression.
Results: Mean number of patients during the period of study was 5,417,345, 50.6% were women. The most prevalent disorders in 2007 were: tobacco (women: 8.9% and men: 13.4%); other anxiety disorders (women: 8.4% and men: 3.5%), and depressive episode disorders in women (3.1%) and alcohol in men (2.4%). Percentage changes (2007-2013) were: tobacco (women: 12.7% and men: 6.2%); other anxiety disorders (women: 83.8% and men: 112.6%); and depressive episode (women: 107.8% and men: 127.2%). Nonorganic sleep disorders and reactions to severe stress in both sexes and sexual dysfunction in men grew by over 200%.
Trend analysis showed 2 periods in almost all diseases: 2007-2010 and 2010-2013, with a decreasing APC. APC (2007-2010) in both sexes was over 24% for reaction to severe stress; over 15% for depressive episode; and over 11% for other anxiety disorders. In men, APC (2007-2010) in sexual dysfunction was 41.9%. Nonorganic sleep disorders showed an APC (2007-2013) of 23.1% in both sexes.
Conclusions: The most prevalent mental and behavioural disorders have shown a prevalence increase along the crisis. The highest annual percentage changes in all study period was found for: sexual dysfunction in men, reactions to severe stress, nonorganic sleep disorders, depressive episode and anxiety disorders for both sexes.

Points for discussion:
1. How does economic crisis affect mental health?
2. Is there a different impact by sex?
3. What is the validity of the EHR records for mental behavioural disorders?

PRESENTATION 31: Saturday 25th October, 2014 THEME PAPER
10.15–10.45 h.

Health and homelessness in Ireland from economic boom to bust.

Fiona O'Reilly, Austin O'Carroll, Suzanne Barror, Anne Mac Farlane
Partnership for Health Equity (GEMS), University of Limerick & North Dublin GP Training Programme
Catherine McAuley Centre, Nelson Street, Dublin 7-Ireland
Phone: +353 1 7164505
Email: fiona.oreilly@ul.ie

Background: In the context of the Irish recession we assessed the health status, service utilization and risk behavior of homeless people in Ireland. Findings are compared with similar studies conducted in 1997 and 2005.
Research question: What are the changing trends in health status, service utilization and risk behaviors among the Irish homeless population over the economic boom and bust period (1997-2014).
Method: A cross-sectional survey utilizing the same design as the previous studies was conducted in September 2013. The data sets from the three surveys (1997, 2005 & 2013) were compared using SPSS version 20.
Results: A total of 601 (60%) of the target population participated in the 2013 study. There was high morbidity with increasing proportions reporting mental or physical diagnoses over the three studies reaching 89% in 2013. Over half (58%) reported at least one mental health condition. One in two (50%) people reporting a mental health condition also reported having attempted suicide in the past ($p<0.05$). Report of a mental health condition was significantly associated with illicit drug use, higher use of primary and secondary health services and being in care as a child ($p<0.05$). A steady rise in illicit drug, with illicit benzodiazepine use now higher than heroin use (41% vs. 29%), was noted. Health care access had improved with assess to free entitlement increasing from 50% to 75% ($p<.05$). Access to Primary Care outreach services had increased with over 50% utilizing these services in the previous six months, however utilization of emergency secondary services has also increased since 1997.
Conclusions: The homeless remain a population with very poor mental and physical health. Primary Care access has improved over time as a result of the development of outreach services. Access to psychiatry has not improved, given the burden serious mental health illness remains a concern.

Points for discussion:
1. Appropriate mental health services and support for homeless people.
2. The relationship between access to Primary and Secondary services for homeless people.

PRESENTATION 32: Saturday 25th October, 2014 FREESTANDING PAPER
11.15–11.45 h.

A Mixed-Method Study About Childhood Obesity Management in Primary Care.

Sibel Sakarya, Pemra C.Unalan, Naz Tursun, Anıl Özen, Oya Atay, Seda Kul, Emre Güneş, Ümit Önder Gültekin, Feyza Boydak, İbrahim Akköse
Family Medicine, Marmara University Medical Faculty, Çiçekli Bostan sok.MESA Koruevleri C4/D2 34662 Istanbul-Turkey
Phone: +90 5324247954
Email: pcunalan@gmail.com

Background: Childhood obesity, which is a risk factor for multiple chronic diseases during adulthood, is increasing in Turkey as it does in the whole world. General practitioners (GPs) are in a convenient position to diagnose childhood obesity.
Research question: What do we know about GPs' approach to childhood obesity and what is their thought about this problem?
Method: In this mixed method study a structured survey was given to all (284) GPs working in two districts of Istanbul in the quantitative part. 180 (63,4%) agreed to participate in the study. 48 (26,7%) GPs further agreed to participate in the qualitative part of the study, 25 of them were included. Quantitative data was analyzed by the SPSS 17.0software. Content analysis was used for the qualitative data.
Results: 46,9% of GPs were women, 17,6% were family medicine specialists; mean practice time is 18±7,9 years. According to GPs; the main responsibility of the management of childhood obesity belongs to the families (91,6%), GPs (74,3%), school and teachers (52,5%). Main obstacles about obesity management in the primary care settings are lack of time (69,3%) and (53,6%) ineffective use of family health centers. 47,2% of GPs stated treating obese children is not their job; while 47,5% of GPs are confident about their knowledge and skills in tackling this problem.
In face to face interviews; the main reasons of children being obese were expressed as the societal tendency towards the "kid being fatty", immobility and eating habits of family. GPs recommended the usage of power of media, integration of primary and secondary health care, reduction in workload of GP for management of childhood obesity.
Conclusions: GPs think that childhood obesity is an important problem in Turkey; and they have a major role in identifying and counseling of it. But they wish the cooperation of families, teachers and secondary care services.

Points for discussion:
1. Which methods can be used to analyze the qualitative data?
2. How can we explain and develop strategies to overcome the controversy between the strong acceptance of GPs about the childhood obesity management as their main responsibility and perception.

PRESENTATION 33: Saturday 25th October, 2014 FREESTANDING PAPER
11.45–12.15 h.

Confronting child maltreatment in France: an overview of family physician challenges from suspicion to clinical follow-up.

Delphine Tchimbakala, Cam-Anh Kau, Yannick Ruelle, Elisabeth Bachelard
Dept. Family medicine, University of Paris 13, 38 rue d' Avron, 94170 Le Perreux sur Marne- France
Phone: +3365 0601 922
Email: delphine.tchim@gmail.com

Background: 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 physician 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.
Research question: What are the core issues related to French family doctors' experiences regarding early detection, prevention and management of maltreated children?
Method: Two researchers undertook a structured review of 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 both textual narrative and thematic synthesis according to the interpretive qualitative approach used.
Results: 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.
Conclusions: Despite the presence of bias in the primary studies, findings have proven consistent with published international 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. Review design limitations and bias
2. Family physicians' conflict's and tensions while facing violence within family system
3. Specific family physician's abilities, skills and knowledge involved into child maltreatment recognition and protection.

PRESENTATION 34: Saturday 25th October, 2014 FREESTANDING PAPER
12.15–12.45 h.

Advantages of using the rapid test in antibiotic prescription in pediatric streptococcal tonsillopharyngitis in Primary Health Care.

Rui Oliveira, Ana Margarida Menezes, Cátia Silva, Emanuel Airosa, Bruno Pinto, Filipa Flor-de-Lima
USF Ronfe, Rua Condessa D. Toda, nº14, 4715 175 Braga-Portugal
Phone: +351 9689 25619
Email: anamarsm@gmail.com

Background: Acute tonsillitis is a very frequent entity in pediatric age, and the majority are viral in origin. The group A β-hemolytic streptococcus pyogenes is the most frequent bacterial causative agent.
Research question: Compare the rate of antibiotic prescription using the *American Academy of Family Physicians* (AAFP) alg**o**rithm and clinical suspicion and calculate the sensitivity and specificity of both approaches.
Method: Cluster randomized multicenter crossover clinical trial (intervention – AAFP algorithm; control – clinical suspicion) to be run in five Family Heath Units from Portugal,
lasting approximately four months (January to April 2014). Children aged 3 to 17 years with suspected pharyngitis, attending one of the family health units, were included in the study. Culture was considered the gold standard screening test to detect streptococcal pharyngitis.
Results: A total of 237 children were enrolled, 52,3% were female, with an average age of 8,84 years, where 128 belonged to the clinical suspicion strategy and 109 to the AAFP algorithm strategy. The prevalence of Streptococcal tonsillopharyngitis was 14,35%, while the rate of antibiotic prescription was similar in both strategies. The antibiotic most commonly used was amoxicillin. The clinical suspicion was the most specific (57,80% vs 54,84%), while AAFP algorithm was the most sensible diagnostic method (86,67% vs 78,95%), the latter presenting the largest area under the curve (AUC=0,71 vs 0,68).
Conclusions: The bacterial pharyngitis cases are the ones that really need antibiotics so the use of an accurate diagnostic test is necessary. The AAFP algorithm does seem to bring advantages over clinical suspicion in the diagnosis of streptococcal tonsillopharyngitis. Further studies are necessary to understand the diagnostic accuracy of the rapid test.

Points for discussion:
1. Number of prescribed antibiotics for pharyngitis.
2. Use of an accurate diagnostic test for streptococcal pharyngitis.

PRESENTATION 35: Saturday 25th October, 2014 FREESTANDING PAPER
11.15–11.45 h.

Tiredness/Fatigue as a Symptom in General Practice Results from a systematic review.
Rebekka Stadje, Jörg Haasenritter, Erika Baum, Norbert Donner-Banzhoff
Dept. General Practice, Universität Marburg, Karl-von-Frisch Str. 4, 35043 Marburg-Germany
Phone: +49 6421 2865120; Fax: +49 6421 2665121
Email: erika.baum@staff.uni-marburg.de

Background: Tiredness/Fatigue is a common but very unspecific symptom presented in General Practice (GP) and experienced at least sometimes in about 30% of the population. Underlying causes range from self limiting problems to dangerous diseases.
Research question: How often is this symptom reason for encounter in GP (prevalence), what are the underlying causes (etiology), and what is the prognosis of these patients?
Method: Systematic review including studies evaluating patients presenting with tiredness/ fatigue in primary care. In October 2010 we searched Medline, Embase and published abstracts of EGPRN and NAPCRAG meetings. Two reviewers independently identified relevant studies, disagreement were resolved by discussion. Data on study characteristics and results of eligible studies were extracted using a standardized form. We assessed the study quality and risk of bias using predefined criteria. We used forest plots to visualize the results of the primary studies. We calculated tau-square and prediction intervals to describe heterogeneity across studies. If appropriate we pooled results using a random effects model.
Results: We found 3733 Articles, including 909 duplicates, 275 full text articles were screened and 81 were included in the analysis. We found considerable heterogeneity in most aspects. 1,6-10% of the patients reported the symptom as main reason of encounter. When asked systematically, 4 to 35% of the GP attenders had been tired for at least 6 months. There was a high association with depression and anxiety. Of patients complaining spontaneously about tiredness, 2% hat anemia and <1% malignancies, less than 5% suffered from chronic fatigue syndrome. Most patients reported the symptom also after 6 months, but only 5% returned to GP because of this fact.
Conclusions: Fatigue/tiredness is a frequent complaint in GP, but there are rarely severe underlying causes. We should deal with it with regard to the bio-psycho-social model of illness.

Points for discussion:
1. How to deal with diagnostic uncertainty in this topic?
2. Diagnosis and Management of CFS in different countries,
3. And how to deal with sometimes militant self-help-groups.

PRESENTATION 36: Saturday 25th October, 2014 FREESTANDING PAPER
11.45–12.15 h. Ongoing study with preliminary results

Respiratory alarm symptoms and contact to general practice. A population-based study.

Lisa Maria Falk Sele, S. Elnegaard, K. Balasubramaniam, PV. Larsen and D. Jarbøl
Research Unit of General Practice, Institute of Public Health, University of Southern Denmark
J. B. Winsløwvej 9A, 5000 Odense C-Denmark
Phone: +45 6550 3830
Email: lsele@health.sdu.dk

Background: In order to diagnose lung cancer at an earlier stage, several countries have introduced referral guidelines. These are based on respiratory alarm symptoms (RAS) indicative of cancer. First step in the diagnostic process is for the individual to recognise the symptoms and contact their general practitioner (GP) for evaluation. Studies have suggested that contact to GPs is affected by several factors, e.g. lifestyle factors. Knowledge about frequency of contacts to GPs with RAS in the general population is, however, sparse.
Research question: How often do respiratory alarm symptoms lead to contacts to GPs? What is the association between lifestyle factors and contacts to GPs with respiratory alarm symptoms?
Method: A nationwide population-based cross-sectional study. A total of 100 000 adults older than 20 years randomly selected from the Danish Civil Registration System were invited to participate in a web-based questionnaire. Items regarding RAS (coughing for more than four weeks, breathlessness, coughing up blood and hoarseness for more than four weeks) experienced within the preceding four weeks, lifestyle factors (smoking, alcohol consumption and body mass index) and contacts to GPs were included in the questionnaire.
Results: Overall 49 706 subjects completed the questionnaire. A total of 7 870 (16%) reported having experienced at least one RAS within the preceding four weeks, and 3 080 (39.4%) had contacted their GP with at least one RAS. The proportion of contacts to GPs was highest for breathlessness (49.7%) and lowest for hoarseness (27%) Analysis of the association between lifestyle factors and contacts to GPs with RAS will be presented at the conference.
Conclusions: Our results provide prevalence estimates of symptom experiences and proportions of contacts to GPs with RAS. Furthermore, we explore possible associations between lifestyle factors and contacts to GPs with RAS, which can be useful in primary care interventions.

Points for discussion:
1. How to use knowledge about contacts to GPs with RAS and of the associations between lifestyle factors and contacts to GPs for primary care interventions?

PRESENTATION 37: Saturday 25th October, 2014 FREESTANDING PAPER
12.15–12.45 h. Ongoing study with preliminary results

Gynecological cancer alarm symptoms and contact to specialist care – A population-based study.

Kirubakaran Balasubramaniam, Pernille Ravn, Pia Veldt Larsen, Jens Søndergaard, Dorte Ejg Jarbøl.
Research Unit of General Practice, Institute of Public Health, University of Southern Denmark
J.B. Winsløws Vej 9 A, 5000 Odense C-Denmark
Phone: +45 6550 3739
Email: kiruba@health.sdu.dk

Background: Cancer-related mortality in Denmark is among the highest in the developed countries. This includes gynecological malignancies. Furthermore, Danish cancer patients are often diagnosed with late stage cancer diseases, which can contribute to the high mortality rates. To counter this, clinical guidelines based on so-called cancer alarm symptoms have been implemented. These guidelines suggest that general practitioners (GPs) promptly refer patients experiencing gynecological cancer alarm symptoms for investigation. What influence a contact to specialist care is, however, less known.
Research questions: How often do gynecological cancer alarm symptoms reported to the GPs lead to a contact to specialist care? How are these contacts associated with lifestyle factors and socioeconomic status (SES)?
Methods: A nationwide population-based prospective cohort study based on a random sample of the Danish population. A total of 51 090 women aged 20 and above were invited to participate in an internet-based questionnaire. The questionnaire contained items regarding the presence of gynecological cancer alarm symptoms, contacts to GP and lifestyle factors (alcohol consumption, smoking habits and body mass index). Information about SES and contacts to specialist care was collected by data linkage to national registers.
Results: A total of 25 818 non-pregnant women participated in the study. Some 3 588 (13.9%) reported experiencing at least one gynecological cancer alarm symptom for less than six months. Of these 821 (22.9%) reported having contacted their GP. The proportion of patients with a contact to specialist care and how this was associated with lifestyle factors and SES will be presented at the conference.
Conclusion: Our results provide knowledge on what may influence contacts to specialist care among patients experiencing gynecological cancer alarm symptoms. Any association with lifestyle factors and SES will be described, and this may contribute to understanding and assessing current management strategies for this particular patient group.

PRESENTATION 38: Saturday 25th October, 2014 POSTER
14.15–15.45 h. Study proposal / idea

FPDM (Family Practice Depression and Multimorbidity): The French version of the Hopkins Symptoms Check List-25 items (HSCL-25), validation in general practice – Study proposal.

Patrice Nabbe, J.Y. Le Reste, M. Barais M, Bernard Le Floch, Derrienic J, Melot E, Liétard C.
Dépt de Médecine Générale, ERCR SPURBO, Faculté de Médecine et des Sciences de la Santé, Université de Bretagne Occidentale, 22 avenue Camille Desmoulins, CS 93837
29238 Brest Cedex 3-France
Phone: +332 98 01 65 52; Fax: +332 98 01 64 74
Email: patrice.nabbe@univ-brest.fr

Background: The Hopkins Symptom Check list-25 (HSCL-25) is a widely used screening instrument developed to identify depression and anxiety. The HSCL-25 is a self-questionnaire validated in Swedish General Practice (GP) in 1993, versus a psychiatric interview using the Present State Examination (PSE-9). Validity coefficients of the HSCL-25 were calculated for two different thresholds of case-ness, ≥ 1.55 and ≥ 1.75, respectively. An HSCL-25 score ≥ 1.55 identify a psychiatric case and HSCL-25 score ≥ 1.75 identify a depression case.
Research question: In France, what are the validity coefficients of the HSCL-25?
Method: A population of French outpatient, in the district of Morlaix (North Brittany) will be selected. The HSCL-25 will be fulfilled in GP waiting rooms. Two group of patient will arise, one with a score < 1.55 and one with a score >1.55. A consultation will be proposed to a random sample of each group of patient with a psychiatrist using the PSE-9 French version. A concordance test will be undertaken between the HSCL-25 depression rating and the PSE-9 rating.
Results: Validity coefficients of the HSCL-25 versus PSE-9: for a cut-off point ≥ 1.75 a sensibility of 76% and a specificity of 73% is at least expected.
Conclusions: The validation of HSCL-25 French version will allow a new standard for depression diagnostic in French GP and for research in French primary care.

Points for discussion:
4 psychiatrists were used in the Swedish Study could a single psychiatrist be sufficient in France?

PRESENTATION 39: Saturday 25th October, 2014 POSTER
14.15–15.45 h. Ongoing study with preliminary results

Improving quality of patient care by focusing on spiritual problems in general practice: Part of a Pilot Study.

Ivan Ivanov, L.Despotova-Toleva
Dept. General practice, Medical Univesity of Plovdiv, Ilinden 68, 5137 Draganovo-Bulgaria
Phone: +3598 8822 5963
Email: ivan.ivanov70@gmail.com

Background: When applying holistic approach is very important to comply with patient's spiritual needs and values as they contribute significantly the health motivation in times of economic crisis. Spiritual care is an important element of the safety net in General practice. We present part of the study "Spiritual needs and resources in modern general practice"
Research question: To what extent doctors and patients accept discussing spiritual practices in the treatment plan during medical consultation?
Method: The main instrument (questionnaires for GPs and patients) was designed and tested in Greece. We present it in another publication Group of Greek Orthodox Christians was studied, 46 questionnaires were fully filled in and suitable for analysis. SPSS 19 was used for the statistics.
Results: Our results showed that almost 100% of patients declared they would increase their confidence in a doctor who would comply with their spiritual needs and values. Two thirds of patients highlight the need of attention, encouragement and support provided by their GP. They also expect that they expect a number of spiritual qualities as expressed to be met in the face of the doctor requested by the patient of his spiritual qualities – responsibility, conscience, compliance with patients' client's values and love. About 90% of patients believe their illness helps them to know themselves and change their life style. Not surprisingly, the majority of patients were not asked about their spiritual needs.
Conclusions: Increasing the attention of the GPs to the values determined by patients' current spiritual needs will help to achieve optimal results in long term patient care. Good spiritual care would reduce stress and depression, the patient is somatizing as a desire for baseless diagnostics and therapy. The physician should encourage the patient to change towards healthy lifestyle, using his spiritual needs according to spiritual resources.

Points for discussion:
1. Can we achieve better quality of care for patients and families by providing appropriate spiritual care according to community?
2. Do we assess adequately the spiritual needs of patients in general practice?
3. Do we care about the spiritual needs of

PRESENTATION 40: Saturday 25th October, 2014 POSTER
14.15–15.45 h. Research in Progress, without results

Exploring a new indicator to measure well-being: a focus on "eudaimonia" and its association with the economic crisis.

Dimitra Sifaki-Pistolla,Georgia Pistolla, Aristoula Saridaki, Agapi Angelaki, Christos Lionis
Dept of Social and Family Medicine, University of Crete, Faculty of Medicine,
71003 Iraklion, Crete-Greece
Phone: +30 2810 394613; Fax: +30 2810 394614
Email: spdimi11@gmail.com

Background: The term "eudaimonia" etymologically, consists of the words "eu" ("good") and "daimōn" ("spirit") and defines a dynamic state of wellbeing, being happy, healthy, prosperous and independent. This Greek project approaches the term "eudaimonia" by combining Aristotle's and modern philosophers' concepts, while it focuses on both subjective and objective measures that capture all eudaimonia's outcomes (happy, healthy, prosperous and independent).
Research question: This introductory presentation intends to shed light on its definition and explore to what extent this indicator would present appropriately the current economic crisis in Greece and its impact on health outcomes.
Method: A definition of "eudaimonia", its dimensions [Social/Spiritual, Environmental and Economical (SEE)] and components has been attempted by the University of Crete (UOC) by conducting an extensive literature review and having an expert consensus panel with individuals from different scientific fields (mathematics, physics, geography and medicine).
Results: The initial findings reveal that the SEE dimensions were interrelated while their components presented an impact on: a) each dimension, b) other dimensions and c) the final outcome (eudaimonia). Additionally, the literature review on the impact of the economic crisis on health revealed an impact on frailty and increase of several health rates (suicides, road accidents, infant mortality and early age morbidity, mental disorders). Several health outcomes were revealed as "remnants" of this crisis in Greece, such as food poisoning and disorders, breathing disorders and health disorders due to wrong medication or non-medication. These all indicated an inverse relation of "eudaimonia" and economic crisis that would be qualitatively illustrated through a 3D figure.
Conclusions: "Eudaimonia" could be both an indicator in measuring wellbeing in the austerity period and an individual target to promote health.

Points for discussion:
1. "Eudaimonia" could be a reliable indicator that contributes to health promotion and general practice especially in times of austerity.
2. "Eudaimonia" could capture the constant evolution of people and societies.

PRESENTATION 41: Saturday 25th October, 2014 POSTER
14.15–15.45 h. Study proposal / idea

Naturopathic Disease Prevention on Cardiometabolic Syndrome/Diabetes Approaches.

Olimpia Maria Varva
Dept. Primary Health Care Research Integrated, V.Babes University of Medicine and Pharmacy
5, Eugen Cuteanu, 300536 Timisoara-Romania
Phone: 07245 65044
Email: RecovMed32LC@yahoo.com

This project consists of fighting approaches, on the Global Alliance for Chronic Diseases, to diabetes (Ds) and Cardiometabolic Syndrome (CS) prevention and ttreatment starting from a study of modern, classical and naturopathic medicine. Cardiovascular and metabolic troubles coexist individually, interdependently, interacting with biological and environmental risk factors (ERF) into disease-entity named CS, leading to a substantial increase of cardiovascular disease (CVD) morbidity and mortality worldwide, making CS one's strong risk factor (RF) for premature or severe CVD and stroke. Goals:1) Generate new knowledge enclosing classic and naturopathic holistic approaches of preventative primary healthcare (PHC) beyond acute common illnesses, to chronic disease conditions. 2) To improve health outcomes through naturopathic disease prevention in reversing this abnormal body response represented by the CS and type 2Ds; specific measures to decreasing the global CVD risk.
Research question: What are the specific home/folk remedies reliving naturopathic care procedure as form of self-directed care to treating, prevent CS, type 2Ds, CVD, neurodegenerative, depressive disorders, anxiety?
Method: population-based study at random using existing data, pilot activities, following up approximately 3000 participants from different work-places/habitats, directional and self-administrated questionnaires related to lifestyle, CS, type 2Ds, treatments, measures, on the mixed-model for continuous outcomes as resulting through medical examination during patient visit routinely to health center/PHC setting, or checking-up for the study at 2 months, on the period of 3 years, annually research report developing valid cultural, clinical, psychosocial test instruments to examining the relation between behaviors and health status referring to CS, naturopathy, type 2Ds, other diseases.
Conclusions: Studying the lifestyles, combination-therapy as challenges on the model of CS/ type 2Ds, signifies an additional bring-up reflecting the force of nature and the power of research to resolving few biggest problems of the medical and pharmaceutical sciences contemporarily, even for small results many lives will blossom again.

Points for discussion:
1. Risk factors (RF) for type 2Ds, cardiometabolic risk factors (CRF) considered those closely related to Ds and cardiovascular disease (CVD): fasting and/or postprandial hyperglycemia (IFG/IGT), overweight/obesity, elevated systolic and diastolic blood pressure.

PRESENTATION 42: Saturday 25th October, 2014 POSTER
14.15–15.45 h.

How does being target-oriented affect test anxiety on high-school students?
Ediz Yildirim, Karanfil Nisan Bolge, Mehmet Emin Demir, Vildan Mevsim
Dept. of Family Medicine, Dokuz Eylul University Faculty of Medicine
Dokuz Eylul Universitesi Tip Fakultesi Aile Hekimligi Anabilim Dali, Inciralti, 35340 Izmir-Turkey
Phone: +90 (232) 412 49 55; Fax: +90 (232) 412 49 59
Email: ediz.yildirim@deu.edu.tr

Background: Deep anxiety that prevents pre-test information to be used effectively during examination and leads overall success to decrease is called test anxiety. Research on test anxiety mainly dealt with effect of test anxiety on people or effects of some factors, such as gender and education level on test anxiety. Being target-oriented is a factor that affects test anxiety, directly or indirectly, and worth exploring because of somewhat ignored before.
Research question: Does being target-oriented affect test anxiety?
Method: Study design is planned as a cross-sectional, analytic study. Data collection method is face-to-face interview. Data collection tools are Test Anxiety Inventory consisting of 50 questions developed by Spielberger in 1980 and The Achievement Goal Questionnaire consisting of 21 questions developed by Elliot and McGregor in 2001. Also a questionnaire of 16 questions for demographic data was added. Population of the study is students at the last classes of all high schools of Narlidere district in province of Izmir. A statistical sample is not selected and it is aimed to reach all of the population (432 students, 195 of which is male and 237 female)
Results: Female students are more target-oriented and have less test anxiety, when compared to male ones. Private high school students are less target-oriented and have less test anxiety, when compared to those attending public high schools. Students not attending to a private teaching institution are more target-oriented and have less test anxiety, when compared to students who attend. 80.6% of the students whose performance approach goal scores are adequate, consider concerns about the future significant (p=0.044). 77.8% of the students whose mastery approach goal scores are inadequate, consider bodily reactions insignificant (p=0,041).
Conclusions: A statistically significant relationship (p=0.00) and a moderate, negative correlation (Pearson correlation=-0.410) are found between being target-oriented and test anxiety.

Points for discussion:
1. Are there different factors affecting test anxiety in European countries?
2. Do different training systems change affecting factors on test anxiety?

PRESENTATION 43: Saturday 25th October, 2014 POSTER
14.15–15.45 h.

Influence of patients' disease understanding and subjective discomfort on self-care practices for common colds: A cross-sectional study at 27 European sites (CoCo study)

Birgitta Weltermann[1], Biljana Gerasimovska Kitanovska[2], Anika Thielmann[1], Tuomas Koskela[3], Kathryn Hoffmann[4], Heidrun Lingner[5], Melida Hasanagic[6], Robert Hoffman[7], Enzo Pirrotta[8], Marija Petek Šter[9], Juliette Chambe[10], Slawomir Czachowski[11], Krzysztof Buczkowski[11], Andrzej Zielinski[12], Ferdinando Petrazzuoli[13], Olimpia-Maria Varva[14], Selda Tekiner[15], Aysegül Uludağ[16], Tamer Edirne[17], Vildan Mevsim[18], Clara Guede[19], Hans Thulesius[20], Marita Reivonen[21], Hülya Yikilkan[22] for the European General Practice Research Network Working Group on Self-Care

1 Institute for General Medicine, University of Duisburg-Essen, Essen, Germany
2 Department for Family Medicine/Department for Nephrology, University St. Cyril and Methodius, City, Macedonia
3 University of Tampere, Tampere, Finland
4 Department of General Practice and Family Medicine, Centre for Public Health, Medical University of Vienna, City, Austria
5 Centre for Public Healthcare, Hannover Medical School, Hannover, Germany
6 Association of Family Physicians of Federation of Bosnia and Herzegovina, Family Medicine Teaching Center Mostar, City, Bosnia and Herzegovina
7 Department of Family Medicine, Tel Aviv University, Rehovot Israel, Israel
8 SNAMID, Italian Society of General Practitioners, Rome, Italy
9 Department of Family Medicine, University of Ljubljana, City, Slovenia
10 Department of General Practice, University of Strasbourg, City, France
11 Department of Family Medicine, Nicolaus Copernicus University, Torun, Poland
12 Blekinge Centre of Competence in Karlskrona and Lyckeby Primary Health Cere Centre, City, Sweden
13 SNAMID, Italian Society of General Practitioners, Caserta, Italy
14 Victor Babes University of Medicine and Pharmacy, Timisoara, Romania
15 Department of Family Medicine, Ibni Sina Hospital, Samanpazari, Ankara University School of Medicine, Ankara, Turkey
16 Department of Family Medicine, Canakkale Onsekiz Mart University School of Medicine, City, Turkey
17 Department of Family Medicine, University of Pamukkale, City, Turkey
18 Department of Family Medicine, Dokuz Eylul University Faculty of Medicine, Izmir, Turkey
19 Inés Pérez de Ceta, 3-6B, Vigo, Spain
20 Department of Clinical Sciences, Lund University, City, Sweden
21 Salo Health Center, Salo, Finland
22 Diskapi Yildirim Beyazit Training and Research Hospital, Family Medicine Department, Ankara, Turkey

University of Duisburg-Essen, Insitute for General Medicine, Hufelandstr. 55, 45147 Essen-Germany
Phone: +49-201 877 869 13; Fax: +49-201 877 869 20
Email: Anika.Thielmann@uk-essen.de

Background: Patients use various self-care measures to relieve symptoms of common colds, yet little is known about factors influencing self-care in European patients.
Research question: Which self-care practices for common colds are used throughout Europe? Is the number of self-care items influenced by the subjective level of discomfort and patients' understanding of the self-limited nature of colds?
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 requested various self-care measures: oral medication, solid food, liquids, substances for the nose, throat, inhalation, external application, and general supportive measures. Also, the subjective level of discomfort, the understanding of the natural disease course as well as medical and socio-demographic data were obtained. T-tests were used for comparison of groups.
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. The most frequently used items were plenty of water (42.4%), honey (41.5%), and paracetamol (39.5%). Patients with higher level of discomfort (69.1%) used more measures (mean: 12.6 vs. 9.1; $p<0.001$), as did patients who were unaware of the self-limited nature of common colds (41.8%) (mean: 12.8 vs. 10.5; $p<0.001$).
Conclusions: On average, patients with higher levels of discomfort and less knowledge used more self-care measures. Better patient information strategies about common colds are needed.

Points for discussion: -

PRESENTATION 44: Saturday 25th October, 2014 POSTER
14.15–15.45 h.

Reporting the impact of the economic crisis on vaccination coverage: experiences gained from the vaccination programme on children from families without health care coverage.

Papadaki Eleni, Koutis Antonios, Vitsaksaki Maria, Linardakis Emmanouil, Titaki Maria, Almpantaki Aikaterini, Lionis Christos
Clinic of Social and Family Medicine, University of Crete, PO Box 2208, 70013 Voutes Residential Area-Greece
Phone: +3028 1039 4621; Fax: +302810394606
Email: lionis@galinos.med.uoc.gr

Background: Greece has been affected by the economic crisis and this impact on health and welfare has received prompt attention in the current literature. There is a lack of primary data on how the economic crisis has affected the vaccination rates of children and adolescents.
Research question: Data that the Primary Care Unit of the University Hospital of Heraklion collected during a health promotion programme to provide primary care services to children and adolescents of uninsured families either migrant or Greek will be presented.
Method: Eligible persons for the cross sectional study included uninsured children that responded to the invitation of the Unit in 2013. The available vaccination cards of the children and adolescents were examined according to the recent national vaccination programme for children. IBM SPSS 21.0 was utilized and a chi square statistic was used for assessing the differences in the frequencies of categorical variables.
Results: Seventy-four children and adolescents responded to the invitation (female 41, 55.4%, infants 12, 16.2%, 6-11.99 years old 24, 32.4% and 12 and more 12, 16.2%). The vaccination schemes were incomplete in more than 60% of all children based on the needs of their ages.Five out of 58 children (8.6%) aged 23 months and older have completed two doses of hepatitis A vaccination. In the same direction the vaccination coverage against measles, mumps and rubella in children six years old who have completed the vaccination scheme (two doses) was 28.9% (11/37 children) while the corresponding figures in terms of the varicella vaccine were 5.4% (2/37 children).
Conclusions: Although the potential selective bias of this study, these figures raise certain concerns about the risk of infections in the Greek population and indicate that urgent actions should be considered by the Greek central health care policy.

Points for discussion:
1. Importance of health promotion programmes especially in countries affected by the economic crisis.
2. The austerity period's effect on essential health care services.

PRESENTATION 45: Saturday 25th October, 2014 POSTER
14.15–15.45 h.

Step-up versus step down therapy of GERD in the Hungarian primary care.

Bernadett Márkus, László Herszényi, András Rosztóczy, Tibor Wittmann, Zsolt Tulassay, László Kalabay
Dept. of Family Medicine, Semmelweis University, Kutvolgyi ut 4, H-1125 Budapest-Hungary
Phone: +3613 558 530
Email: markus.bernadett@med.semmelweis-univ.hu

Background: Most patients with gastro-oesophageal reflux disease (GERD) are diagnosed and treated by family physicians. Step-down therapy of GERD is considered both medically and cost-effective. Different treatment strategies are in use in Hungary.
Research question: The aim of this study was to survey current strategies for GERD treatment at the primary care level.
Method: Cross-sectional anonymous questionnaire survey involving 493 family medicine doctors (age: 53 ± 13 years, mean ± SD).
Results: Only 27% of participants recommended PPI-s to GERD patients regardless of severity of symptoms. As first line therapy of mild GERD PPI-s, H2 receptor antagonists (H2RA-s), antacids, and combination of these were chosen in 37%, 47%, 13%, and 3%, respectively. Step-up, step-down, and combination of these strategies were used in 50%, 47%, and 3%, respectively. Doctors preferring step-up therapy were PPIs were older (51 ± 13 vs. 55 ± 13 years, $p = 0.008$), and had somewhat less patients with GERD (176 ± 216 vs. 184 ± 141, $p = 0{,}038$) than those favouring step-down treatment. They would also recommend PPIs less likely (26/215) than step-down supporters (101/125, $p < 0.001$). Doctors would refer 41% of their GERD patients to endoscopy. The estimated ratios of indications for medical treatment of GERD were as follows: self-treatment with OTC drugs: 22%, prescription by family doctor: 46%, by internist/gastroenterologist: 32%, respectively.
Conclusions: Therapeutic approaches of GERD show a big variation among Hungarian family doctors. In contrast to current guidelines the step-down therapy with PPIs is not preferred older GPs.

Points for discussion:
1. Is there a difference between your national and European guidelines in the treatment of mild, uncomplicated GERD?
2. How much are the side effects of long-term PPI treatment (increased bone fracture, GI tumours) considered in daily treatment of GERD.

PRESENTATION 46: Saturday 25th October, 2014 POSTER
14.15–15.45 h.

The use of telementoring when dealing with ophthalmology patients as a cost effective-tool in general practice.

Kalina Trifonova, L. Despotova-Toleva, K. Slaveykov, M. Atanasov, I. Tanev
Dept. Ophthalmology, Trakia University, 47 General Stoletov str, entr A, fl. 2, app. 19
6000 Stara Zagora-Bulgaria
Phone: +3598 8885 2673
Email: kali_tr@yahoo.com

Background: Telementoring provides better opportunities for continuing education and development for health professionals in remote areas. Telementoring is an advanced application of telemedicine that can help unexperienced practitioners to perform consultations and procedures under guidance from a distance.
Research question: Can telementoring be used when dealing with ophthalmology patients as a cost effective-tool in general practice?
Method: The literature review was performed by two independent researchers in three consequent steps: using free search, Pubmed, Embase over 3000 articles were found connected to the topic. We chose 197 abstracts from the selected search and from this abstracts we chose 21 full articles which we analyzed.
Results: The scientific data shows three main aspects of telementoring use in ophthalmology when dealing with ophthalmic patients: teleconsultation, telediagnosis and teletherapy. The use of standard teleconference camera facilitates the discussion between the expert and the unexperienced clinician. It is important to be certain if the patient needs to be transported or can be dealt with in the rural environment by the local clinician, especially when people are of lower socioeconomic status. Ophthalmic surgeries being performed at remote locations can be transmitted live using low cost equipment. According to the literature telementoring has been used successfully in performing several ophthalmic procedures like tear duct surgery removal by unexperienced professionals. Telementoring can be used as a successful tool in managing traumatic ophthalmic patients and foreign body removal by general practitioners in rural areas.
Conclusions: Telementoring can be used as a cost effective tool in performing ophthalmic procedures in distant areas by general practitioners and unexperienced young ophthalmologists.

Points for discussion:
1. Are general practitioners ready to embrace the new technologies?
2. Would general practitioners dare to perform minor procedures by telementoring?
3. Would this way of performing the manipulation raise the trust and satisfaction of patients?

PRESENTATION 47: Saturday 25th October, 2014 POSTER
14.15–15.45 h.

Symbolic interactions between physicians and type 2 diabetes patients using an educational patient-centered approach (a qualitative study).

Alain Moreau, I. Supper, Lamort Bouché, Kellou Nadir, Y. Zerbib, C. Perdrix
Dept. General Practice, University Claude Bernard Lyon 1, 13 Traverse de la Pivolière 38090 Villefontaine-France
Phone: +3360 8721 609
Email: alainmoreau0917@orange.fr

Background: The educational "patient-centered" approach applied to type 2 diabetes patients requires building up a "common ground-shared understanding" favoring a relationship and therapeutic alliance. This relationship can express itself through a symbolic interaction, during which each of the protagonists offers to the other a symbolic "front" in order to elaborate his own "character" on the social stage ("social dramaturgy" by E Goffman).
Research question: How can this interactionism be expressed during a "medical dramaturgy" between type 2 diabetes patients and their general practitioner? Which impact does it have on shared understanding and the therapeutic relationship?
Method: Analysis and comparison of ten diabetic patients' and their five physicians' "cross-talks" on their interaction, in order to put forward "drama-characters", the "common ground- shared understanding" and its impact on the relationship. A transversal thematic analysis has been undertaken with the help of NVivo 9 software. We have made a theorical triangulation with the interactionism and ethnomethodology of E Goffman.
Results: Three interactions were marked by a concordant "common ground-shared understanding" in a relational climate of confidence and open-mindedness, with a good therapeutic alliance and shared expectations between the various "characters".
Three interactions seemed less concordant on the "common-ground-common understanding", whereas a trusting relationship and open-minded climate remained.
Four interactions showed a discordant "common ground-common understanding", a nearly closed relationship and a problematic therapeutic alliance. They were due to drama-characters inducing a difficult to contain transferantial relation.
Conclusions: Symbolic interactionism relies on three components of the patient-centred approach: the common ground, the therapeutic relationship, and the physician's reflexivity "as a person". It enables to get in the systemic position "meta". The interest in the "character's symbolic face" which both patient and physician play in their interaction enables to better understand the issues influencing the therapeutic relationship, specifically from a transferantial point of view.

Points for discussion:
1. Are we awared about the " character" we play in the medical dramaturgy as social interaction?
2.Is Symbolic Interactionism concept useful in practice favouring reflexivity about transferantial dimension of the Physician Patient Relationship?

PRESENTATION 48: Saturday 25th October, 2014 POSTER
14.15–15.45 h. Ongoing study with preliminary results

Did pharmaceutical expenditure policies modify statins consumption and/or spending?

Ana Clavería, A. Verdejo, N. Villanueva, J. Roca
Servizo Galego de Saúde, Vigo Health Área, Rosalía Castro 21, 36201 Vigo-Spain
Phone: +3460 0567 173
Email: anaclaveriaf@gmail.com

Background: In Europe we see the intensification of pharmaceutical cost containment policies, such as changes in reference prices, targeted lists, promotion of generic and/or prescription by active ingredient, professional incentives, and copayment.
With nearly 30% of consultations in primary care by patients with dyslipidemia, statins are the third most consumed therapeutic subgroup in Spain (5.05% of total). Therefore we select them to evaluate and compare the impact of the various measures implemented.
Research question: Compare the impact of different interventions directed to the system, professionals or patients in consumption, price and cost of statins.
Methods: Design: Retrospective observational longitudinal study of pharmaceutical sales for different statins between January 2009 and December 2013.
Setting: Healthcare area (569,606 inhabitants) in Spain, with public health system model.
Outcomes: doses per capita per day, spending per month.
Analysis: segmented regression methods to assess whether the measures had significant abrupt break points on existing trends.
Results: Statin use increases nearly 25% between 2009 and 2013, with atorvastatin and simvastatin being 75% of the total. By contrast, spending decreased almost 75%, mainly due to changes in price. The average monthly cost of atorvastatin between January 2009 and June 2010 was 815,479 miles per month (95% CI 741,724 to 881,634), with no evidence of a change in trend. Since then, we have found three significant change points corresponding to the months of June 2010, January 2011 and June 2012, coinciding with the change of the reference prices and introduction of generic (coefficient = -73,420, 95% CI -85,574 to 59,322), the introduction of selective list (coefficient = 1,247, 95% CI -361 to 2,739) and changes in co-payment (coefficient = 2,106, 95% CI 1,096 to 2,805).
Conclusions: The market-oriented policies have the greatest impact but incentives to professionals are not appreciated.
The co-payment hasn't effect as an economic measure.

Points for discussion:
1. What the real aims of the professional incentives are?
2. What the real aim of co-payment is?

PRESENTATION 49: Saturday 25th October, 2014 POSTER
14.15–15.45 h.

Experience of insulin initiation in type 2 diabetic patients: a qualitative study.

D.Gras, Agnès Peltier, E. Legrand, T. Duminil
Dept. General Practice, Institut Catholique de Lille, 56, rue du Port, 59800 Lille-France
Phone: +3367 2958 715
Email: agnes.peltier@icl-lille.fr

Background: Therapy can be delayed in type 2 diabetic patients when it's about initiating insulin. And yet, therapeutic strategy about insulin is well known. General practitioners sometimes are afraid about patient's reaction when thinking about initiate insulin.
Research question: How do type 2 diabetic patients experience insulin instauration ?
Method: A qualitative study about patient's views and experiences on insulin initiation was carried out on type 2 diabetic patients (n=19). We worked on tape recorded semi-structured interviews. A thematic analysis was performed, using the software NVIVO 10. We used purposive sampling to include patients from general practices and outpatients from hospital. Data saturation was achieved during the analysis process conducted by two researchers.
Results: 771 nodes were coded. The arrival of insulin in patient's drugs was not necessarily lived as a disaster. It was considered as a seductive alternative to oral antidiabetic drugs, in particular when the treatment was easy to handle, the pain was minimum, and the injection system was well known by the patient. A lack of given information about insulin was pointed out by patients. Hope about the future was remarkable. Insulin was perceived as "healthier" than the other diabetic drugs. On the opposite, insulin was sometimes seen as a disease awareness about diabetes, a break with the previous life, even like a disability. Patients happened to share lots about their relationship with the closest ones : for instance, arguing about eating habits and about treatment, insulin and other drugs.
Conclusions: Insulin can be perceived in a positive way. It wasn't necessarily a disaster for the patients. This study provided leads to exploit in medical education for diabetic patients, but also ideas for general practitionners about false fears they could have about their patient's representation about diabetes and its drugs.

Points for discussion:
1. Thematic analysis versus phenomenological analysis
2. How can these patient's perceptions can be included in medical education?
3. What is the place of the close relatives in medical education?

PRESENTATION 50: Saturday 25th October, 2014 POSTER
14.15–15.45 h.

Knowledge and Beliefs of Pharmacists and Pharmacy Technicians about the Pharmacological Methods Used for Smoking Cessation.

Pemra C.Unalan, Kutlay Gür, İbrahim Aloğlu, Banu Çelik, İrem Seven, Muhammet Bulut
Dept. Family Medicine, Marmara University Medical Faculty, Çiçekli Bostan sok.MESA Koruevleri C4/D2
34662 Istanbul-Turkey
Phone:0090 5324247954
Email: pcunalan@gmail.com

Background: Pharmacists and pharmacy technicians have great role in sale of pharmacological methods that are used in smoking cessation and also they have role in counseling to consumers of these products.
Research question: What is the knowledge level and habits of pharmacists and pharmacy technicians about pharmacological methods used in smoking cessation?
Method: This cross-sectional type is made by a survey that consists of 17 multiple choice questions, and open-ended, yes-no and Likert type questions, too. Disclosure form is added to head of survey. Survey is applied in 140 pharmacy which are chosen from 515 pharmacy in Kadıköy county. At least in terms of average, frequency, standard deviation; Chi-square test are used for categorical data.
Results: 48.4% of participants are male,37.7% of participants are pharmacist, 62.3% are pharmacy technician, 48.2% of participants are university graduate and 40.3% (n=66) of participants stated themselves as never-smoker, 37.1% (n=59) as smoker and 20.8% (n=33) as ex-smoker. 75% of smokers consume more than 5 cigarettes per day, however 59.7% of smokers are either determined to cease smoking or hesitant in cessation. 24.1% (n=38) of participants are educated about smoking cessation methods and 12.6% (n=20) of them used these methods. According to 67.9% of the participants most common pharmacological methods are usually unprescribed. 64.8% of participants stated that the information that they give to the consumers is sufficient, 18.9% defined as insufficient. But 50.9%(n=81) of the participants want to be educated about that issue. There is no significant relation between giving information sufficiently and the need of continuing education and being pharmacist/pharmacy technicians (p=0.261).
Conclusions: In Turkey "Counselling Education for Smoking Cessation" is provided for pharmacists and pharmacy technicians. Even though this education is started, 35% of pharmacist and pharmacy technicians don't embrace this counselling or don't suppose themselves as sufficient for counselling.

Points for discussion: -

PRESENTATION 51: Saturday Saturday 25th October, 2014 POSTER
14.15–15.45 h.

Use of hypertension diagnosis and treatment guidelines by family physicians working in primary care and obstacles of guideline use.

Gundogan Gunes Nur, Mevsim Vildan
Dept. Family Medicine, Dokuz Eylül University Faculty of Medicine
Mithatpaşa Str. no 1606 İnciraltı/ Balçova, 35340 İzmir-Turkey
Phone: 0554 3338 712; Fax: +90 (232) 259 97 23
Email: nurgundo@hotmail.com

Background: We aimed to investigate use of hypertension diagnosis and treatment guidelines (HDTG) in primary care by family physicians who work in primary care and obstacles of guideline usage.
Research question:Do family physians use hypertension diagnosis and treatment guidelines? Which obstacles are present related with guideline usage?
Method: The study is a cross-sectional analytical study performed with 382 physicians who work in family health centers which were selected by cluster sampling method in the province of Izmir metropolitan. Two scales were developed with Delphi technique in the first step of our research in order to identify the use of hypertension guidelines and obstacles to the use guidelines. In the second step the scale was performed to physicians.
Results: 61.5% of the physicians were male and 38.5% were female. Physicians under the age of 40 ratio (14.7%) was lower (p> 0.05). Physicians with graduation year 20-year and higher were more common with ratio of 52.9% (p> 0.05). Physicians who worked in primary care shorter than 5 years were 6.5% in ratio, percentage of family physician specialists was 16% (p> 0.05). Assessment of physicians' scale of HDTG considered in three categories and found that 18.6% used at a good level, 78.0% used in moderate level and 3.4% didn't use. The mean score of HDTG of female physicians (15.16 ± 3.26) were higher compared with men (14.20 ± 3.14), (p = 0.005). When we assessed obstacles of using guidelines, highest mean score was 3.73 ± 0.85 which interfere with the working conditions.
Conclusions: Family physicians use hypertension diagnosis and treatment guidelines at the intermediate level in managing hypertension patients. Physicians remarked that working conditions are the most important obstacles of guideline usage. Necessary arrangements should be made for increasing physicians' compliance to hypertension diagnosis and treatment guidelines.

Points for discussion:
1. How can we categorize the score of HDTG scale? Is our categoration aproprate?
2. Can "the scale of obstacles of guideline usage" be used in a research which is multinational?

PRESENTATION 52: Saturday 25th October, 2014 POSTER
14.15–15.45 h.

Can Tele monitoring systems, for better delivery of health care at chronic patients, help General Practitioner?

Francesco Chiumeo, Simona Anzivino, C. Matteotti, M. Linardi, D. Gian Pron, E. Morganti, G. Nollo
Società Nazionale Aggiornamento per il Medico di Medicina Generale
Ricerca & Innivazione, via Rosmini 12, 38122 Trento-Italy
Phone: +39 3355 380 455; Fax: +39 0461 857 046
Email: chiumeo@snamid.org

Background: the increase of chronic diseases as well as the economic crisis and the related spending review, pose a challenge to the Health Care System.
Research question:
Can telemonitoring services be an affordable and sustainable way to manage chronic diseases in primary care?
Method: We experimented a telemonitoring service (ERMES) for remote measurement of physiological parameters in chronic patients under Oral Anticoagulation Therapy (OAT), with type 2 diabetes mellitus and with hypertension, using portable devices that automatically record and transmit signals to a local repository available to nurses and GPs.
Four different Telemonitoring modalities were investigated: outpatient at the GPs office; at home with a tutor; in autonomy; in pharmacy. Nine GPs, 1 pharmacy and 94 patients were involved in the trial. The effectiveness and the benefit of introducing such kind of service has been evaluated thorough questionnaires (patients, GPs), clinical outcomes, and analysis of costs.
Results: More than 50% of the patients have participated in the whole trial period. The tele monitoring service introduced a cost per measurement comparable to the ones currently bear by the conventional system. The analysis of the questionnaires showed a decrease of the number of patients workers that needed to get to GP surgery (from 90% to 60), of the total number of visits, and of the time spent in a surgery. the outpatient tele-monitoring mode has been identified as the most convenient for all the diseases: for OAT with a cost for performance equivalent to the cost supported by the traditional system and for diabetes and hypertension with a slightly higher cost.
Conclusions: Telemonitoring based services showed equivalent costs to those currently supported, but with an improving in quality of the service as GPs can better manage chronic patients increasing their adherence to the care plan.

Points for discussion:
1. Can capillary whole blood monitoring substitute the conventional blood test?
2. At home monitoring of diabetic patient is recommended, telemedicine can improve GP monitoring and intervention?

PRESENTATION 53: Saturday 25th October, 2014 POSTER
14.15–15.45 h.

Integration among Greek primary care facilities during an austerity period: First results from a national project.

Dimitra Sifaki-Pistolla, Bertsias Antonis, Elfadl Hag Nazik, Kalantzakis Yiannis, Kardasis Stamatis, Kaukalakis Stavros, Koutis Antonis, Kritikos Kyriakos, Milaki Popi, Petelos Elena, Philalithis Anastassios, Plexousakis Demetris, Chatzea Vasiliki-Irene

Dept. of Social and Family Medicine, University of Crete, University of Crete, Faculty of Medicine, 71003 Iraklion, Crete-Greece
Phone: +30 2810 394613; Fax: +30 2810 394614
Email: spdimi11@gmail.com

Background: Although integrated primary health care (PHC) is a neglected issue in Greece, under the pressure of economic crisis an open dialogue about quality and integration in PHC has been recently introduced.
Research question: Which is the current status of integration between and within PHC facilities in Greece? The first descriptive results of a nationally funded project.
Method: The following two questionnaires were administrated via an online platform (www.ld.datacenter.uoc.gr) to a randomly selected sample of 124 PHC facilities from June 2013 to December 2013. The "Primary Care Assessment Tool" (PCAT) developed by the Johns Hopkins University, was translated, culturally adapted and piloted jointly with a supplementary questionnaire. Types of PHC facilities surveyed: 1. Rural health centers and satellite clinics, 2. emergency departments and national centers for emergency assistance, 3. outpatient and private clinics/diagnostic centers, 4. vulnerable population and home care centers, 5. mental health clinics and 6. prevention and rehabilitation centers. An algorithm and a likert-scale (levels: 1.minimum, 2.poor, 3.moderate, 4.basic, 5.maximum) were used for analysis per OI dimension.
Results: The theoretical model of Kringos et al. was selected [core PHC dimensions: governance, economic conditions, workforce development, access to services, continuity, coordination, comprehensiveness, quality, efficiency and equity of PHC]. More than 70 out of 124 facilities stated that they do not integrate with other facilities. Five facilities dealing with vulnerable population groups and home care didn't have a safety and protection system for their employees. Surprisingly, six rural health centers and five satellite clinics stated that no personal medical file was kept. No type of PHC facilities was evaluated at a minimum or maximum OI, with 48% being basic, 47% moderate and 5% poor OI.
Conclusions: These preliminary results would be nationally utilized to assist the Ministry of Health in adapting and interpreting validated models of OI.

Points for discussion:
1. The hidden conclusions revealed through these preliminary results, study limitations and barriers faced.
2. The next steps in completing the analysis and interpretation of data.

PRESENTATION 54: Saturday 25th October, 2014 POSTER
14.15–15.45 h.

The Economic crisis and its impact on the health of a rural population on Crete: Three years follow up.

Theodoros Vasilopoulos, G. Arseni, C.Tatsi
Primary Health Care Center of Agia Barbara Heraklion, University Of Crete, Kolokotroni 23 Tsalikaki – Gazi, 71414 Herakleion Crete-Greece
Phone: +3069 4707 6813
Email: drvasilop@yahoo.gr

Background: In periods of economic crisis, when all negative parameters exacerbate, an increase in morbidity and mortality rates is observed. The lack of economic security, drop in income,failure to perform financial obligations, unemployment and addiction to toxic substances, such as tobacco and alcohol,pose a serious threat to the mental and physical health of the population.
Research question: Our study was to identify the repercussion of the deepening financial crisis on the health of a rural population on Crete.
Method: 4012 patients 1394 men and 2618 women from the rural area of Agia Barbara, Heraklion,Crete,were studied [aged> 25 years old with regular visits(average 8 per year)in the specific Health Center] during:3/2010-3/2011.Demographic and socioeconomic data were recorded and a detailed history was taken.Blood pressure was measured in all patients and the deterioration,or re-emergence of certain diseases associated with the economic crisis was recorded,in both chronically ill and formerly healthy individuals.Finally,after 3 years (3/2013) a follow up on the same indicators was conducted, in order to identify the health levels of the same population.
Results: There was a significant increase in diseases,according to the results of the first study and follow up,such as IBS 36%(2010)-62%(2013),ulcer 18%(2010)-26%(2013),hypertension19% (2010)41%(2013),depression29%(2010)-57%(2013)A.M.I.6%(2010)-11%(2013),asthmatic crises 9%(2010) 17
(2013).Furthermore, through the study,increased rates of alcohol consumption became apparent (2010=12%, 2013=19%), especially in younger people.
Conclusions: The correlation of socio-economic factors and health has been documented by the international scientific community and in accordance with the WHO the evidence,that hardship,deprivation,poverty,social exclusion and discrimination cost lives,is overwhelming.So,health indicators are worsening,when economic recession becomes deeper,since stress,as the main result of this crisis,leads to serious mental and physical disorders.Therefore,it is necessary the empower the workforce in primary health care to take action against the social determinants of health,in order to promote and enhance it.

Points for discussion:
1.Economic crisis,health indicators,primary health care.

PRESENTATION 55: Saturday 25th October, 2014 POSTER
14.15–15.45 h.

Bosnian, Bulgarian, Croatian, French, German, Greek, Italian and Polish General Practitionners add the core competencies of General Practice to the EGPRN definition of Multimorbidity.

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, Van Royen P.
Dept. General Practice, Université de Bretagne Occidentale, 22 avenue Camille Desmoulins 29200 Brest-France
Phone: +33 2 98 67 51 03
Email: lereste@univ-brest.fr

Background: Multimorbidity is a challenging concept for General Practice (GP). An EGPRN working group has published a comprehensive definition of multimorbidity issued from a systematic review of Literature. That definition is highly linked with patient's complexity and the Bio Psychosocial model. It was of importance to determine if European General Practitionners (GPs) would add some new themes in this definition.
Research Question: What is the added value of European GPs to the EGPRN definition of Multimorbidity?
Method: Qualitative surveys using focus groups or semi structured interviews with a purposive sample of in practice GPs for each country. The focus/interview guide was designed and tested by a group of seven researchers and translated into each language. Data collection was audio recorded and transcribed verbatim till saturation in each country. 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. Then an international team of 10 researchers undertake a pooling of the axial and selective coding of all national 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. A new theme did emerge with the use of the Wonca's core competencies of GP for detecting and managing Multimorbidity.
Conclusion: Bosnian, Bulgarian, Croatian, French, German, Greek, Italian and Polish GPs add the core competencies of GP to the definition of Multimorbidity as a help 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:
1. What is your opinion about the usefulness of that definition to detect and quote Multimorbodity in General practice?

PRESENTATION 56: Saturday 25th October, 2014 POSTER
14.15–15.45 h. Ongoing study with preliminary results

Health care management of geriatric patients in general practice.

Zornica Ambareva, Mileva D, Semerdjieva M, Foreva G, Asenova R
Dept. General Practice, Medical University of Plovdiv, 15A Vassil Aprilov blv., 4000 Plovdiv-Bulgaria
Phone: +359899177123
Email: zornicaambareva86@abv.bg

Background: The demographic data in Bulgaria show a high prevalence of ageing population that require special attention and enforces GPs to deal with specific problems of elderly applying comprehensive approach.
The current national Regulation doesn't take into account the complexity of health care for elderly people, which affects their management, as well as the quality of life.
Research question:To investigate the GPs' attitude towards care for elderly people in general practice with validated tool.
Method: A cross-sectional pilot study among GPs in Plovdiv region, using a questionnaire focused on management of geriatric patients, was done. The stability of the results was measured related to the effect of random factors, by applying the same test, with the interval of 2 weeks, on the same sample of individuals. The degree of identity of the results of the first and second measurement was determined.
The sample consisted of 38 GPs, 8 males (21,1%) and 30 females (78,9%), average age 48,7±1,8 years.
Outcome measures - socio-demographic data, the health care consumption, difficulties in patient management, communication barriers.
The results were processed by SPSS 17.0 version, using descriptive statistics and nonparametric test (Chi- square).
Results: There was no significant difference between the results from test and re-test P>0,05.
18,5% of GPs determined their practice as geriatric one. 57,9% of physicians declared that geriatric patients visited them every month and 21,1% weekly. 73,7% reported about difficulties in management of elderly people. Less than 15% discussed some communication barriers with patients and their relatives.
The study is conducted as part of a PhD thesis.
Conclusions: Health care for elderly people is a significant part of GPs everyday activities. The stability of the questionnaire results was confirmed regarding the influence of gender, age, specialty and length of service. The received results would be useful for improving care for elderly people.

Points for discussion: -

PRESENTATION 57: Saturday 25th October, 2014 POSTER
14.15–15.45 h.

Chronic stress in German primary care physicians.

Anja Viehmann, H. Bruns, Birgitta Weltermann, Anika Thielmann
University Clinics Essen / University Duisburg-Essen, Institute for General Medicine
Hufelandstrasse 55, 45122 Essen-Germany
Phone: 0201-877869-14
Email: anja.viehmann@uk-essen.de

Background: Chronic stress is associated with various adverse health effects. In the German general population, the prevalence of high strain due to chronic stress is 13.9% in women and 8.2% in men, but there are no data addressing German primary care physicians.
Research question: To evaluate the chronic stress levels among primary physicians: is there a correlation with working hours and economic aspects?
Method: In a cross-sectional study we assessed chronic stress in 145 primary care teaching physicians. Chronic stress was measured with the psychometric 12-item screening-scale TICS-SSCS which has a norm mean value of 14.4 (SD=8.2). We calculated stratified means and Spearman correlations for the number of working hours (categorical) and economic aspects.
Results: We observed a higher mean for male physicians (15.0, SD=8.3 vs. 19.5, SD=8.8), those working less than 13 years in the same practice (18.4, SD=9.0 vs. 14.6, SD=8.0) and those providing support for a next-of-kin (18.3, SD=10.5 vs. 16.3, SD=8.1). Means did not differ by employment status (employee/self-employed), working full or part-time, and age group (<=50/>50). Working hours for practice management tasks correlated slightly with chronic stress (r=.24), while consultation hours did not (r=.07). The dissatisfaction with income (r=.25) and the economic situation of the practice (r=.33) as well as the lack of recognition of their medical work (r=.35) correlated with high chronic stress. The number of patients quarterly was not correlated (r=-.12).
Conclusions: Physicians chronic stress levels correlate with practice management and administrative tasks, but not their medical duties.

Points for discussion:
1. gender aspects
2. stress levels and physicians´ tasks
3. stress levels and satisfaction with economic aspects

PRESENTATION 58: Saturday 25th October, 2014 POSTER
14.15–15.45 h. Ongoing study with preliminary results

Dementia screening through primary care physicians: preliminary results from an integrated multidisciplinary project among rural elders in Crete, Greece.

Bertsias Antonios and on behalf of the Cretan multidisciplinary network for Alzheimer's disease: Basta M., Boumpas D., Duijker G., Giaka M., Fountoulakis N. , Kalogridaki E., Kapetanaki S., Klouva E., Koutentaki I., Ladoukaki E., Makri K., Panagiotakis
Clinic of Social and Family Medicine, Faculty of Medicine, University of Crete, Faculty of Medicine, Dept. of Social Medicine P.O. Box: 2208, 71003 Iraklion-Greece
Phone: +30 2810 394621
Email: antonisbertsias@yahoo.gr

Background: Alzheimer's disease represents a major public health concern for both primary care and hospital based physicians. The data presented here are part of an ongoing 3-year funded multidisciplinary project.
Research question: The research question of this study is to report the chronic conditions and screening from the Primary Health Care [PHC] perspective.
Method: Within the framework of the project, a cross-sectional study was designed and carried out between March-2013 and March-2014 by 14 trained GPs. Eligible participants were those aged ≥60 years, attending the selected PHC facilities, irrespectively of cause of visit. The Mini Mental State Examination [MMSE] was used as a screening tool for detecting potential cognitive impairment. A MMSE score ≤24 was considered as low.
Results: From the 1556 PHC visitors registered so far, 892 were females (57.3%) and 664 were males (42.7%). Mean age was 72.2 (±7.6) years and 74.2 (±7.7) years for females and males, respectively ($p<0.0001$). Most common chronic conditions were hypertension (n=1055, 67.2%), dyslipidemia (n=712, 45.4%), type-2 diabetes (n=413, 26.3%) and osteoporosis (n=294, 18.7 %). A low MMSE score was identified in 370/1240 (29.8%) participants with ≤6 years of formal education and in 21/281 (7.5%) with ≥7 years of education ($p<0.0001$). Multiple logistic regression indicated significant determinants for low MMSE scores including age (Odds-Ratio [OR] 1.09; 95% Confidence-Interval [CI] 1.08-1.12; $p<0.0001$), female gender (OR 2.80; 95% CI 2.11-3.71; $p<0.0001$), ≤6 years of education (OR 3.51; 95% CI 2.17-5.69; $p<0.0001$), coronary heart disease (OR 1.52; 95% CI 1.07-2.16; $p=0.020$) and depression (OR 1.53; 95% CI 1.10-2.15; $p=0.012$).
Conclusions: The complexity of chronic conditions predisposing to an increased risk of Alzheimer's highlights the importance of a multidisciplinary approach to the health care management of elderly. Further examination is needed on the potential association between low MMSE and certain co-morbidities.

Points for discussion:
1. Primary results indicated significant correlation between certain chronic conditions and potential cognitive impairment.

PRESENTATION 59: Saturday 25th October, 2014 POSTER
14.15–15.45 h.

An Analysis of the Knowledge and Behaviors regarding Breast and Cervical Cancer Among Non-Health Related Female Personnel at Marmara University Educational Research Hospital: An Educational Intervention Project.

Ahsen Asikar Tola, Esra Dursun, Refia S. Katmer, Yasir Emanet, Serap Cifcili
Marmara University, Başıbüyük Mah. Maltepe Başıbüyük Yolu Sok. No:9/1 Maltepe-İstanbul 34854 Istanbul-Turkey
Phone: +905372469090
Email: ahsenasikartola@hotmail.com

Background: Breast cancer is the most frequently seen cancer type among women in Turkey as it is worldwide. And cervical cancer is the 10th most frequent cancer in women. The international and national guidelines state that the early detection methods of these cancers are effective however; the effectiveness depends on the educational programs on the target population.
Research question: Is group education of non-health related female staff of our hospital, using interactive methods will be effective on their knowledge and behavior about these two cancers?
Method: This is an education-intervention study. Non-health related female staff of the hospital was invited to the educational program. An interactive educational program had been done with the help of educational cards and manikins.
Before the educational program, we asked the participants to fill out a questionnaire to analyze their knowledge and behavior about breast and cervical cancer. We also enrolled women who didn't participate in the educational program as the control group.
A month later, we called all the women from both groups and applied a questionnaire to analyze their knowledge and behavior again. Chi-square and Mann-Whitney–U tests were used by SPSS v.20 program.
Results: There is no difference between the two groups in terms of performing a self-breast examination or smear screening before the education. When we look at the post-education data; 92.9% (n:39) of the intervention group had performed a breast examination versus only 47.5% (n:19) of the control group ($p<0.001$). And 42,2% (n:19) of the intervention group had the smear screening done versus only 2,3% (n:1) of the control group ($p<0.001$).
Conclusions: The interactive education program in our study showed a positive result in effecting the knowledge and behavior of the participant women on breast and cervical cancer.

Points for discussion:
1. What indicators might better show the change of attitude about cancer screening awareness?
2. Which method could be useful to maintain the positive effect of the education?

PRESENTATION 60: Saturday 25th October, 2014 POSTER
14.15–15.45 h. Ongoing study with preliminary results

Reporting most common cancer cause in the population of crete: preliminary results from the cancer registry and the impact on research in primary care.

Dimitra Sifaki-Pistolla, Georgia Pistolla, Irene Vasilaki, Vasiliki-Irini Chatzea, Elpiniki Frouzi, Stelios Lionakis, Konstantina Epitropaki, Tasoula Romanidou, Philipos Koinis, Nikolaos Tzanakis, Vassilios Georgoulias, Christos Lionis
Dept. of Social and Family Medicine, University of Crete, Faculty of Medicine, 71003 Iraklion, Crete-Greece
Phone: +30 2810 394613; Fax: +30 2810 394614
Email: spdimi11@gmail.com

Background: The Cancer Registry of Crete (CRC) is a regional registry aiming to report on cancer mortality or morbidity data. It operates as a joint project where clinical oncologists work with academic general practitioners and epidemiologists.
Research question: Which are the four major cancer causes of mortality in Crete of the period between 1992-2013 and to discuss any hot spots and potential cancer determinants.
Method: Data were obtained from the new digital cancer monitoring system (CMS) and the ICD10-O was used for disease classification. Geographical Information Systems (GIS) and STATA were used for the analysis, while all tests were performed at a 0.05 significance level. Age-standardized mortality rates (ASMR) [number of deaths per 100,000 people] were calculated based on the European standard population for 2011 and presented in spatio-temporal maps. Spatio-temporal descriptive and statistics were exported jointly with hot spots analysis according to place of residence.
Results: Although the Cretan island has a relatively homogeneous population, cancer mortality varied among the different regions with high spatial variation ($p<0.001$). The four most common cancers during 1992-2004, for men and women were: 1. lung cancer (mean ASMR=66.5) and breast cancer (meanASMR=21.5), 2. Colon and rectum cancer for both genders (meanASMR=12.5), 3. Prostate cancer (meanASMR=11.7) and lung cancer (meanASMR=6.9), 4. bladder cancer (meanASMR=11.5) and liver cancer (meanASMR=3.9). During 2005-2013 the ranking remained the almost the same with thyroid cancer to cover the forth position (meanASMR= 13.6). Several hot spots were also observed in northern Crete and in several south-west distinct regions ($p<0.05$). Numerous co-morbidities were observed with those of the respiratory and gastrointestinal system to be more common.
Conclusions: These findings would contribute to the development of a CRC proposal for cancer intervention to suggest reliable preventive and health promotion programs in Crete, with primary care practitioners undertaking a major role.

Points for discussion:
1. What interventions are suggested to the regions in high risk and which would be the CRC's next steps?
2. Which is the impact of CRC'S data on clinical research of oncologists and general practitioners?
3. How the CRC could contribute to the development.

PRESENTATION 61: Saturday 25th October, 2014 THEME PAPER
16.15–16.45 h. Ongoing study with preliminary results

Inequity in the treatment of diabetes mellitus with anti-diabetic agents.

Shlomo Vinker, Doron Comaneshter, Arnon D. Cohen.
Dept. Family Medicine, Tel Aviv University, POB 14238, 77041 Ashdod- Israel
Phone: +972-50-6263224; Fax: +972-3-7604838
Email: vinker01@zahav.net.il

Background: There is an explosion of new anti-diabetic medications. The new medications have fewer side effects and easier dose regiments although long term superiority is questionable. In Israel there is a national medical insurance, most medical services are free of charge or with a small copayment. The copayment for medications is a percentage of its price, but this could be a barrier in the case of these new expensive medications.
Research question: Is copayment a cause of inequity in the case of new anti-diabetes agents in a country with national health insurance?
Methods: The study took place in the central district of Clalit Health Services. Anti-diabetes medications copayment was classified as expensive($$$),or cheap($). Patients were classified to low, middle and high socio-economic status(SES) according to their home address classification in the central bureau of statistics geo-socio-economic classification. The association between medication costs and purchasing of at least one prescription in 2013 had been evaluated.
Results: The study included 46,061 patients (32.7% low, 50.9% middle, 16.3% high SES); age 65.9+13.7 years, 50.7% males. The most frequently purchased medications were: Metformin($, 67.1%), Sulfonylureas($, 28.6%), Insulin($, 19.7%) and DPP4 inhibitors(DPP4i, $$$, 17.7%). Stratification of the utilization rate of medications according to the SES of the patient (low, medium and high SES) was: Metformin($) 66.4%, 66.9% and 69.0%, Insulin($) 20.8%, 19.3% and 17.4%, Sulfonylureas($) 30.4%, 28.5% and 25.0% and DPP4i($$$) 12.1%, 19.7% and 22.9%. All differences were statistically significant ($p<0.001$). The differences remain significant in a regression model corrected for age and gender.
Conclusion: Higher copayment for DPP4i is a barrier for its adoption among patients from low SES; it goes with higher utilization of generic and cheaper medications in these patients. In a health system with universal national insurance copayment should not be a barrier to the implementation of new and brand medications.

Points for discussion:
1. Should we have to check differential adherence rates?
2. Is phenomenon unique to diabetes medications or is only the tip of the iceberg of inequity and how to check it?
3. Is the difference in treatment leads to different outcomes?

PRESENTATION 62: Saturday 25th October, 2014 THEME PAPER
16.45–17.15 h.

The impact of financial strain and income on depressive and anxiety disorders.

Sandra Dijkstra-Kersten, K.E.M. Biesheuvel-Leliefeld, J.C. van der Wouden, B.W.J.H. Penninx, H.W.J. van Marwijk
Dept. of General Practice and Elderly Care Medicine, VU University Medical Center, Van der Boechorststraat 7, 1081 BT Amsterdam-The Netherlands
Phone: +31 20 444 8030
Email: s.kersten@vumc.nl

Background: Depressive and anxiety disorders cause a large burden of disease, both from a social and economic perspective. Previous research has already shown socio-economic inequality in prevalence and incidence of depressive disorders. It is not yet clear whether perceived financial strain is associated with depressive and/or anxiety disorders, in addition to objective indicators such as income.
Research question: What is the impact of financial strain and income on a) presence and b) four-year onset of depressive and/or anxiety disorders?
Methods: Data are from the Netherlands Study of Depression and Anxiety (NESDA), an ongoing multisite naturalistic cohort-study (N=2981). Presence of depressive and/or anxiety disorders at baseline and new onset of depressive and/or anxiety disorders during four-year follow-up were chosen as primary outcomes. The impact of financial strain and income on the presence of depressive and/or anxiety disorders was assessed among all participants; new onset was examined among 1525 participants without a current depressive or anxiety disorder at baseline. Depressive and anxiety disorders were determined by the Composite-International-Diagnostic-Interview. Financial strain and income were assessed in an interview. The impact of financial strain and income on the presence and new onset of depressive and/or anxiety disorders were (quantatively) analysed by logistic regression analyses.
Results: Participants with mild (OR=1.30 (1.91 - 3.27)) and severe (OR=2.50 (1.10-1.54)) financial strain had higher odds of being depressed, independent of income and sociodemographic characteristics. After adjusting for income and sociodemographic characteristics odds-ratio's for the new onset of depressive and/or anxiety disorders during follow-up became non-significant (mild financial strain: OR=1.08(0.83 - 1.42); severe financial strain: OR=1.07(0.65 - 1.76)).
Conclusions: This difference between cross-sectional and longitudinal findings may indicate that a causal effect is unlikely. Health care professionals should be aware of the association between financial strain, income and depressive and/or anxiety disorders.

Points for discussion: -